

## **Applicant Screening and Tenant Selection**

**Community Action Program, Inc. of Western Indiana**  
418 Washington Street, PO Box 188, Covington, IN 47932  
(765) 793-4881

Each and every person(s) requesting a Rental Application shall be provided with a Rental Application for Community Action Program rental properties, along with income guidelines and any age requirements for the property they are applying for.

### **I. A COMPLETE APPLICATION:**

1. A **completed** application is required for each applicant.
2. If a line or lines are not filled in (left blank or the omission is not explained satisfactorily) we will return the application to the applicant with a letter explaining why it has been rejected, at which time the applicant has the option, if desired, of further completing the application and resubmitting the same to Community Action Program.
3. Applications will **NOT** be accepted where the applicant has used white-out.
4. All individuals who are going to occupy the unit are to be listed on the application.
5. All household members eighteen (18) or older, **MUST** complete separate Income Certification Questionnaires and background check forms.
6. Completed applications with **NO** errors will be placed on file on the date received
7. A letter acknowledging receipt of the completed Rental Application will be mailed to the applicant/applicants indicating the current status thereof. If the application is denied, the applicant can choose to appeal the decision.
8. If there is an available unit at the time of application, the first complete application received will be considered.
9. If there are no available units in the complex the family is applying for, the completed Rental Application will be placed on file for a period of six (6) months in order of the date received, after the six (6) month period it will be destroyed/shredded.
10. If the family wants to be considered for another unit where there is no waiting list, they will be given a new information sheet that pertains to that unit to make sure they are eligible.
11. It is the applicant's responsibility to provide current and complete information as requested in the application to conduct a verification of application information, including names, current address, telephone numbers, account numbers, periods of occupancy, etc.
12. Any misrepresentation of information on the application will result in the application being denied.

### **II. IDENTIFICATION:**

1. We require an up-to-date photo identification (a driver's license or other government issued photo identification card) at the time an applicant presents an application for a rental unit with Community Action Program, Inc. of Western Indiana.
2. Must be a US citizen or be able to produce documentation that said person is a non-citizen with eligible immigration status (see Declaration of Citizenship form in this application packet for more information and documentation needed).

### **III. CRIMINAL BACKGROUND CHECKS:**

1. Criminal Background checks are required for all applicants and household members 18 years of age or older as part of the application process. Failure to sign a release to obtain a background check will result in the application automatically being denied.
2. Any applicant coming from a county outside our service area (Benton, Fountain, Montgomery Parke, Vermillion or Warren counties) or another state will be responsible for obtaining a



background check in the last city/county/state they have been known to reside in. Said report is to be presented with completed application.

**IV. PREVIOUS LANDLORDS:**

1. All landlords listed on the application will be sent a verification form to verify the applicant's payment history, any lease violations and/or any damage incurred to the unit while residing there. Your ability and willingness to care for the unit will be assessed from information obtained from your previous landlords.
2. If there has been any court-ordered eviction or a judgement for financial delinquency to a landlord, your application will be denied.

**V. VIOLENCE AGAINST WOMEN ACT (VAWA):**

1. No application will be denied solely on the fact that the applicant was a victim of domestic violence, dating violence, sexual assault, or stalking. This applies to all individuals regardless of sex, gender identity, or sexual orientation.

**VI. HANDICAPPED OR DISABLED INDIVIDUALS:**

1. No application will be denied solely on an individuals or family member's handicap or disability.

**VII. EQUAL/FAIR TREATMENT OF COMPLETED APPLICATIONS:**

1. All completed Rental Applications shall be treated fairly, without bias.
2. Every applicant shall have the opportunity to view any vacant units.
3. Each applicant shall be offered the same conditions & services.
4. Contact shall be made with every applicant(s)' references/landlords.
5. No judgment shall be made on the tenant's/tenants' perceived morality or lack of morality.
6. The same procedures apply to all renters (security deposit, payment plans, etc.).
7. No application will be denied on the basis that the applicant is/has been a victim of domestic violence, dating violence, sexual assault or stalking, if the applicant otherwise qualifies.
8. No application will be solely denied because of race.
9. All personnel shall apply the same rules.
10. As units become available, completed Rental Applications will be pulled in the order received with verification process to begin with the first application and each thereafter. Verifications will be conducted in a timely manner with email/fax, when possible, to expedite the process.

