

Please answer the questions below as accurately as possible.
This information will help us to better meet your needs.



Affordable Housing
COMMUNITY DEVELOPMENT CORPORATION



Date _____ Time _____

CLIENT INFORMATION

YOUR Full Name:		Date of Birth: / /	SSN: ___ - ___ - ___
Is anyone buying/renting the home with you? (Check one): <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, fill out the following:			
HIS/HER Full Name:		Date of Birth: / /	SSN: ___ - ___ - ___
Total Household Size:	Adults (18 and older):	Children (18 or younger):	

CONTACT INFORMATION

Phone Number:		Email Address:	
Address:		County:	
City:	State:	Zip:	When did you move in?
Which housing situation best describes you now? (Check One): <input type="checkbox"/> I rent <input type="checkbox"/> I own the home <input type="checkbox"/> Other:			

INCOME INFORMATION

Combined Monthly Household Income (Before Taxes): \$
Source(s) of Income:

	YES	NO
Do you speak English?		
If NO, list the preferred language:		
Does anyone in your household have a disability, as defined by Social Security?		
Are you a single parent?		
Are you 62 years old or older?		
Are you a U.S. Citizen?		
Are you a Veteran?		

RACE & ETHNICITY (Check One):

Hispanic
 American Indian
 Asian
 Black/African American
 Pacific Islander/ Hawaiian
 White
 Prefer not to answer
 Other

SEX (Check One):

Female Transgender
 Male Non-Binary
 Questioning Different Identity
 Prefer not to answer

MARITAL STATUS (Check One):

Unmarried Widowed
 Married Divorced
 Separated

EDUCATION (Check highest level completed):

No High School Diploma
 Finished High School
 GED
 Some College
 2 year degree
 Professional License
 4 year degree
 Master's degree
 Doctoral degree

AHC Use ONLY:

Date Received: _____ Rental Resource Guide Given? YES NO

Income Confirmed by: _____ Application Fee Paid? YES NO

Action Plan

This is a summary of what you and your counselor discussed.

Date: _____ Client ID: _____



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COMMUNITY DEVELOPMENT CORPORATION



CASE INFORMATION		
Client Name(s):		Type: Rental
Counselor Name:	Phone: (765)662-1574	Email:
Current Housing: <input type="checkbox"/> Rental <input type="checkbox"/> Owned/Occupied <input type="checkbox"/> Other:		
Current Housing Costs \$		

INITIAL ASSESSMENT			
Monthly Income: \$	Monthly Debt: \$	Credit Score:	<input type="checkbox"/> Balanced Budget
Housing Goals:			
To find adequate rental housing or improve current rental situation.			

NEXT STEPS CLIENT	Target Date	Date Finished
1) Return completely filled out application		
2) Submit application fee AFTER follow up phone call from intake specialist		
3) Update application with any changes including phone number or income		
4)		
5)		



NEXT STEPS COUNSELOR	Target Date	Date Finished
1) Review application for current vacancies		
2) Follow up with client within 30 days for progress. (counselor has noted on calendar)		
3) Review file and make necessary updates from client.		

SIGNATURES			
Client 1	Date	Counselor	Date
Client 2	Date		



812 South Washington Street
Marion, IN 46953-1967

765.662.1574
Fax: 765.662.1578
www.ahcgrantcounty.com

Disclosure to Client for HUD Housing Counseling Services **The Affordable Housing of Marion, Indiana**

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

Services Offered:

Affordable Housing Community Development Corporation (AHCDC) is a HUD-approved local housing counseling agency. We provide the following HUD one-on-one housing counseling: homeless assistance; rental topics; pre-purchase/homebuying; non-delinquency post-purchase; home maintenance and financial management for homeowners; and resolving or preventing mortgage delinquency or default counseling, and more.

