

## **Saint John's Village West – Family Homes**

7201 Kinsman Road Cleveland, Ohio 44104 216.341.1455

# **Lease Purchase Program Application**

### ***How to Apply***

To apply for a home with Saint John's Village West – Family Homes (SJVV) you must **fully** complete this application package and submit it, along with a \$100 good faith deposit (money order) to the Intake Manager at the offices of Burten, Bell, Carr Development Inc. (7201 Kinsman Road, Cleveland Ohio 44104). Your application will then be passed on to the Property Manger located at the offices of the Cleveland Housing Network (2999 Payne Avenue, Suite 306, Cleveland Ohio 44114 – 216.574.7100) where it will be reviewed and a determination made as to whether you are eligible for an SJVV home. ***Applications are reviewed on a first come first serve basis.***

### **I. BEFORE TAKING AN APPLICATION YOU MUST MEET THE FOLLOWING REQUIREMENTS:**

- 1) At least one person in the household must be 18 years of age
- 2) No eviction judgments within the past 2 years
- 3) No felonies within the past 5 years
- 4) Bankruptcies must be discharged, with evidence of credit repair
- 5) The household is not a full-time student household (defined as everyone in the household, including children, is in school) unless you meet one of the following criteria:
  - i. Receiving assistance under title IV of the Social Security Act (e.g., receiving cash payment from TANF)
  - ii. Enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar programs.
  - iii. Single Parent and their children and such parents are not dependents of another individual and such children are not dependents of another individual other than a parent. Two years of tax return documents must be provided.
  - iv. Married and file a joint return
- 6) Income
  - a. With a Section 8 Voucher minimum income is \$600 a month.
  - b. Without a Section 8 Voucher and with no debt ((e.g. no credit card payments, car loan, student loan, child support, etc.) minimum income is
 

1 Bedroom = \$780 per month	2 Bedrooms = \$830 per month
3 Bedrooms = \$895 per month	4 Bedrooms = \$945 per month
  - c. Without a Section 8 Voucher and with debt ((e.g. having credit card payments, car loan, student loan, child support, etc.) minimum income must be calculated.

**II. A COMPLETE APPLICATION MUST INCLUDE THE FOLLOWING INFORMATION**

- Complete Applications for ALL household members who are 18 years old and older
- Copy of Birth Certificates (All Occupants)
- Copy of Social Security Cards (All Occupants)
- Copy of Photo I.D. (Each person 18 years old & older)
- Copy of Gas and Light bills. (Most recently paid Gas or Light bill.)
- City Police Report: Originals only (Each person 18 years old & older)
- County Sheriff Report: Originals only (Each person 18 years old & older)
- Proof of Income

Only the documents that pertain to your household are needed from the list below. Please be sure to report ALL income as the Lease Purchase Program is not income based and failing to report total household income may make you ineligible.

- ◇ Three current pay stubs
- ◇ Statement from SSI
- ◇ Welfare Agency
- ◇ Child Support
- ◇ Workers Compensation
- ◇ Unemployment
- ◇ 1099 tax form if you are self-employed

Note: Police reports can be obtained Monday, Wednesday, and Friday (8:15am-3:15pm) at the Justice Center, 1215 West 3<sup>rd</sup> Street. County Report is \$6.00. City Report is \$.05. Money order or cash accepted. SJVW will **not** be able to copy any documents. Please have all necessary Documents copied before submitting your application to SJVW.

**All Incomplete applications will be declined!**

**III. APPLICANTS MUST ATTEND THE FOLLOWING WORKSHOPS**

- 1) *Life as a Lease Purchaser* orientation, and
- 2) *Financial Literacy*

These classes can be scheduled by calling 216.341.1455.

## SJVW-FH Preliminary Rental Application

DATE: \_\_\_\_\_

You must answer all questions on this application or it will be returned to you. **NO EXCEPTIONS!!** If a question does not apply to you enter "NONE" or "N/A". A separate application form must be completed by each adult applicant 18 years of age or older. Include all members you anticipate will occupy the unit at least 50% of the time during the next 12 months. For financial information, please provide the names and addresses of people who can verify the information you provide. You may attach additional pages as needed if there is not enough space for your information.

**Please note that this is a preliminary application and gives no lease or rent rights.**

### FAMILY DATA

(Include all people to occupy unit)

Last	First	MI	*SSN	Date of Birth	Relationship	Sex	F/T Student
1.					<b>HEAD</b>		
2.							
3.							
4.							
5.							
6.							

