

RENTAL HOUSING APPLICATION

This is a preliminary application for apartment at _____ . It holds no lease or rent obligations. All information will be verified by the management prior to an applicant being placed on our waiting list for consideration. All applicants must meet established selection criteria.

Date: _____

A. PERSONAL INFORMATION

Head of Household: _____ Age: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Marital Status: Single Married Divorced Widow/Widower

All persons living with you	Relationship	Age	Sex

Are either you or your spouse handicapped or disabled? YES NO

If YES, what is the nature of the condition? _____

Have you ever been convicted of a misdemeanor or felony? YES NO

If YES, please explain _____

EMERGENCY CONTACT:

Name: _____ Phone: _____

B. PRESENT HOUSING INFORMATION

How long have you lived at your present address? _____

If you presently rent, how much is your rent? \$ _____ per _____

Landlord's Name: _____ Phone: _____

Address: _____

C. DEBTS

List all current debts, including loans, credit purchases, credit cards, hospital/doctor bills, etc. Attach a separate sheet if necessary.

COMPANY/LENDER	AMOUNT OWED	PAYMENT	FREQUENCY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have ever failed to pay a debt, had a foreclosure, taken bankruptcy, or had a judgment against you for debt, attach a separate sheet of paper explaining the details.

D. REFERENCES

List three (3) people not related to you by blood or marriage whom we may contact as references

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. INDIVIDUAL INCOME CALCULATION

Use one sheet for each family member, including those without income. Mark N/A for areas which are not applicable to the individual. Signature of family member (or guardian for those under 18) is required.

Name _____ Age _____ Sex _____

Last 4 digits Social Security # _____ Do you receive Food Stamps? Yes ___ No ___

1. DO YOU WORK? LIST ALL EMPLOYERS AND WAGES. Attach 60 days most recent pay stubs:

EMPLOYER	TYPE OF WORK	HOW OFTEN PAID	GROSS PAY FROM CHECK STUB

2. DO YOU RECEIVE A BENEFIT CHECK (SOCIAL SECURITY, SSI, VA, AFDC, UNEMPLOYMENT, RETIREMENT, ETC.)? Attach current benefits statements or copies of 2 recent checks & check stubs.

WHO IS CHECK FROM?	TYPE OF CHECK	HOW OFTEN PAID	GROSS PAY

3. ARE YOU SUPPOSED TO RECEIVE CHILD SUPPORT, ALIMONY, OR REGULAR GIFTS OF MONEY? Attach of TN Child Support Enforcement System printout, bank statements.

TYPE OF SUPPORT	AMOUNT	HOW OFTEN PAID	FOR WHICH FAMILY MEMBER?

4. DO YOU HAVE SAVINGS, CHECKING ACCOUNTS, STOCKS, RETIREMENT, ADDITIONAL PROPERTY, OR OTHER ASSETS (DO NOT LIST YOUR CAR OR HOUSE) Attach IRS 1099 forms, bank statements, deeds.

TYPE OF ASSET	NAME OF COMPANY OR BANK	CURRENT VALUE	INTEREST EARNED FROM ASSET

5. IF YOU RECEIVE NO INCOME, FILL IN THE BOX BELOW:

NAME	ARE YOU A MINOR?	IF OVER 18, HOW LONG UNEMPLOYED?

I certify that the information about me in this application for housing assistance is true and correct and that the address listed is my principal residence. If assistance is approved, I will comply with all HOME rules and regulations. I am aware that providing false information on this application can subject me to criminal sanctions up to and including a Class B Felony.

Signature: _____

Date: _____

F. FAMILY INCOME CALCULATION

All information should come from Individual Income Calculation Sheets

1. Number in Household _____

Number with Income _____

Number without Income _____

2. Income Limits for _____ County. Dated _____

Show totals from Individual Income Calculations pages and convert to annual gross income. If there are assets, compare the current value of the asset to the actual income from the asset. If the current value is greater than \$5,000, multiply the current value by the passbook rate to determine the income from the asset.