Homeless Assistance Counseling: The counselor will complete a screening interview and collect as much contact information as possible for follow-up purposes. After the screening interview, the counselor will refer Homeless persons to appropriate resources for immediate assistance. Clients are encouraged to come back and meet with the counselor further to: identify potential resources for the client including HUD Rental programs and rent subsidy programs in the area, and how to apply for occupancy and rent subsidies; work with the client to identify the best possible Rental housing situation; refer the client to the appropriate resources. Clients receive a guide to rental housing in the area (which includes information about income limits, accessibility for persons with a disability, and utility policies at various facilities), as well as information about community resources, Fair Housing Law, and the availability of assistance to purchase a home.

Rental Topics Counseling: Any client contacting the agency for Rental assistance will have a one-on-one screening interview with a housing counselor. The counselor will: gather information about the client including family size, household income, and debt amounts; compute the client's gross annual income and housing/debt ratios to determine housing affordability; work with the client to identify barriers to affordable Rental housing and possible solutions; begin to set goals and objectives with the client considering the barriers and available resources; identify potential resources for the client including HUD Rental programs and rent subsidy programs in the area, and how to apply for occupancy and rent subsidies; work with the client to identify the best possible Rental housing situation; refer the client to the appropriate resources. Clients receive a guide to rental housing in the area (which includes information about income limits, accessibility for persons with a disability, and utility policies at various facilities), as well as information about community resources, Fair Housing Law, and the availability of assistance to purchase a home.

Financial Management Counseling: The counselor will: discuss housing concerns/questions with the client; gather information relating to client's current income and debt situation noting any changes from time of purchase; assist with developing a functional budget; identify community resources to assist the client; create an action plan to address difficulties; and track client progress unless the client withdraws from counseling.

Pre-purchase /Homebuying Counseling: Clients receive comprehensive one-on-one counseling, which covers the entire homebuying process from beginning to end. Participation in a Homebuyer Workshop is generally the first point of contact with pre-purchase clients. During the course, all clients who have not completed a one-on-one with a counselor are encouraged to schedule an individual appointment. AHCDC encourages online participation at www.ehomeamerica.org. AHCDCA offers the in-person workshops as needed. The curriculum used teaches potential homeowners to: know their rights as renters, persons with disabilities, and in regard to Fair Housing law; use long-term money management strategies: budgeting, saving, debt management; and maintain good credit. It also covers the Home Buying Process in depth, providing information about: selecting and working with a Real Estate Agent; selecting a home (includes information about Energy Star appliances and products and Green Development); mortgage loan products and down payment assistance programs available



Affordable Housing
COMMUNITY DEVELOPMENT CORPORATION



(includes information about FHA products, Section 8 Homeownership Voucher Program); working with a lender (includes information about identifying and reporting predatory lending practices); getting a home inspection (includes providing a copy of “For Your Protection Get a Home Inspection” (HUD Form 92564) and “Ten Important Questions to Ask A Home Inspector”); expected closing costs and documents (includes instruction on how to read Good Faith Estimate, Truth in Lending, and HUD-1 Settlement Statement); tax benefits of homeownership; the advantages of pre-paying a mortgage loan; home maintenance and repairs; and what to look for when refinancing a mortgage loan.

Non-delinquency Post-purchase Counseling: The counselor will: discuss housing concerns/questions with the client; gather information relating to client’s current income and debt situation noting any changes from time of purchase; assist with developing a functional budget; provide the client with materials on predatory lending and avoiding foreclosure with a contact number to call if problems arise; identify community resources to assist the client; create an action plan to address each client’s individual housing situation; and track client progress unless the client withdraws from counseling.

Home Maintenance and Financial Management for Homeowners Counseling: The counselor will: discuss housing concerns/questions with the client; gather information relating to client’s current income and debt situation noting any changes from time of purchase; assist with developing a functional budget; identify resources to assess the current energy efficiency of the homeowner’s home and ways to reduce utility bills and make the home more energy efficient; identify community resources and home repair programs to assist the client; create an action plan to address housing situation; and track client progress unless the client withdraws from counseling.