**VIII. TRANSFERS:**

1. A request to transfer may be taken into consideration under the following (The apartment manager will be able to advise you as to what documentation will be needed to support your request. Any tenant presenting a request will be sent a letter stating whether their request was approved or not approved and why).
  - a) Due to health issues (need extra room for medical apparatuses or live-in aide)
  - b) Increase in family size (due to birth, adoption, marriage)
  - c) Decrease in household size (death of a spouse or divorce) warranting a smaller unit
  - d) VAWA
  - e) Job

**IX. PETS:**

1. All Community Action rental units are now pet friendly. A separate pet application must be filled out prior to moving into a unit. All applicants must receive approval from the Property Manager **BEFORE** moving any pet into a unit. A non-refundable pet fee is required in addition to monthly pet rent. Failure to report a pet could result in the rental application being denied.

**X. SERVICE ANIMALS:**

1. Service animals are welcome in Community Action rental units. The applicant or someone on their behalf must request in writing that we waive pet fees for their service animal at the time of applying for housing.
2. Community Action may ask for proof of the medical need in the form of a letter from their attending physician. Said letter is to be on letter head, dated and the name of the physician printed along with their signature.
3. An Applicant is limited to one service animal (1) unless there is a medical need for more than one which would be noted in the letter from their physician. (One animal may be trained specifically for alerting applicant of a seizure and another is specifically trained for support, assistance with balance and stability).
4. Applicant is totally responsible for his service animal(s). Taking them outside and cleaning up after them (they must be house broken). They must have control of the animal at all times, ensuring the animal is not a direct threat to the health and safety of others.
5. There is no deposit for the animal, however if the animal damages the unit the tenant will be responsible for any damages incurred.

**XI. ASSISTANCE ANIMAL (Emotional Support):**

1. An assistance animal can be a dog or a cat who will provide emotional support to a person with disabilities when there is a disability-related need for such support. If a request for an animal other than mentioned prior, this will be addressed on a case-by-case basis.
2. There has to be a disability-related need for the animal and if requested a letter from the applicant's physician of the need.
3. An assistance animal must be housebroken, under the person's control at all times and pose no direct threat to health and safety of others.
4. There are other provisions for the service and assistant animal please ask apartment manager for a copy.

**XII. STUDENT RULE:** If an applicant is an adult student enrolled in an institute of higher learning who is under the age of twenty-four (18-23) then the household must meet an exemption to qualify for the rental property, regardless if the student is full or part-time.

**If the student meets one of the following criteria, then the household is eligible:**

1. Student is age 24 or older
2. Student is a veteran of the United States Military
3. Student is married
4. Student is a parent with dependent child(ren)
5. Student is a person with a disability that was receiving Section 8 assistance prior to 11/30/2005
6. Student can prove independence from his or he parents (ask apartment manager for more information on this particular criteria)

**XIII. SMOKING IN UNITS:**

1. All rental units are smoke free.
2. No smoking is allowed in the rental unit ignoring this rule is a reason for immediate termination of your Lease, regardless if it is outside family members or visitors.
3. Tenants will be courteous of other tenants/guests keeping a reasonable distance from shared entrances and corridors.

**XIV. MINIMUM INCOME:**

1. There is no minimum income required, however you have to show proof of any outside assistance coming into the household that will allow you to live in the unit in regards to paying rent and keeping utilities current.



2. A family member that is not in the applicant's household can sign a notarized document that they will be paying the rent every month until applicant gets a job or rental assistance.