Bedroom size of unit requested (circle)      1      2      3      4

	Yes	No
Are you currently receiving Section 8 (HCVP) subsidy?		
Have you applied with Saint John's Village West Family Homes in the past?		
Are you a former Saint John's Village West Family Homes tenant?		
Does household include instance(s) of court appointed custody? <i>(If yes documentation must accompany the application)</i>		
Are benefits being drawn under a different SSN? (e.g. deceased spouse) <i>(If yes please provide SSN _____)</i>		
Do you expect a change in family size in the future? <i>(If yes explain change and expected date of change _____)</i>		
Are there any temporarily absent family members? <i>(If yes please provide name and date of return _____)</i>		
Would any member of your household benefit from a Handicapped-accessible unit? <i>(If yes please explain _____)</i>		

### MONTHLY INCOME

Name	Income	Income Source	Address	Phone
1.	\$			
2.	\$			
3.	\$			
4.	\$			
5.	\$			
6.	\$			

### ASSETS

(Bank Accounts, Stocks, 401K, Cash, Trust Funds, Ira Accounts, etc.)

Name on Account	Asset Type	Asset Value	Financial Institution	Address	Phone
1.		\$			
2.		\$			
3.		\$			
4.		\$			
5.		\$			
6.		\$			

### EMPLOYMENT HISTORY

Present Employer	Date of Hire	Supervisor	Address	Phone

Previous Employer	Date of Hire	Supervisor	Address	Phone

Previous Employer	Date of Hire	Supervisor	Address	Phone

**RESIDENTIAL HISTORY**  
(Continuous Residence information for past four years)

**CURRENT RESIDENCE**

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Landlord: \_\_\_\_\_  
 Landlord Phone: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 Current Rent: \$ \_\_\_\_\_ Current Utilities: \$ \_\_\_\_\_  
 Reason For Leaving: \_\_\_\_\_  
 \_\_\_\_\_

**PREVIOUS RESIDENCE**

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Landlord: \_\_\_\_\_  
 Landlord Phone: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 Current Rent: \$ \_\_\_\_\_ Current Utilities: \$ \_\_\_\_\_  
 Reason For Leaving: \_\_\_\_\_  
 \_\_\_\_\_

**PREVIOUS RESIDENCE**

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Landlord: \_\_\_\_\_  
 Landlord Phone: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 Current Rent: \$ \_\_\_\_\_ Current Utilities: \$ \_\_\_\_\_  
 Reason For Leaving: \_\_\_\_\_  
 \_\_\_\_\_

(You may add more sheets if needed.)

### GENERAL INFORMATION

	Yes	No
Are you now in the process of being evicted? <i>(If yes please explain</i> _____		
Have you been arrested/convicted of a crime within the last 5 years? A yes answer does not necessarily disqualify you. <i>If yes please explain.</i> _____		
Do you or any member of your household engage in current illegal use or illegal distribution of a controlled substance or have you previously been convicted of the same?		
If you answered "yes" to the above question, have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? <i>If yes please explain.</i> _____		
Are you in the process of filing for bankruptcy or have you ever filed for bankruptcy? <i>If yes please explain.</i> _____		
Have you ever received rental assistance? <i>If yes please explain.</i> _____		
Has your rental assistance ever been terminated for fraud, non-payment of rent, or failure to re-certify? <i>If yes please explain where and when</i> _____		
Do you have any pets?		
Are you currently homeless or living in a shelter?		
Will this be your only place of residence? <i>If no please explain.</i> _____		

What is the condition of your current housing? (Check all that apply)

Standard		No indoor plumbing/Kitchen
Unsafe or Unhealthy		Currently without Housing
Living with Parents		

What your current marital status? (Check One)

Never Married		Married
Divorced		Widowed
Separated		

**REFERENCES**

Name	Address/City/Zip	Relationship	Telephone
1.			
2.			
3.			

**EMERGENCY CONTACT(S)**

Name	Address/City/Zip	Relationship	Telephone
1.			
2.			