Resolving or Preventing Mortgage Delinquency or Default Counseling:

Mortgage Delinquency/Default counseling will be provided (by phone or in person) as needed by a housing counselor. Default intervention counseling begins when a homeowner initiates contact with AHDC because the homeowner’s mortgage is in default or is expected to go into default without counseling intervention. The counselor will: obtain a release to speak with the mortgage lender; determine the amount and extent of the default, and identify the cause of the default; determine if the agency’s resources can assist the client to meet the need or resolve the problem; work with the client to develop an immediate intervention plan; make contact with the lender to identify alternatives; determine whether the client might bring the account current within a time period and payment plan acceptable to the lender; identify, examine and select alternatives/ resources; ask the client to choose an achievable alternative utilizing the resources identified and education provided by the housing counselor.

Agency Conduct:

We administer our programs in conformity with local, state, and federal antidiscrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. Employees of AHDC are not attorneys. Any information provided is to be used as a resource and is based solely on the experiences and training of the counselors. No information provided should be regarded as legal advice.

Relationships with Industry Partners:

AHDC has financial and exclusive relationships with specific industry partners including HUD, Indiana Housing and Community Development Authority, USDA Rural Development, and the City of Marion. We also partner with lenders, real estate agents, and other housing professionals to provide accurate information to clients and increase access to down-payment assistance programs. AHC may give information about a variety of professional services available in the area. While not always required by mortgage lenders, AHC highly recommends that all clients purchasing a home obtain a home inspection. AHC gives all clients a copy of the HUD Publications “For Your Protection Get a Home Inspection” and “Ten Important Questions to Ask a Home Inspector.”

(form continues on next page)



812 South Washington Street
Marion, IN 46953-1967

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Fax: 765.662.1578
www.ahcgrantcounty.com

No Client Obligation:

There is no obligation to receive purchase, or use any product or service offered by AHDCDC or any services of its industry partners or other party in exchange for your receiving HUD housing counseling services.

Alternatives:

As a condition of our services, and in alignment with meeting our counseling goals, and in compliance with HUD’s Housing Counseling Program requirements, we may provide information on alternative services, programs, and products available to you, if applicable and known by our staff, such as: building, rehabilitating and selling properties; administering Individual Development Accounts; managing rental properties; packaging USDA Direct loans; and more.

Individual Development Accounts (“IDA”): IDA is a matched savings program designed to assist individuals in achieving self-sufficiency through financial capacity training and asset generation. Participants will get a 3 to 1 match (up to \$6,000) usable towards buying a home, higher education, job training programs, or starting a small business. AHC administers approximately twenty (20) accounts annually. Each IDA program participant is offered budget counseling, credit counseling, and financial planning services with a HUD-certified Housing Counselor.

Tenant Based Rental Assistance (“TBRA”): TBRA is a program that provides rental assistance to formerly incarcerated individuals. AHC staff helps individuals, and their families obtain stable housing through assisting with the housing search, lease signing, the inspection process, and security deposits and monthly rental payments (See “Appendix I”).

Fees:

AHDCDC charges fees for credit reports and some types of counseling. There is no charge for foreclosure or homeless prevention counseling. The fee schedule is posted in AHDCDC’s office, and a copy is attached to this form. Clients will not be turned away because of a documented inability to pay.

I have read and received a copy of this disclosure.

Client Signature: _____

Date: _____

This disclosure was conveyed verbally via a virtual/telephonic session.

Client Signature: _____

Date: _____





Privacy Policy

Affordable Housing and Community Development Corporation (AHCDC) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does AHCDC collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to AHCDC employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

I acknowledge that I received, reviewed, and agree to AHCDC's Program Disclosures and Privacy Policy.

