Housing Application

Clinton County Community Action Program, Inc.

How to use this application

You can fill in this application on a computer or print it and fill it in by hand. Every adult in the household must sign and date the application at the end.

Directions to applicant: Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you. Include all members who 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. If there isn't enough room for an entry, attach a separate page. Proof of identity and Social Security cards must be provided for all household members. All adults must sign and date the application.

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 or obtaining federal funds. Providing false information or making false statements may be grounds for denial of application.

Housing you are applying for

Development name

Development address

Date of application

Size of unit requested

Date housing is needed

Head of Household

Can you read and write English?

◯ Yes ◯ No

If no, did you have an interpreter?

◯ Yes ◯ No

Interpreter's name

Head of household

Name

Social Security number Date of birth

Gender Number in household

Allowable limit $ Gross income $

Income

Job $ Social Security or pension $

Public assistance $ Other $

Assets $

Status (check all that apply)

- ☐ Full-time student
- ☐ Single parent
- ☐ Disabled
- ☐ Homeless
- ☐ On PHA list
- ☐ Married couple
- ☐ Children in household

Race:

- ◯ 1. White/Caucasian
- ◯ 2. African American
- ◯ 3. American Indian
- ◯ 4. Alaskan Native / Asian
- ◯ 5. Native Hawaiian / Pacific Islander
- ◯ 6. Other
- ◯ 7. Prefer not to answer

Ethnicity:

- ◯ 1. Hispanic/Latino
- ◯ 2. Non-Hispanic/Non-Latino
- ◯ 3. Prefer not to answer

Other household members

For race and ethnicity, enter the number from the lists above.

Household member 2

Name

Race number Ethnicity number

HC Gender

Household member 3

Name

Race number Ethnicity number

HC Gender

Household member 4

Name

Race number Ethnicity number

HC Gender

Household member 5

Name

Race number Ethnicity number

HC Gender

Household member 6

Name

Race number Ethnicity number

HC Gender

Head of household signature Date

Race and ethnicity information is gathered for statistical purposes only.

Address History

List any addresses you have had within the last 5 years.

Address 1

Address 2

Address 3

Address 4

Address 5

Address 6

Address 7

Address 8

Have you ever had a landlord?

◯ Yes ◯ No

Have you ever been evicted or owe a landlord money?

◯ Yes ◯ No

Your personal email address (or write N/A)

Part 1: Family Composition

List all apartment occupants. Person 1 is the head of household.

Person 1 (head of household)

Name (last, first, middle initial)

Social Security number Date of birth

Sex Full-time student?

Person 2

Name (last, first, middle initial)

Social Security number Date of birth

Relation to head of household

Sex Full-time student?

Person 3

Name (last, first, middle initial)

Social Security number Date of birth

Relation to head of household

Sex Full-time student?

Person 4

Name (last, first, middle initial)

Social Security number Date of birth

Relation to head of household

Sex Full-time student?

Person 5

Name (last, first, middle initial)

Social Security number Date of birth

Relation to head of household

Sex Full-time student?

Person 6

Name (last, first, middle initial)

Social Security number Date of birth

Relation to head of household

Sex Full-time student?

If benefits are drawn under a different Social Security number, please provide it

Do you expect a change in family size in the future?

◯ Yes ◯ No

If so, explain and provide date of change

Are there any temporarily absent family members?

◯ Yes ◯ No

If so, provide name and date of return

Current marital status:

◯ Never married

◯ Divorced

◯ Separated

◯ Married

◯ Widowed

◯ Other

Would your household benefit from a handicapped-accessible unit?

◯ Yes ◯ No

Part 2: Income

List every source of income for everyone in the household.

Income source 1

Type of income

Person receiving income

Name of source

Address (street, city, state, zip)

Phone number

Income source 2

Type of income

Person receiving income

Name of source

Address (street, city, state, zip)

Phone number

Income source 3

Type of income

Person receiving income

Name of source

Address (street, city, state, zip)

Phone number

Income source 4

Type of income

Person receiving income

Name of source

Address (street, city, state, zip)

Phone number

Income source 5

Type of income

Person receiving income

Name of source

Address (street, city, state, zip)

Phone number

Income source 6

Type of income

Person receiving income

Name of source

Address (street, city, state, zip)

Phone number

Income source 7

Type of income

Person receiving income

Name of source

Address (street, city, state, zip)

Phone number

Income source 8

Type of income

Person receiving income

Name of source

Address (street, city, state, zip)

Phone number

Income source 9

Type of income

Person receiving income

Name of source

Address (street, city, state, zip)

Phone number

Part 3: Assets

List every bank account and other asset for everyone in the household.

