

REMEMBER THE FOLLOWING WHEN APPLYING FOR AN APARTMENT

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 6 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. **COMMUNITY ACTION APARTMENTS/HOMES ARE NOT PET FRIENDLY**
13. **EFFECTIVE NOVEMBER 6, 2015, COMMUNITY ACTION APARTMENTS/HOMES ARE SMOKE-FREE UNITS.**

APPLICANT SCREENING AND TENANT SELECTION

APPLICATION:

Each and every person or persons requesting a Rental Application shall be provided with a Rental Application for Community Action Program rental properties, along with income guide lines for the property they are applying for.

A COMPLETE APPLICATION:

A **completed** application is required for each applicant.

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.

No applications will be accepted where the applicant has used white-out.

All resubmitted Rental Applications will then be placed on file in order of date received at resubmission.

If the application is complete when originally received it will be placed on file on that date.

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.

There are rental properties that have strict income limits as indicated on your rental application cover sheet. These limits are set in place by our funding sources. Your application will be denied for being over said guidelines. **If your application is denied for this reason a new application will not be accepted for at least 6 months after the denial.**

If there is an available unit at the time of application, the first complete application received will be considered.

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 one (1) year in order of the date received, after the year's period it will be destroyed/shredded.

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.

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.

Any misrepresentation of information on the application will result in the application being denied.

IDENTIFICATION:

We require 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.

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).

CRIMINAL BACKGROUND CHECKS:

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 release to attain background check will result in the application automatically being denied.

An application can also be denied for, but is not limited to the following:

- Any household member who is currently or has engaged in drug-related criminal activity in the past 5 years (this includes manufacture of, sale, distribution, use of, and/or possession of a drug)
- It is believed that any household member's current use of or pattern of use of illegal drugs or current abuse of alcohol may threaten the health, safety, or right to peaceful enjoyment of the premise by other tenants or surrounding neighbors.

PREVIOUS LANDLORDS:

All landlords listed on the application will be sent a verification form to verify the applicant's payment history, any lease violations and if any damage was done 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.

If there has been any court-ordered eviction or a judgement for financial delinquency to a landlord, your application will be denied.

VIOLENCE AGAINST WOMEN ACT (VAWA):

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.

HANDICAPPED OR DISABLED INDIVIDUALS:

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

EQUAL/FAIR TREATMENT OF COMPLETED APPLICATIONS:

1. All complete 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/applicants' 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 or 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.

As units are available, **complete** Rental Applications will be pulled in order received with verification process to begin with the first application and each thereafter. Verifications will be conducted in a timely manner with fax being utilized when possible to expedite the process.

TRANSFERS

A request to transfer to another unit will be taken into consideration if:

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

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.

Signature(s) below indicates that you 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



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: _____
Street Address Apt # City/State/Zip

Telephone: Home (_____) _____ Work (_____) _____

Emergency (_____) _____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Salaries/Wages	\$ _____ wk / bi-wkly	Unemployment Comp.	\$ _____ wk
Tips/Gratuities	\$ _____ wk / bi-wkly	Social Security	\$ _____ month
Pension/Annuity	\$ _____ wk / bi-wkly	Interest/Dividends	\$ _____ month
S.S.I.	\$ _____ month	TANF	\$ _____ month
Child Support	\$ _____ wk / bi-wkly	Self Employment	\$ _____ wk
Support paid by: _____		Rental Income	\$ _____ month
County paid through: _____		Address of Rental: _____	
Other: _____	\$ _____ wk / bi-wkly / month		

ASSETS: (List all assets for all family members)

Total Household Cash: \$ _____

Checking Account: \$ _____

Savings Account: \$ _____

Name of Bank: _____

Name of Bank: _____

Address: _____

Address: _____

Account #: _____

Account #: _____

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:

1. 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 \$ _____

2. 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 \$ _____

3. Additional Employer: _____

Mailing Address: _____

Telephone Number () _____ Full-Time/part-Time _____

Wage: \$ _____ Hourly \$ _____ Weekly \$ _____ Monthly

Rental History; Provide requested information concerning your residence for the past three (3) Landlord.

Present Landlord: _____ Phone# () _____

Address _____

How long have you lived at this address? _____ Is Lease in your name? _____

If NO, Whose? _____ Monthly Rent You Pay \$ _____

Average Monthly cost for Utilities \$ _____ Is Landlord a Relative _____

If Yes, What Relationship? _____ Reason for Leaving _____

Previous Landlord _____ Phone # () _____

Address _____

How long at this address? _____ To _____ Was Lease in your name? _____

If NO, Whose? _____ Monthly Rent you Paid \$ _____

Average Monthly cost for Utilities \$ _____ Was landlord a Relative? _____

If Yes, What Relationship? _____ Reason for Leaving _____

Previous Landlord _____ Phone # () _____

Landlord Address _____

Your Address at Time _____

How long at this address? _____ To _____ Was Lease in your name? _____

If NO, Whose? _____ Monthly Rent You Pay \$ _____

Average Monthly cost for Utilities \$ _____ Is Landlord a Relative? _____

If Yes, What Relationship? _____ Reason for Leaving _____

*HAVE YOU EVER BEEN EVICTED BY A LANDLORD? _____

Landlord Name: _____

Address _____

Phone (_____) _____ Reason for eviction: _____

Do you live in subsidized housing? _____ Have you lived in subsidized housing? _____

If yes, complete address: _____

*Condition of present housing: _____ standard _____ substandard (determined by the Board of Health)

****WE DO NOT ALLOW PETS—SERVICE ANIMALS ONLY!! MUST FOLLOW PET POLICY !!**

NEAREST FAMILY/RELATIVES: (Who will NOT be living with you)

1. _____
Name Address

Phone Number Relationship

2. _____
Name Address

Phone Number Relationship

3. _____
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.