**XV. OCCUPANTS OF UNIT:**

1. Only those listed on the initial application will be recognized as being residents of the unit.

**XVI. SUMMARY OF REASONS FOR A DENIAL OF AN APPLICATION:** The list below are reasons that your application will be denied. If you receive a denial letter you will be given the reason for the decision and **have the right to appeal this decision in writing within fifteen (15) days of receipt of the denial letter. This includes results from criminal background checks which will result in denial.**

1. It's determined that a household member listed on the application was engaged in the use of illegal drugs in the previous six (6) months of the date of application, unless that member is currently enrolled in and fully compliant with treatment.
2. It is determined that a household member listed on the application who has engaged in drug-related criminal activity within the past three (3) years, unless they show they have completed a supervised program.
3. CAP has reasonable cause to believe any household member(s) have a pattern of use regarding illegal drugs or abuse of alcohol may threaten the health, safety or right to peaceful enjoyment of the premises by other tenants or neighbors.
4. Household member(s) have been convicted of production or manufacturing of methamphetamines.
5. Any household member convicted of a violent criminal activity, that has one of its elements the use, attempted use or threatened use of physical force substantial enough to cause or be reasonably likely to cause, serious bodily injury or property damage.
6. Any household member who is subject to a current or lifetime registration requirement under a state sex offender registration program.
7. Falsifying any information on the application.
8. Refusing to sign criminal background check form or not producing a criminal background check if outside service area for all adult member of the household
9. Unfavorable information attained from previous landlord(s). Such as damage to unit, court action for non-payment of rent or eviction.
10. Fails to meet at least one of the criteria in Section XII, Student Rule.

My/our signature(s) below indicates that I/We have read the above and foregoing and do understand in full all information provided as set for the above. **(All household members 18 years of age or older must sign)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



### **RENTAL APPLICATION INSTRUCTIONS**

1. All areas on the application are to be filled out. If the question does not apply to you or anyone in your household, please enter N/A in the blank area. Incomplete applications will be returned to the applicant.
2. ALL household members eighteen (18) and older **MUST** complete separate Income Certification Questionnaires and Criminal Background Check forms.
3. If you applied for an apartment or home and it has been over six months, a new application will be required.
4. Applications are kept on file in order of the date received, not by the date it was signed.
5. Community Action's rents are not gauged by the household income. We have no built-in rental assistance.
6. When completing areas that require addresses, put the street address, city, state, and zip code. This applies to phone numbers also. If complete address/phone numbers are not furnished, the application will be considered incomplete.
7. **NO WHITEOUT** is to be used on an application. If you make a mistake, put one (1) line through the mistake and write the correct information. Please initial this area. If whiteout is used, the application will be denied.
8. If you are receiving a pension or annuity, please furnish an address from which the pension/annuity is being processed.
9. Rental history requests information on your last 6 years. If you are just starting out and you were living with your parents, note the information in one of the landlord slots.
10. Please be sure to read the paragraph at the bottom of page **seven (7)** very carefully before signing the application.
11. **IF YOU HAVE BEEN CONVICTED OF A FELONY, YOUR APPLICATION FOR RESIDENCY COULD BE DENIED, ESPECIALLY IF IT WAS DRUG RELATED.**
12. If false or misleading information is given on the application, **IT WILL BE DENIED.**
13. All of our units are now pet-friendly. A separate Pet Application must be filled out prior to moving into a unit. Ask the Property Manager for more information. Emotional support or service animals are also welcome, but a Reasonable Accommodation Form must be on file and approved before moving into the unit.

### **APPLICATION ASSISTANCE AND INFORMATION STATEMENT**

If you are handicapped or disabled, or have difficulty completing this application, please advise us on your needs when you receive this application, or call us to schedule assistance. Assistance will be provided in a confidential manner and setting.

Our phone number is **(765) 793-4881**. Call between the hours of 8:00am and 4:30pm, Monday through Friday.

#### **ANSWERING APPLICATION QUESTIONS:**

Please answer all questions truthfully. Your answers will be verified. Grounds for rejection include, but are not limited to, misrepresentation of eligibility information, preference for admission (if applicable), allowances, rent, family composition, or prior resident history. Please be aware that Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of, or obtaining federal funds.

