

## 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 guide lines 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. Completed applications with NO errors will be placed on file on the date received
6. 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.
7. If there is an available unit at the time of application, the first complete application received will be considered.
8. 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.
9. 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.
10. 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.
11. 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:** 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).

1. Due to health issues (need extra room for medical apparatuses or live-in aide)
2. Increase in family size (due to birth, adoption, marriage)
3. Decrease in household size (death of a spouse or divorce) warranting a smaller unit
4. VAWA
5. Job

**IX. PET FREE:**

1. All Community Action rental units are pet free meaning NO pets are allowed except small birds (limit 2) or small fish aquarium (no larger than 5 gallon).

**X. SERVICE ANIMALS:**

1. Since Community Action has a no pet policy, and an applicant states they have a service or emotional support animal we will make an exception to the rule. The applicant or someone on their behalf must request in writing that we waive the no pet policy for their service or emotional support 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. A dog is an accepted service animal and the applicant is limited to one (1) unless there is a medical need for more than one which would be noted in the letter from their physician. (One dog 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 dog 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 dog, however if the dog 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.
2. No one can be added to the household in the initial year of occupancy, unless it is due to adoption, birth or a child that has been temporarily in foster care.

**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.**

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 NA in the blank area. Incomplete applications will be returned to the applicant.
2. If you applied for an apartment or home and it has been over six months, a new application will be required.
3. Applications are kept on file in order of the date received, not by the date it was signed.
4. Community Action's rents are not gauged by the household income. We have no built-in rental assistance.
5. When completing areas which 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.
6. **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.
7. If you are receiving a pension or annuity, please furnish an address from which the pension/annuity is being processed. This information can be written on the back of the application. Without an address, the application will be considered incomplete.
8. Rental history requests information on last three (3) landlords. If you are just starting out and you were living with your parents, note the information in one of the landlord slots.
9. Please be sure to read the paragraph at the bottom of page **seven (7)** very carefully before signing the application.
10. **IF YOU HAVE BEEN CONVICTED OF A FELONY, YOUR APPLICATION FOR RESIDENCY COULD BE DENIED, ESPECIALLY IF IT WAS DRUG RELATED.**
11. If false or misleading information is given on the application, **IT WILL BE DENIED.**
12. No Pets, service animals only. Tenants with service animals must follow animal policy.

### 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) 793-48841**. 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 relation 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 that 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 do 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

(765) 793-4881

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

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

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

Ethnicity / Race: \_\_\_\_\_

**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	_____	_____	_____	____-____-____	_____



**CREDIT INFORMATION:** (List all open & closed accounts within the past 12 months)

Creditor	Address	Total Owed	Monthly Pymts
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**INCOME:** Show the amount you/any member of your household receives. You must include **all gross income – before deductions – from all sources**

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

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

Total Household Cash: \$ \_\_\_\_\_

Checking Account Amount: \$ \_\_\_\_\_ Account #: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Address of Bank: \_\_\_\_\_

Savings Account Amount: \$ \_\_\_\_\_ Account #: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Address of Bank: \_\_\_\_\_

Equity in Real Estate YOU Own \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

Certificate of Deposit(s) \$ \_\_\_\_\_

Name of Bank Where CD'(s) held \_\_\_\_\_

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

Investment or Trust Fund(s) \$ \_\_\_\_\_ Name of Bank: \_\_\_\_\_

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



**Employment:**

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

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

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

Full-Time or Part-Time Employment: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

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

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

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

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

Full-Time or Part-Time Employment: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

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

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

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

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

Full-Time or Part-Time Employment: \_\_\_\_\_ 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 past (3) Landlords.

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

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

How long have you lived at this address? \_\_\_\_\_ 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: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ 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: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ 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: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ 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**

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

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

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

Do you currently live in subsidized housing? **Yes or No** Have you ever lived in subsidized housing? **Yes or No**

If yes, complete address: \_\_\_\_\_

Condition of present housing: \_\_\_\_\_ standard \_\_\_\_\_ substandard (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

**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, insurance agent, check-out clerk at a store, your boss at work or a previous boss or co-worker, anyone who you know personally but are not included in your circle of friends or family.

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

Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

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



**GENERAL INFORMATION**

**Have 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.

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

\_\_\_\_\_  
of Other Adult Date Signature



**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.



## Race, Ethnicity, and Special Needs Data Reporting Form

One form per household, signed and dated by all adults. Form to be completed only after application has been accepted and household is approved. Information provided on this form will not affect determination of household eligibility for occupancy. Form is only necessary at initial move-in and then if household composition changes.

Head of Household (printed name): \_\_\_\_\_

Categories*	Select One	Head of Household	#2 Occupant	#3 Occupant	#4 Occupant	#5 Occupant	#6 Occupant	#7 Occupant	#8 Occupant
Name of HH Member									
<b>Ethnic Categories: Select one per household member (definitions can be found on Page 2)</b>									
Hispanic or Latino									
Not-Hispanic or Latino									
<b>Race Categories: Select all that apply per household member (definitions can be found on Page 2)</b>									
American Indian or Alaska Native									
Asian									
Black or African American									
Native Hawaiian or Other Pacific Islander									
White									
<b>Special Needs Categories: Household contains at least one member who meets one of the following categories of Special Housing Needs per Indiana State Code IC 5-20-1-4.5 Household is not asked to disclose the nature of any disability.</b>									
Persons with physical or developmental disabilities									
Persons with mental impairments									
Single parent households									
Victims of domestic violence									
Abused children									
Persons with chemical addictions									
Homeless persons									
Elderly									

\_\_\_\_ By checking this box, I choose to not complete this form. There is no penalty for persons who do not complete the form.

Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	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.



**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.



**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



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## 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 \_\_\_\_\_