Name 1 (Printed)

Signature

Date

Name 2 (Printed)

Signature

Date





Affordable Housing
COMMUNITY DEVELOPMENT CORPORATION

812 South Washington Street
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REQUIRED BROCHURES – RECEIPT CERTIFICATION

I certify that I was given the following information:

- “Protect Your Family From Lead in Your Home”
- “Are You a Victim of Housing Discrimination”
- “AHCDC Property Management Supportive Services”

Participant’s Signature

Date



AHC is a not-for-profit HUD approved and state certified housing counseling agency and a
Community Housing Development Organization certified by the Indiana Housing & Community Development Authority





Affordable Housing
COMMUNITY DEVELOPMENT CORPORATION

Monthly Household Budget

Name _____ Date _____

Income	
Paycheck	
Social Security	
Child Support	
Total Income	

Saving	
Emergency	
Replacement/Repairs	
Long Term	
Total	

Spending	
<i>Household</i>	
Groceries	
Liquor/Tobacco	
Toiletries/Cosmetics	
Diapers/Formula	
Clothing	
Health Insurance	
Medical/Prescriptions	
Total	

Spending	
<i>Housing</i>	
Mortgage (PITI)/Rent	
Rental/Home Insurance	
Electric	
Gas	
Water	
Telephone	
Cell Phone	
Cable/ Satellite	
Internet	
Total	
<i>Debt</i>	
Credit Card 1	
Credit Card 2	
Credit Card 3	
Credit Card 4	
Credit Card 5	
Student Loans (Total)	
Personal Loans	
Payment Plans	
Total	
<i>Vehicles</i>	
Car Payment 1	
Car Payment 2	
Gas/Oil	
Car Insurance	
Maintenance	
Total	

Spending	
<i>Giving</i>	
Donations/Tithe	
Total	
<i>Entertainment</i>	
Lunches/Fast Food	
Restaurants	
Coffee	
Movies/Events	
Hobbies/Lessons	
Total	
<i>Miscellaneous</i>	
Child Care/Babysitting	
Allowances	
Gifts/Parties	
Barber/Beauty	
Other	
Total	

Totals	
Total Income	
Less Planned Saving	
Less Total Expenses	
Surplus/Shortage	

Projections	
Housing Ratio (Net)	
Debt Ratio (Net)	
Savings after 1 year	

COVER SHEET / FAX TRANSMITTAL AUTHORIZATION TO RELEASE INFORMATION	Date: _____ Number of pages including cover sheet: _____
---	---

To:
Attention:
Company:
Address:
Phone:
Fax:
Email:

From: Affordable Housing Corporation
812 South Washington Street
Marion, IN 46953
Phone: 765-662-1574
Fax: 765-662-1578

The undersigned individual has applied for residency at _____. The property is operated under the Low-Income Housing Tax Credit Program within Section 42 of the Internal Revenue Code and/or United States Department of Housing and Urban Development HOME Investment Partnerships Program, which requires that we obtain written confirmation of the income of all applicants and other household members. In order to comply with federal regulations requesting verification of all income, assets, and allowances for residents of this property, please complete the following form in full and return it to the sender at your earliest convenience.

The undersigned understands that, depending on program policies and requirements, previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to:

- Credit and Criminal Activity
- Identity and Marital Status
- 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
- Social Security Administration
- Retirement Systems
- Internal Revenue Service
- Previous Landlords
- Banks/Financial Institutions

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two (2) years from the date signed. I/we understand I/we have a right to review my/our file and correct any information that can be proven is incorrect. The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the rental housing program.

TO BE COMPLETED BY APPLICANT/RESIDENT:

Applicant/Resident Name (Printed): _____

Social Security Number: _____

Authorizing Signature: _____

Date Signed: _____

Co-Applicant/Co-Resident Name (Printed): _____

Social Security Number: _____

Authorizing Signature: _____



Equal Opportunity Housing * Equal Opportunity Employer
 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.