#### **ANSWERING QUESTIONS RELATING TO HANDICAP OR DISABILITY:**

Answers to questions on your application concerning handicap or disability status are optional. But, please note that families with handicapped or disabled members may be entitled to a unit designed to be accessible for individuals with handicaps or disabilities. So, without this information, we may not be able to verify your eligibility to live in an accessible unit.

If you answer questions related to handicap or disability, we will need to verify that you or a family member is handicapped or disabled. We do not need to know the nature, extent, or current condition of the handicap or disability, but we will need to know that you meet the Federal definitions that apply to these terms and that you can abide by the terms of our Lease.

Information you provide on handicap or disability status will be treated as confidential by management. In accordance with program regulations, information may be released to appropriate federal, state, or local agencies.

Your signature below indicates that you have read and understand the above information.  
(All family members 18 and older must sign this form)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





RENTAL APPLICATION



**Community Action Program, Inc. of Western Indiana**  
 418 Washington Street, PO Box 188, Covington, IN 47932  
 P: (765) 793-4881 F: (765)793-4884

Interested in (Please state location): \_\_\_\_\_

Applicant Name (Head of Household): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License # and State: \_\_\_\_\_

**Household Composition:** Provide requested information for **ALL** persons who will be living in the apartment/house starting with the Head of Household and listing other family members from oldest to youngest using the following codes to indicate the relationship each person is to HOH (**O**-other adult, **S**-son, **D**-daughter, **H**-husband, **W**-wife):

	Last Name	Maiden Name	First Name	Middle Initial	Relationship
HOH	_____	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____
#4	_____	_____	_____	_____	_____
#5	_____	_____	_____	_____	_____
#6	_____	_____	_____	_____	_____

Additional Information for each person listed above:

	Date of Birth	Age	Sex	Social Security #	Occupation
HOH	_____	_____	_____	____-____-____	_____
#2	_____	_____	_____	____-____-____	_____
#3	_____	_____	_____	____-____-____	_____
#4	_____	_____	_____	____-____-____	_____
#5	_____	_____	_____	____-____-____	_____
#6	_____	_____	_____	____-____-____	_____



**Monthly Liabilities:** (List all open & closed accounts within the past 12 months such as Vehicle Loan, Payday Loan, Credit Cards)

	Creditor	Address	Total Owed	Monthly Pmt
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**Income:** Show the amount you/any member of your household receives. You must include **all gross income (before deductions) from all sources.** \*Each household member over the age of eighteen (18) MUST complete an Income Certification Questionnaire; this can be found at the end of the application.

Salaries/Wages	\$_____ Weekly / Bi-Weekly	Unemployment Comp.	\$_____ Weekly
Tips/Gratuities	\$_____ Weekly / Bi-Weekly	S.S.I.	\$_____ Monthly
Pension/Annuity	\$_____ Weekly / Bi-Weekly/ Monthly	Interest/Dividends	\$_____ Monthly
Social Security	\$_____ Monthly	TANF	\$_____ Monthly
Child Support	\$_____ Weekly / Bi-Weekly / Monthly	Self-Employment	\$_____ Weekly
Other Income:	\$_____ Weekly / Bi-Weekly / Monthly	Source of Other Income:	_____
Rental Income	\$_____ Monthly	Address of Rental:	_____

**Assets:** List all assets for all family members who will be in the household

Total Household Cash:	\$_____		
Checking Account Amount:	\$_____	Savings Account Amount:	\$_____
Account#:	_____	Account#:	_____
Name of Bank:	_____	Name of Bank:	_____
City, State, Zip Code:	_____	City, State, Zip Code:	_____
Equity in Real Estate YOU Own	\$_____	Other	\$_____

**Employment:** List all current employers for Head of Household and anyone above the age of eighteen (18)

**Name of Employer** (Head of Household): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Start Date: \_\_\_\_\_ Full-Time or Part-Time: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Rate Per Hour: \$\_\_\_\_\_ Average Overtime Hours Per Week: \_\_\_\_\_ Overtime Rate Per Hour: \$\_\_\_\_\_



