

Please provide the following documents if you receive the aid:

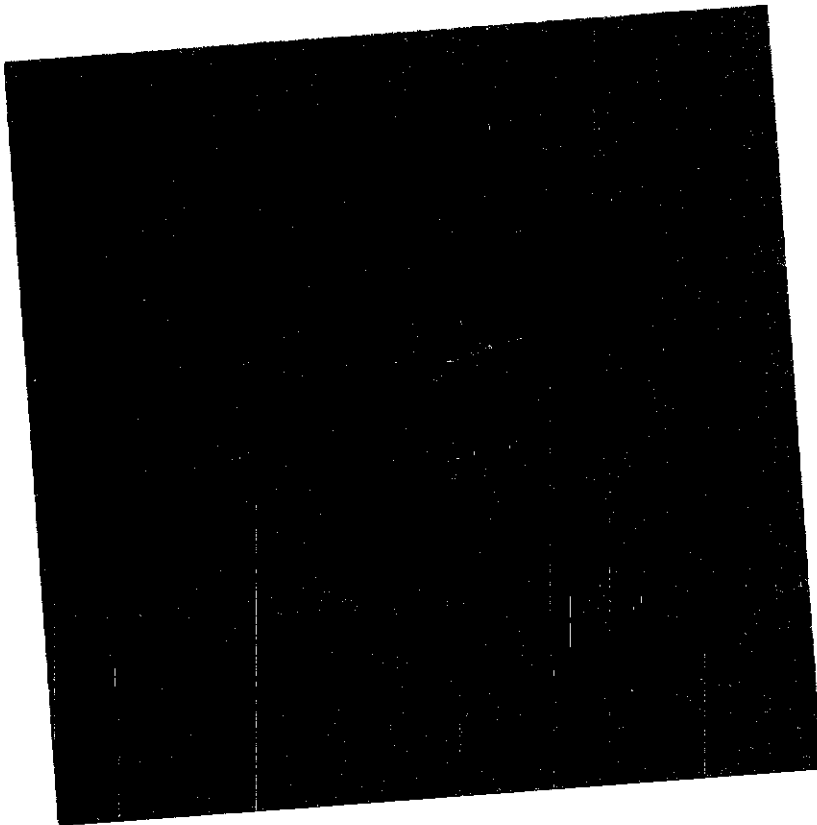
1. Food stamp case number / Food stamp award letter
2. Social Security Award benefit letter
3. Child support documentation

Everyone please provide:

1. Last year's federal taxes
2. 2 full month's pay stubs (if applicable)

If you are self-employed, please provide:

1. 2 years of federal taxes
2. Current profit and loss statement



Neighbors Corp

Kate Gong

465-3131

email:

neighborscorp@gmail.com

EMAIL: _____

RENTAL HOUSING APPLICATION

NAME OF APPLICANT: _____

NAME OF CO-APPLICANT: (if applicable – additional application must be completed) _____

____ NEW APPLICATION

HOUSEHOLD ADDITION

TRANSFER

(Please Print)

Date: _____

Signature

A) Name: _____ Phone: () _____

B) Address: _____

(Street)

(City)

(State)

(ZIP)

C) Marital Status: Divorced / Widowed / Married / Single (Never Married) / Separated

D) Driver's License # and State: _____

HOUSEHOLD COMPOSITION List all persons that will be occupying the unit.

Full Name	Relationship to Head of Household	Birth Date	Social Security Number	Employed	Student
	Head of Household		- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N

RENTAL HISTORY – Last Two Years

Use Additional sheet if necessary

D) Present Landlord Name: _____ Phone: () _____

Landlord Address: _____ City: _____ St: _____ ZIP: _____

Dates of Occupancy: _____ to _____ Related? Y/N How? _____

E) Previous Address: _____

Previous Landlord Name: _____ Phone: () _____

Landlord Address: _____ City: _____ St: _____ ZIP: _____

Dates of Occupancy: _____ to _____ Related? Y/N How? _____

F) Previous Address: _____

Previous Landlord Name: _____ Phone: () _____

Landlord Address: _____ City: _____ St: _____ ZIP: _____
Dates of Occupancy: _____ to _____ Related? Y/N How? _____