1. _____

Name

Phone Number

Complete Mailing Address

2. _____

Name

Phone Number

Complete Mailing Address

3. _____

Name

Phone Number

Complete Mailing Address

*Do you have any type of condition that would affect your independent living? _____

If yes, please

explain: _____

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 also 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, and a home visits, if required.

Signature of Head of Household

Date

Signature of Other Adult

Date



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.

Our phone number is (765) 793-48841. Call between the hours of 8:00am and 4:30pm, Monday through Friday.

Assistance will be provided in a confidential manner and setting.

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 _____



GENERAL INFORMATION

Have applicant and/or any household member ever:

1. File for bankruptcy? Yes _____ No _____

2. Been Evicted: Yes _____ No _____

If yes, please
explain: _____

3. Willfully or intentionally refused to pay rent? Yes _____ No _____

If yes, please explain: _____

4. Have a criminal record? Yes _____ No _____

If yes, please explain: _____

5. Current illegal user of a controlled substance? Yes _____ No _____

6. Been convicted for drug usage or trafficking in drugs? Yes _____ No _____

If yes, please explain: _____

7. Are you currently living in subsidized housing? Yes _____ No _____

8. Has any member of this household ever lived in a subsidized complex before and had tenancy or assistance terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedures: Yes _____ 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



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): _____	Date: _____
Last 4 Digits of Social Security Number: _____	
Authorizing Signature: _____	
Co-Applicant/Co-Resident Name (Printed): _____	Date: _____
Last 4 Digits of Social Security Number: _____	
Authorizing Signature: _____	
Co-Applicant/Co-Resident Name (Printed): _____	Date: _____
Last 4 Digits of Social Security Number: _____	
Authorizing Signature: _____	
Co-Applicant/Co-Resident Name (Printed): _____	Date: _____
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									
Ethnic Categories: Select one per household member (definitions can be found on Page 2)									
Hispanic or Latino									
Not-Hispanic or Latino									
Race Categories: Select all that apply per household member (definitions can be found on Page 2)									
American Indian or Alaska Native									
Asian									
Black or African American									
Native Hawaiian or Other Pacific Islander									
White									
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.									
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



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Instructions for the Race and Ethnicity Data Reporting

A. General Instructions:

Owner and agents are required to offer the applicant/resident the option to complete the form. The form is to be completed after the household has been approved for move-in. In-place residents must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



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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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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. 

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 with eligible immigration status	Signature of Adult listed to left or signature of guardian
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete page two 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
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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 rental assistance. If yes, list the housing authority below. _____	Amount of monthly rental assistance \$ _____
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INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES NO

MONTHLY GROSS INCOME

(use net income from business)

2. <input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self-employment). This includes but not limited to: Rideshare companies such as Uber/Lyft, multi-level marketing companies such as Mary Kay, Total Life Changes, 1099-contractors, etc. _____	\$ _____
3. <input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: Name of Employer 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.	\$ _____
5. <input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
6. <input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
7. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments or Supplemental Social Security Income (SSI).	\$ _____
8. <input type="checkbox"/>	<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"/>	<input type="checkbox"/>	I receive periodic payment from lottery winnings.	\$ _____
10. <input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
11. <input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC) DO NOT INCLUDE FOOD STAMPS	\$ _____
12. <input type="checkbox"/>	<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"/>	<input type="checkbox"/>	I am entitled to receive alimony/spousal maintenance payments	\$ _____
14. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, lottery winnings, or donation banks (such as plasma donations). If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____



15. <input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
16. <input type="checkbox"/> <input type="checkbox"/>	I receive student financial assistance (grants, scholarships, etc.) not including loans *NOTE: Count as income only if household receives Section 8 rental assistance.	\$ _____ per semester
17. <input type="checkbox"/> <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 debit card, pay card for direct deposit of benefits, or prepaid debit card (s). # of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
22. <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		\$ _____
23. <input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
24. <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) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
25. <input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
26. <input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____



27. <input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____
28. <input type="checkbox"/>	<input type="checkbox"/>	I have received lottery winnings paid in one payment (not reoccurring periodic payments).		
28. <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) _____		\$ _____ \$ _____
29. <input type="checkbox"/>	<input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____		\$ _____
30. <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**

WITNESSED BY: (SIGNATURE OF OWNER/REPRESENTATIVE) **DATE**