RENTAL APPLICATION FOR SUBSIDIZED HOUSING

Applicants must be 18 years of age or older and have the legal capacity to sign a lease.

1) Are there any absent household members who under normal conditions would live with you? Yes No

If yes, please explain: _____

2) Does someone other than you or another adult in your household have primary physical custody of each child listed in this application? Yes No

If yes, please explain _____

3) Does your household have or plan to have any pets other than those used as service animals? Yes No

If yes, please explain (type, breed, weight): _____

4) Do you consider yourself, or another member of the household, as having a disability? Yes No

If yes, please complete the attached "Determination of Disability to Determine Eligibility for Housing".

5) Will your household be receiving Section 8 housing assistance? Yes No

Number of bedrooms allowed with Section 8 voucher. _____

6) Have you or any household member...

a) ever been convicted of a crime other than traffic violations? Yes No

b) ever been evicted? Yes No

c) ever filed for bankruptcy? Yes No

d) ever willfully or intentionally refused to pay rent? Yes No

e) ever been an illegal user of a controlled substance? Yes No

f) ever been arrested/convicted of a drug-related crime? Yes No

g) ever lived in subsidized housing and had tenancy or assistance terminated for fraud, nonpayment of rent, or failure to cooperate with recertification procedures? Yes No

Please explain all "yes" answers to questions a) through g):

RENTAL HISTORY

Present Landlord Name: _____ Phone: () _____

Landlord Address: _____
(Street and Apartment #) (City) (State) (Zip)

Dates of Occupancy: from _____ to _____

Related? Yes No If yes, how are you related? _____

Monthly Payment: \$_____ Reason for Moving: _____



RENTAL APPLICATION FOR SUBSIDIZED HOUSING

Applicants must be 18 years of age or older and have the legal capacity to sign a lease.

RENTAL HISTORY (continued)

Previous Address: _____
(Street and Apartment #) (City) (State) (Zip)

Previous Landlord Name: _____ Phone: () _____

Landlord Address: _____
(Street and Apartment #) (City) (State) (Zip)

Dates of Occupancy: from _____ to _____

Related? ____ Yes ____ No If yes, how are you related? _____

Monthly Payment: \$_____ Reason for Moving: _____

.....
Previous Address: _____
(Street and Apartment #) (City) (State) (Zip)

Previous Landlord Name: _____ Phone: () _____

Landlord Address: _____
(Street and Apartment #) (City) (State) (Zip)

Dates of Occupancy: from _____ to _____

Related? ____ Yes ____ No If yes, how are you related? _____

Monthly Payment: \$_____ Reason for Moving: _____

.....
PERSONAL/CHARACTER REFERENCES

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

.....
CREDIT REFERENCES

Loans/Credit Cards/Other: _____

.....
AUTOMOBILE INFORMATION

How many automobiles do you own? ____ Please provide Make(s)/Model(s)/Year(s)/Color(s)/License Plate #(s):



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INCOME AND ASSETS

Employee Name	Employer Name	Amount Per Hour	Hours Per Week	Amount Per Week
Head of Household:		\$	\$	\$
Other Adult:		\$	\$	\$
Other Adult:		\$	\$	\$

Other Income Sources	Household Member	Amount Per Month	Contact Information
TANF		\$	
SSI		\$	
SSI		\$	
Social Security		\$	
Social Security		\$	
Child Support		\$	
Alimony		\$	
Military/Retirement		\$	
Pension		\$	
Income on Rental Property		\$	
Unemployment		\$	
Disability		\$	
Worker's Compensation		\$	
Student Financial Assistance for Tuition Only:		\$	
Student Financial Assistance for Books, Etc. (Non-Tuition):		\$	
Other:		\$	
Other:		\$	
Other:		\$	

Asset	Household Member	Estimated Balance/Value	Contact Information and Account Numbers
Cash on Hand		\$	
Checking		\$	
Savings		\$	
Certificates of Deposit (CDs)		\$	
Stocks/Bonds		\$	
Real Estate		\$	
Other:		\$	
Other:		\$	



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RENTAL APPLICATION FOR SUBSIDIZED HOUSING

Applicants must be 18 years of age or older and have the legal capacity to sign a lease.