	Yes	No
<p>Are you or any family member, now, or previously during the past 12 months an employee, agent, consultant, officer, elected or appointed official of the City of Cleveland, Community Development Department, the Cleveland Housing Network, or Burten, Bell, Car Development, Inc. or any contractor doing business with the Cleveland Housing Network, or Burten, Bell, Car Development, Inc.  <i>(If Yes please explain in detail the position held, the name of the employer, and the nature of your duties</i> _____                      _____                      _____                      _____</p>		

I hereby CERTIFY that the information stated above is true, correct, and complete to the best of my knowledge. I further understand and agree that if any of the information I have provided in this application is found to be incomplete, incorrect, or false, it will be grounds for denial of this application or termination of my tenancy. I also hereby authorize the owner and/or owner's agent to verify the foregoing income, employment and asset information; to conduct a credit check and check for prior evictions; to call current and former landlords; to call personal references; and to verify any other information I have provided on this application. I further understand that this application does not guarantee housing or a position on the waiting list.

**Applicant Signature**

**Date**

**WARNING: Section 1001 of Title 18 U.S. 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.**

## RELEASE OF INFORMATION FORM

### PURPOSE

The following named organizations may use this authorization and the information obtained with it to assist lease purchasers with homeownership, to administer and enforce policies and guidelines for the Low-Income Housing Tax Credit (LIHTC) housing program.

### AUTHORIZATION

I authorize Cleveland Housing Network and its agents to obtain information on wages, unemployment compensation or any other income source.

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

Enterprise Social Investment Corporation (ESIC)  
Local Initiatives Support Corporations (LISC)  
Supportive Housing Programs  
City of Cleveland  
State of Ohio  
Section 8 Housing Assistance Payment Program  
Section 42 LIHTC  
Federal Home Loan Bank

I authorize the above named organizations to obtain information about me and all members of my household that are pertinent to eligibility for or participation in LIHTC.

### COMPUTER MATCH NOTICE AND CONSENT

I agree that authorized agencies may conduct computer-matching programs with the governmental agencies including Federal, State or Social Agencies. The governmental agencies include:

U.S. Office of Personnel Management  
U.S. Social Security Administration  
U.S. Department of Defense  
U.S. Postal Service  
State Employment Security Agencies  
State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

### CONDITION

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this Authorization, I also understand that my housing assistance may be denied or terminated.

### INDIVIDUALS OR ORGANIZATIONS

Any individual or organization including any government organization may be asked to release information. For example, information may be requested from:

Banks and other Financial Institutions  
Courts  
Law Enforcement Agencies  
Credit Bureaus  
Employers (Past and Present)  
Landlords  
Providers of:  
Alimony  
Child Support  
Credit  
Disability Assistance  
Medicare  
Pension Agencies  
Schools and Colleges  
U.S. Social Security Administration  
U.S. Department of Veteran Affairs  
Utility Companies  
Welfare Agencies

\_\_\_\_\_  
Print Name of Member of Household (18 years or older)

\_\_\_\_\_  
Signature of Member of Household (18 years or older)

Original is retained by the requesting organization.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants 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.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

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.

**Race and Ethnic Data Reporting Form**

**U.S. Department of Housing and Urban Development**  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 10/31/2004)

**Saint John's Village West – Family Homes**

<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</b>
Saint John's Village West-Family Homes, LP		<b>Tax Credit</b>
<b>Name of Owner/Managing Agent</b>	<b>Type of Assistance or Program Title:</b>	

<b>Name of Head of Household</b>	<b>Name of Household Member</b>
----------------------------------	---------------------------------

Date (mm/dd/yyyy): \_\_\_\_\_

<u>Ethnic Categories*</u>	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
<u>Racial Categories*</u>	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

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<b>Name of Head of Household</b>	<b>Name of Household Member</b>	

Date (mm/dd/yyyy): \_\_\_\_\_

<u>Ethnic Categories*</u>	Select One
Hispanic or Latino	<input type="checkbox"/>
Not-Hispanic or Latino	<input type="checkbox"/>
<u>Racial Categories*</u>	Select All that Apply
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Other	<input type="checkbox"/>

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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<b>Name of Head of Household</b>	<b>Name of Household Member</b>
----------------------------------	---------------------------------

Date (mm/dd/yyyy): \_\_\_\_\_

<u>Ethnic Categories*</u>	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
<u>Racial Categories*</u>	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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Date (mm/dd/yyyy): \_\_\_\_\_

<u>Ethnic Categories*</u>	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
<u>Racial Categories*</u>	Select All that Apply
American Indian or Alaska Native	
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Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

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**Signature**

\_\_\_\_\_  
**Date**

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**Ohio Housing Finance Agency  
Office of Program Compliance**



**Applicant / Tenant Sworn Income and Asset Statement**

**NOTE: All household members 18 years of age or older are required to complete a separate income statement. All applicable questions must be completed in their entirety.**