Account 1

Type of account | Account name

Financial institution name

Address (street, city, state, zip)

Account number(s)

Account 2

Type of account | Account name

Financial institution name

Address (street, city, state, zip)

Account number(s)

Account 3

Type of account | Account name

Financial institution name

Address (street, city, state, zip)

Account number(s)

Account 4

Type of account | Account name

Financial institution name

Address (street, city, state, zip)

Account number(s)

Account 5

Type of account | Account name

Financial institution name

Address (street, city, state, zip)

Account number(s)

Account 6

Type of account | Account name

Financial institution name

Address (street, city, state, zip)

Account number(s)

Account 7

Type of account | Account name

Financial institution name

Address (street, city, state, zip)

Account number(s)

Account 8

Type of account | Account name

Financial institution name

Address (street, city, state, zip)

Account number(s)

Account 9

Type of account | Account name

Financial institution name

Address (street, city, state, zip)

Account number(s)

Employment

Applicant

Currently employed by

How long?

Supervisor | Phone

Previous employer

How long?

Supervisor | Phone

Second job employer

How long?

Supervisor | Phone

Co-applicant

Currently employed by

How long?

Supervisor | Phone

Previous employer

How long?

Supervisor Phone

Second job employer

How long?

Supervisor Phone

Other household adult

Currently employed by

How long?

Supervisor Phone

Previous employer

How long?

Supervisor Phone

Second job employer

How long?

Supervisor Phone

Part 4: Landlord Reference

Present landlord

Name

Phone From/To

Address

City State Zip

Previous landlord

Name

Phone From/To

Address

City State Zip

Previous landlord (2)

Name

Phone From/To

Address

City State Zip

Background questions

A. Have you ever been evicted?

◯ Yes ◯ No

If yes, explain

B. Have you ever been convicted of a felony?

◯ Yes ◯ No

C. Have you ever filed for bankruptcy?

◯ Yes ◯ No

D. Have you ever received rental assistance?

◯ Yes ◯ No

E. Will this be your only place of residence?

◯ Yes ◯ No

F. Do you live or have you lived in subsidized housing?

◯ Yes ◯ No

G. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to reasons such as fraud, non-payment of rent, failure to comply with recertification procedures, or any other cause?

◯ Yes ◯ No

H. Have you or any member of your household been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance?

◯ Yes ◯ No

I. Has anyone in your household, including yourself, ever been registered or are currently registered as a sex offender, either in this state or any other jurisdiction?

◯ Yes ◯ No

J. Do you have any pets?

◯ Yes ◯ No

K. Are you currently homeless or living at a shelter?

◯ Yes ◯ No

L. What is the condition of your current housing?

◯ Standard

◯ Unsafe/unhealthy

◯ Living with parents

◯ No indoor plumbing/kitchen

◯ Currently without housing

◯ Other

Current Residency and Emergency Contact

Your current address

Address

City State Zip

Phone

Okay to leave a message?

◯ Yes ◯ No

Emergency contact

Name

Address

City State Zip

Phone

Certification and Signatures

I/We certify that I/we have truthfully and completely answered the preceding questions for all members of the household who are to occupy the unit in the above Section 42 rental development for which application is made, all of whom are listed above. I/We understand that providing false information or making false statements may be grounds for denial of my/our application. I/We further understand that as part of the application process my credit report may be obtained without further authorization and that I/we will be required to authorize verification of my/our income and assets. I/We understand that all of the above information must be obtained in order to establish my eligibility for the Low Income Housing Tax Credit Program.

“I acknowledge that landlord relies on the information given above to be complete and accurate in order to act on your application in a timely manner. Any false statements, misrepresentations, inaccurate information or failure to supply the data requested above may serve as a rejection of your application or grounds for an eviction action if later discovered to be false, misrepresented, inaccurate or incomplete information.”

“I warrant that all of the representations in this application are true and correct. I also understand that information provided on this application shall survive approval of this application, and execution of a lease agreement.”

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Applicant signature (head) _____ Date _____

Applicant signature (co-head) _____ Date _____

Applicant signature _____ Date _____

Applicant signature _____ Date _____

Applicant signature _____ Date _____

For office use only

Community _____

Unit # _____

Number of bedrooms _____

Move-in date

Full rent

Utility allowance

Rental assistance

First month's rent

Security deposit

Amount paid with lease signing

Nondiscrimination statement

This institution is an equal opportunity provider, employer, and lender.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. If you believe you experienced discrimination when obtaining services from USDA, participating in a USDA program, or a program that receives financial assistance from USDA, you may file a complaint with USDA at www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint or by calling 866-632-9992.

Revised October 2024