EMERGENCY CONTACT NUMBER

In case of emergency, notify: _____

Telephone 1:() _____ Telephone 2: () _____



APPLICANT CERTIFICATIONS

Applicant certifies the above information is true and accurate and understands that false or inaccurate information, including but not limited to, misrepresentation or omission of information, shall be cause for denial of this application or termination of any subsequent rental agreements. I/We are the only person(s) who will reside in the rental unit if this application is approved. The owner or management agent may verify all information given directly or through reporting agencies. Acceptance of the application is not binding on the owner or management agent until approved in writing.

You have applied to live in a subsidized unit that requires us to certify all of your income, asset, and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit. The undersigned is the person(s) named above and hereby authorizes Affordable Housing Corporation to conduct verifications and inquiries, including but not limited to, information about my Criminal Record, Police Record, Motor Vehicle Record, Credit Report, Employment, Income, Assets, Identity, Marital Status, Medical Allowances, Residences and Rental Activity, and Student Status for the purpose of obtaining housing. Additionally, I authorize all companies and law enforcement agencies to release such information, and release them from any liability and responsibility for doing so. A faxed copy of this authorization shall be as valid as the original.

If applicant cancels after two (2) days, all monies deposited shall be forfeited to the owner. If approved, all monies deposited with this application will be applied toward processing fee at owner's discretion. If an application is denied for ANY reason, a ninety (90) day wait period is required before reapplying to this property.

_____ Applicant Signature	_____ Applicant Printed Name	_____ Date
------------------------------	---------------------------------	---------------

_____ Applicant Signature	_____ Applicant Printed Name	_____ Date
------------------------------	---------------------------------	---------------



RENTAL APPLICATION FOR SUBSIDIZED HOUSING

Applicants must be 18 years of age or older and have the legal capacity to sign a lease.

DETERMINATION OF DISABILITY TO DETERMINE ELIGIBILITY FOR HOUSING

Do you consider yourself, or another member of the household, as having a disability? Yes No
If no, stop here.

If yes, who has this disability? _____

What is the disability?

physical – please note the type of physical limitations and if any accommodation is required within the housing:

mental

developmental

chemical dependency

alcohol

drugs

currently receiving treatment
date treatment to end: _____
place of treatment: _____
 in-patient out-patient

have received treatment and in recovery
date when finished last treatment: _____
place of treatment: _____
 in-patient out-patient

have received treatment and not in recovery
date when finished last treatment: _____
place of treatment: _____
 in-patient out-patient

have not received treatment

How long have you been sober or clean? _____

Has this disability been diagnosed? Yes. By whom? _____
Attach written diagnoses, certification, evidence.

No. Why?
 Have not pursued a diagnosis.

Have pursued but not able to have it diagnosed.



RENTAL APPLICATION FOR SUBSIDIZED HOUSING

Applicants must be 18 years of age or older and have the legal capacity to sign a lease.

**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

FOR LAW ENFORCEMENT USE ONLY

The law enforcement agency must complete the below information and return this form, along with any record found to the person listed above.

A search by _____ revealed that there WAS (records attached) WAS NOT a record found.
(name of law enforcement agency)

Signature of person completing check	Printed name of person completing check	Date (month, day, year)
Title	E-mail address	Telephone number ()



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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

FOR LAW ENFORCEMENT USE ONLY

The law enforcement agency must complete the below information and return this form, along with any record found to the person listed above.

A search by _____ revealed that there WAS (records attached) WAS NOT a record found.
(name of law enforcement agency)

Signature of person completing check	Printed name of person completing check	Date (month, day, year)
Title	E-mail address	Telephone number ()