Family Members with Income):

Totals from Individual Income
Calculation sheets

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

3. Calculate Total Household Gross Annual Income:

APPLICANT CHECKLIST

PLEASE BRING:

1. Copies of the pay check stubs from the past two months or eligibility letters from social security or the Department of Human Services, or other verification of income.
2. A copy of your income tax form (1040, 1040EZ, etc.) for _____ year.
3. Copies of social security cards for all households members.
4. Copies of birth certificates for children, or written explanation of why birth certificates are unavailable.
5. Bank statements for the past three months.
6. Rent receipts or other verification of rent.
7. Other information or documents listed below:

**HOME Program
Eligibility Release Form**

Organization requesting release of information
(Name, Address, Telephone and Date)

Purpose: Your signature on this HOME Program Eligibility Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

- HOME Homeownership Program
- HOME Rental Rehabilitation Program
- HOME Homeowner Rehabilitation Program
- HOME Rental New Construction Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant’s eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, “REQUEST FOR COPY OF TAX FORM” MUST BE PREPARED AND SIGNED SEPARATELY.

Head of Household – Signature, Printed Name and Date Family Member HEAD
X
Other Adult Member of the Household – Signature, Printed Name and Date Family Member #3
X

Information Covered: Inquiries may be made about items initiated by applicant/tenant.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Federal Preferences		
Other Preferences		
Other (list)		
Dependent Deduction <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Handicap/Disabled Family Member <input type="checkbox"/> Minor Children		

Authorization: I authorize the above-named HOME Grantee and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Other Adult Member of Household – Signature, Printed Name and Date Family Member #2
X
Other Adult Member of the Household – Signature, Printed Name and Date Family Member #4
X

VERIFICATION OF ASSETS ON DEPOSIT

<p>(Name of HOME Participating Jurisdiction)</p> <p>_____</p>	<p>Checking Account #</p>	<p>Average Monthly Balance for Last 6 Months</p>	<p>Current Interest Rate</p>	
<p>AUTHORIZATION: Federal Regulations require us to verify income from Assets of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p>	<p>Savings Accounts #</p>	<p>Current Balance</p>	<p>Current Interest Rate</p>	
	<p>Certificate of Deposit Account #</p>	<p>Amount</p>	<p>Withdrawal Penalty</p>	<p>Current Interest Rate</p>
	<p>IRA, Keogh, Retirement Accounts</p>			
<p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed</p>	<p>Account #</p>	<p>Amount</p>	<p>Withdrawal Penalty</p>	<p>Current Interest Rate</p>
	<p>Money Market Funds</p>	<p>Amount (Average 6 month Balance)</p>	<p>Interest Rate</p>	
<p>Release: I hereby authorize the release of the requested information</p> <p>_____</p> <p>(Signature of Applicant)</p>	<p>Signature of _____ or</p> <p>Authorized Representative _____.</p> <p>Title:</p> <p>Date:</p> <p>Telephone</p>			
<p>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>				

VERIFICATION OF EMPLOYMENT

<p>(Name of HOME Participating Jurisdiction)</p> <p>_____</p>	<p>Employed since: _____ Occupation: _____</p> <p>Salary: _____ Effective date of last increase: _____</p> <p>Base pay rate:</p> <p>\$ _____/hour or \$ _____/week or \$ _____/month</p> <p>Average hours/week at base pay rate: _____ Hours</p> <p>No. Weeks ____ or No. Weeks _____ worked per year</p> <p>Overtime pay rate: \$ _____/hour</p> <p>Expected average number of hours overtime worked per week during next 12 months: _____</p> <p>Any other compensation not included above (specify for commissions, bonuses, tips, etc.):</p> <p>For: _____ \$ _____ per _____</p> <p>Is pay received for vacation? ____ No. of days/year _____</p> <p>Total base pay earnings for past 12 mos. \$ _____</p> <p>Total overtime earnings for past 12 mos. \$ _____</p> <p>Probability and expected date of any pay increase: _____</p> <p>Does employee have access to a retirement account? Yes ____ No ____</p> <p>If Yes, what amount can they get access to \$ _____</p>
<p>Release: I hereby authorize the release of the requested information</p> <p>_____</p> <p>(Signature of Applicant)</p>	<p>Signature of _____ or</p> <p>Authorized Representative _____.</p> <p>Title:</p> <p>Date:</p> <p>Telephone</p>
<p>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	