**Name of Employer** (Spouse / Other Adult): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Start Date: \_\_\_\_\_ Full-Time or Part-Time: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Rate Per Hour: \$ \_\_\_\_\_ Average Over Time Hours Per Week: \_\_\_\_\_ Overtime Rate Per Hour: \$ \_\_\_\_\_

**Additional Employer:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Start Date: \_\_\_\_\_ Full-Time or Part-Time: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Rate Per Hour: \$ \_\_\_\_\_ Average Over Time Hours Per Week: \_\_\_\_\_ Overtime Rate Per Hour: \$ \_\_\_\_\_

**Rental History:** Provide requested information concerning your residence for the **last 6 years**.

**Present Landlord:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Landlord's Complete Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Is Lease in your name? **Yes or No**

If NO, Whose name? \_\_\_\_\_ Amount of Rent You Pay: \$ \_\_\_\_\_

Average Monthly cost for Utilities: \$ \_\_\_\_\_ Is Landlord a Relative? **Yes or No**

If Yes, What Relationship? \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

**Previous Landlord:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Landlord's Complete Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Is Lease in your name? **Yes or No**

If NO, Whose name? \_\_\_\_\_ Amount of Rent You Pay: \$ \_\_\_\_\_

Average Monthly cost for Utilities: \$ \_\_\_\_\_ Is Landlord a Relative? **Yes or No**

If Yes, What Relationship? \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

**Previous Landlord:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Is Lease in your name? **Yes or No**

If NO, Whose name? \_\_\_\_\_ Amount of Rent You Pay: \$ \_\_\_\_\_





Average Monthly cost for Utilities: \$\_\_\_\_\_ Is Landlord a Relative? **Yes or No**

If Yes, What Relationship? \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

Have you ever been evicted by a landlord? **Yes or No** If Yes please complete the following:

Landlord Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Reason for eviction: \_\_\_\_\_

Condition of present housing: \_\_\_\_\_ **Standard** or \_\_\_\_\_ **Substandard** (As determined by the Board of Health)

Do you have any type of condition that would affect your independent living? **Yes or No**

If yes, please explain: \_\_\_\_\_

**Nearest Family/Relatives:** That will not be living in the household. You must list three (3) or the application will not be complete.

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**Personal References:** Do not list relatives and/or friends. For example, this could be a teller at a bank, a minister, an insurance agent, a check-out clerk at a store, your boss at work or a previous boss or co-worker, or anyone who you know personally but is not included in your circle of friends or family. You must list three (3) or the application will not be complete.

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_



**GENERAL INFORMATION**

**Has the applicant and /or any household member ever:**

File for bankruptcy? **Yes or No**

Been Evicted: **Yes or No**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Willfully or intentionally refused to pay rent? **Yes or No** If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have a criminal record? **Yes or No** If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Current user of an illegal controlled substance? **Yes or No**

Been convicted for drug usage or trafficking of drugs? **Yes or No** If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you currently living in subsidized housing? **Yes or No**

Has any member of this household ever lived in a subsidized complex and had tenancy or assistance terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedures? **Yes or No**

I certify and warrant the accuracy of the information and authorize Community Action Program, Inc. of Western Indiana to verify any information that I have provided.

I specifically authorize Community Action Program, Inc. of Western Indiana to conduct an investigation as to my/our qualification to reside in the apartment/home applied for and to obtain my criminal history.

In the event any information contained herein is false, Community Action Program, Inc. of Western Indiana may reject this application or, if this application has been accepted, may immediately terminate my tenancy.