GENERAL QUESTIONS

- 1) yes no Have you or any household member ever been convicted of a felony?
- 2) yes no Have you ever been evicted? Reason: _____
- 3) yes no Have you or any household member been arrested/convicted of a drug related crime?
- 4) yes no Does anyone not listed in the household composition on page one plan to live with you in the next 12 months?
If yes, explain _____
- 5) yes no Will the Household be receiving Section 8 housing assistance?
(If yes list agency name, contact person and phone number.)

- 6) yes no Are there any absent household members who under normal conditions would live with you?
- 7) yes no Does an adult of this household have primary physical custody of every child listed on this application?
- 8) yes no Does your household have or anticipate having any pets other than those used as a service animal?
- 9) yes no Does anyone in your household have special needs?
If yes explain? _____

CREDIT REFERENCES

Loans: _____

Credit Cards: _____

Other: _____

CHARACTER REFERENCES

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

EMERGENCY CONTACT NUMBER

In case of emergency, notify: _____

Home Phone: () _____ Work Phone: () _____

Applicant certifies the above information is true and accurate and understands that false or inaccurate 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 apartment if this application is approved. Apartment owner or agents may verify all information given directly or through reporting agencies. Acceptance of the application is not binding on apartment owner or agent until approved in writing.

You have applied to live in an apartment that is governed by the Low Income Housing Tax Credit Program. This Program 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 Apartment Credit Services to conduct a search of my Criminal Record, Police Record and Motor Vehicle Record information 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 from doing so. A faxed copy of this authorization shall be as valid as the original.

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

Head Signature: _____ Date: _____

Co-head Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Agent's 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.



**APPLICANT CRIMINAL BACKGROUND CHECK
RELEASE AND AUTHORIZATION FORM**

I, _____ hereby authorize Kate Gong 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 Neighbors Corp or other authorized representative of the apartment community.

I, _____ hereby fully release and discharge Neighbors Corp, 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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EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer)

Date: _____

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential for the satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Return Form To:

Neighbors Corp
454 S. College
VALPARAISO, IN 46383

THIS SECTION TO BE COMPLETED BY EMPLOYER

IF NOT APPLICABLE, PLEASE WRITE N/A. PLEASE DO NOT LEAVE BLANK SPACES AND DO NOT USE WHITE-OUT.

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Date First Employed _____ No _____ Last Day of Employment _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ through ____/____/____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Date of last pay increase _____ Amount of last pay increase _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

Is employment seasonal or sporadic? Yes _____ No _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Is employee eligible for unemployment compensation? Yes _____ No _____ If yes, how long? _____ How much? _____

Does the employee have access to any portion of his/her pension or retirement account? Yes _____ No _____

If yes, what amount may be withdrawn without retiring or terminating employment? _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer [Company] Name and Address

Phone #

Fax #

E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



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SOCIAL SECURITY VERIFICATION

TO: _____

From: _____

SUBJECT: Verification of Information Supplied by an Applicant

Name: _____

Address: _____

Social Sec. #: _____

Account #: _____

I hereby authorize release of my social security information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that required verification of income. The information provided will remain confidential to satisfaction of that dated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

=====

Indicate information needed by checking spaces below:

_____ The gross amount of the monthly social security benefit is: \$ _____

_____ The amount deducted for Medicare is: \$ _____

_____ The net amount of social security check each month is: \$ _____

_____ The above amount became effective _____
Month Year

_____ The monthly amount of the supplemental security income payment: \$ _____

_____ The above amount became effective _____
Month Year

_____ Other information needed - please specify on reverse side.

=====

COMPLETE ONLY IF YOU ARE UNABLE TO VERIFY INFORMATION REQUESTED.

_____ Claim still pending

_____ No record based on identifying information

_____ Other - explain: _____

Signature of Authorized Social Security Official: _____

Printed Name of Authorized Official: _____

Date: _____ **Telephone:** _____



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