Name \_\_\_\_\_

S.S. # (last 4 digits) \_\_\_\_\_

**Document Yes answers with third party verification.**

Date \_\_\_\_\_

<u>Income Source</u>	I have or I receive the following: (Check YES or NO)				Monthly Amount	Notes
Job 1	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Job 2	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Self Employment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Social Security	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Supplemental Security Income (SSI)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Pension / Veteran's Administration	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
TANF / AFDC	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Unemployment Benefits	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Workers Compensation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Educational Financial Assistance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____
Other _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____	_____

Do you currently receive Assistance with your housing payment?  
If yes; Agency Name: \_\_\_\_\_

Yes  No

Do you **HAVE** court-ordered or an agreement for child support or alimony?  
(This means there is an order for you to receive child support or alimony, not pay support to someone else)

Yes  No

ORDERED AMOUNT  
\$ \_\_\_\_\_

Are you currently receiving child support or alimony?

Yes  No

AMOUNT RECEIVED  
\$ \_\_\_\_\_

Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made?  
List State \_\_\_\_\_ and County \_\_\_\_\_ where granted.

Yes  No

Are you a student (either full or part-time) enrolled in an institution of higher learning?

Yes  No

If you answered yes to the above question, are you over the age of 23 AND have at least one dependent child?

Yes  No

Are you now or do you anticipate becoming a full-time student within the next 12 months?

Yes  No

**If you answered Yes to being or anticipating becoming a full-time student, answer below as applicable:**

- I. Receiving assistance under Title IV of the Social Security Act – (e.g.TANF) Yes  No
- II. Previously under the care and placement responsibility of the local county children services agency (i.e. foster care) Yes  No
- III. Enrolled in a government-sponsored job training program Yes  No
- IV. Married and eligible to file a joint income tax return Yes  No
- V. A single parent household with at least one dependent child. The parent is not the dependent of another individual and the child is only a dependent of the resident or the other, non-resident parent. Yes  No

Unit # \_\_\_\_\_

Applicant / Tenant Initials \_\_\_\_\_



Asset Source

Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Checking Account?	6 month Avg. Balance	\$ _____	Interest Rate	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Savings / Holiday Account?	Balance	\$ _____	Interest Rate	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Certificate of Deposit (CD)?	Cash Value	\$ _____	Interest Rate	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Cash on Hand?	Amount	\$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Stocks, Bonds or Annuities?	Cash Value	\$ _____	Annual Earnings	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Money Market or Mutual Funds?	Cash Value	\$ _____	Annual Earnings	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have IRA, 401K, or Keogh Accounts?	Cash Value	\$ _____	Annual Earnings	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Treasury Bills?	Cash Value	\$ _____	Annual Earnings	_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Safety Deposit Box?      What is held in the box?		_____	Cash Value	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any Personal Property held as Investment? **			Cash Value	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you own a Home, Rental Property or other Capital Investments? (Market Value less unpaid balance and selling costs = Cash Value)			Cash Value	\$ _____
Current Status/Intention: <input type="checkbox"/> Keeping <input type="checkbox"/> Selling <input type="checkbox"/> Renting <input type="checkbox"/> Being Foreclosed <input type="checkbox"/> Giving Away						

Notes: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)	When _____	Amount _____			
<input type="checkbox"/>	<input type="checkbox"/>	Do you have life insurance policies? (Whole or Universal only)	Cash Value	\$ _____	Annual Earnings	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you receive regular or periodic payments from persons not living in the unit, trust, annuity, or other claims? (List any item not shown on page 1)	Holder/Provider _____	Frequency _____	Amount	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years?	If yes, list items: _____				Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Are there minor children in the household that have any assets (Savings Account, Certificate of Deposit, Savings Bond(s), etc.)?	If yes, please provide:				
		Type _____	Value	\$ _____	Where Held _____	Annual Yield _____	
		Type _____	Value	\$ _____	Where Held _____	Annual Yield _____	
		Type _____	Value	\$ _____	Where Held _____	Annual Yield _____	

**Total Of Net Family Assets**      \$ \_\_\_\_\_      **(Total Value of Assets Listed Above)**

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

**The information provided on this form will be used to determine maximum income eligibility.**

**Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.**

Signatures:

\_\_\_\_\_  
Signature Of Applicant / Lessee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Management Agent Signature

\_\_\_\_\_  
Date