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

**Certification:** I/We certify that information given herein is true, accurate, and complete. I/We acknowledge that inaccuracies regarding family size, income, residences, etc. may be the basis for immediate cancellation of my/our application by the Property Manager. I/We authorize the owners or their representatives to make a thorough investigation of the information contained herein including, but not limited to, a credit report, landlord and other references, or a home visit, if required.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Household Member

\_\_\_\_\_  
Date



# INCOME CERTIFICATION QUESTIONNAIRE

(\*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: \_\_\_\_\_

☐ Initial Certification   ☐ Recertification   ☐ Addition of Household Member

YES      NO

1. <input type="checkbox"/> <input type="checkbox"/>	I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the housing authority below.  Housing Authority Name _____	Note: This is not counted as household income.
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## INCOME INFORMATION

*Include all income sources, including unearned income of minors.*

YES      NO

## MONTHLY GROSS INCOME

2. <input type="checkbox"/> <input type="checkbox"/>	I am self employed. (List nature of self-employment). This includes but is not limited to: Rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), 1099-contractors, etc.  List types: 1) _____ 2) _____	(Use <u>net</u> income from business)  \$ _____ \$ _____
3. <input type="checkbox"/> <input type="checkbox"/>	I have a job and receive the following types of pay. Check all that apply:  <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Overtime pay <input type="checkbox"/> Commissions <input type="checkbox"/> Tips (reported) <input type="checkbox"/> Cash tips (not reported or disclosed) <input type="checkbox"/> Bonuses <input type="checkbox"/> Other compensation  List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	\$ _____ \$ _____
4. <input type="checkbox"/> <input type="checkbox"/>	I receive cash contributions of gifts, including but not limited to rent, utility payments, cell phone, transportation, etc. on an ongoing basis from persons not living with me.  <u>Name of Person Providing Contribution</u> 1) _____ 2) _____	\$ _____ \$ _____
5. <input type="checkbox"/> <input type="checkbox"/>	I receive unemployment benefits.	\$ _____



YES	NO		MONTHLY GROSS INCOME
6.	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
7.	<input type="checkbox"/>	I receive periodic Social Security payments or Supplemental Social Security Income (SSI).	\$ _____
8.	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
9.	<input type="checkbox"/>	I receive periodic payment from lottery winnings.	\$ _____
10.	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
11.	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF) <b>DO NOT INCLUDE FOOD STAMPS</b>	\$ _____
12.	<input type="checkbox"/>	I am entitled to receive child support payments through court order or other agreement.  If yes, how many orders/agreements do you have? _____  If yes, from how many persons do you receive support? _____  List the amount received if not receiving the full agreement amount _____	\$ _____ (amount ordered) \$ _____ (amount received)
13.	<input type="checkbox"/>	I am entitled to receive alimony/spousal maintenance payments	\$ _____
14.	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or donation banks (such as plasma donations). If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
15.	<input type="checkbox"/>	I receive income from real or personal property.	(Use <u>net</u> earned income) \$ _____
16.	<input type="checkbox"/>	I receive student financial assistance (grants, scholarships, etc.) not including loans  *NOTE: Count as income only if household receives Section 8 Housing Choice Voucher rental assistance.	\$ _____ per semester
17.	<input type="checkbox"/>	I am claiming zero income.	



**ASSET INFORMATION**

Include all asset sources, including assets of minors.

YES NO		INTEREST RATE	CASH VALUE
18. <input type="checkbox"/> <input type="checkbox"/>	I have a checking account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	6 MONTH AVERAGE BALANCE \$ _____ \$ _____ \$ _____
19. <input type="checkbox"/> <input type="checkbox"/>	I have a savings account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20. <input type="checkbox"/> <input type="checkbox"/>	I have a digital wallet service(s) (e.g., Apple Pay / Apple Cash, Cash App, PayPal, Venmo, etc.) # Of accounts held _____ If yes, list services(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/> <input type="checkbox"/>	I have a pay card for direct deposit of benefits or prepaid debit card(s). # Of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
22. <input type="checkbox"/> <input type="checkbox"/>	I have a revocable trust(s) If yes, list bank _____	_____ %	\$ _____
23. <input type="checkbox"/> <input type="checkbox"/>	I own real estate If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		\$ _____
24. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____



YES NO		INTEREST RATE	CASH VALUE
25. <input type="checkbox"/> <input type="checkbox"/>	I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.) If yes, list currency types 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
26. <input type="checkbox"/> <input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). # Of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
27. <input type="checkbox"/> <input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____
28. <input type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
29. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have received lottery winnings or other lump sum payments paid in one payment (not reoccurring periodic payments).		\$ _____
31. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e., gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
32. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ _____		\$ _____
33. <input type="checkbox"/> <input type="checkbox"/>	I receive payments through crowdfunding (e.g., GoFundMe)		CURRENT BALANCE \$ _____



YES NO		INTEREST RATE	CASH VALUE
34. <input type="checkbox"/> <input type="checkbox"/>	I have other personal property held as an investment, other income from assets or sources other than those listed above.  If yes, list type below: 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____

**UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING, OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.**

\_\_\_\_\_  
**PRINTED NAME OF APPLICANT/TENANT**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT/TENANT**

\_\_\_\_\_  
**DATE**



**APPLICANT CRIMINAL BACKGROUND CHECK  
RELEASE AND AUTHORIZATION FORM**

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ or other authorized representative of the apartment community bearing this release, or copy thereof, to obtain any information pertaining to criminal court records. I hereby direct you to release such information to \_\_\_\_\_ or other authorized representative of the apartment community.

I, \_\_\_\_\_ hereby fully release and discharge \_\_\_\_\_, their employees, agents, attorney, and their respective affiliates from all claims and damages arising out of or relating to any investigations of my background for residency at \_\_\_\_\_.

Name: \_\_\_\_\_  
First, Middle, Last – Print clearly

Current Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zipcode

How long at this address? \_\_\_\_\_

Previous Address (if less than one year at above address):

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zipcode

Other Name / Alias / Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Have you ever been convicted for any crime, including sex-related or child-abuse related offenses? \_\_\_\_\_ No \_\_\_\_\_ Yes. If yes, please provide detailed explanation on the back.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.





# COVER SHEET / FAX TRANS.

## AUTHORIZATION TO RELEASE INFORMATION

Date: \_\_\_\_\_

Number of pages including cover sheet: \_\_\_\_\_

### To be completed by property management office:

The undersigned individual(s) has applied for residency at \_\_\_\_\_. The property is operated under federal affordable housing regulations, which require that we obtain written confirmation of the eligibility of all applicants and household members. In order to comply with federal regulations, please complete the following form in full and return it to the sender at your earliest convenience.

### Verifications and inquiries that may be requested include, but are not limited to:

Credit and Criminal Activity	Identity and Marital Status	Previous Residences and Rental Activity
Employment, Income, and Assets	Medical Allowances	Student Status

### The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include, but are not limited to:

Courts and Post Offices	Past and Present Employers	Utility Companies
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers and Bureaus
Medical Providers	Veterans Administration	Welfare Agencies
Retirement Systems	Social Security Administration	Internal Revenue Service
Banks and Other Financial Institutions	Previous Landlords (Including PHA's)	

### To be completed by applicant/resident

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original signed copy of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/we understand that I/we have a right to review my/our file and correct any information that can be proven incorrect. The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the federal affordable housing program.

Applicant/Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



## **Declaration of Citizenship**

One statement must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status.

Family members residing in the unit that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the unit who is responsible for the child.

First Name	Last Name	Citizen or National	Noncitizen w/eligible Immigration Status	Signature of Adult to the Left or Adult Guardian
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete the bottom of this form and must provide this office with an original of one of the following documents:

1. Form I-551, Alien Registration Receipt Card
2. Form I-94, Arrival-Departure Record with appropriate annotations or documents
3. Form I-688, Temporary Resident Card
4. Form I-688B, Employment Authorization Card
5. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and the applicant's entitlement to the document has been verified.

**Consent to Verify Eligible Immigration Status:** Each family member claiming eligible immigration status must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member who is responsible for the child.

First Name	Last Name	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual.

**Head of Household Certification:** I certify, under penalty of perjury, that all members of my household are listed on this form and that members of my household that have not checked either box of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

