

Application for Housing Funded by ABODE, KHITC, or Moderate Income Housing

Property Name: St. John's Place of Victoria, Operated By Victoria Community Coalition, Inc., (VCC)	Unit #	Bdrm Size
Phone (home)	(work)	(cell)
Current Address:		
Email Address (es)		

****PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate. ****

Directions to Applicant: Please complete the table below for each member of your household. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months

Name <u>ALL</u> People to Occupy Unit Full name (exactly as on driver's license or another govt. document)	DOB	Age	Sex	**Marital Status** (never been married, married divorce, separated, widowed)	Social Security #
1.					
2.					
3.					

** If Divorced or Separated please list the date(s): _____ **

Please complete the following questions:

If any member of the household has used another name, please list this below (maiden name, former name, etc)

Former name used	Current name used
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1. Do you expect any changes in the household composition in the next 12 months? If Yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do all of the above household members reside in the household 100% of the time? If No, please list household members and why: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART II - HOUSEHOLD INCOME - To be completed by applicant

The easiest way to verify your income for this section will be to provide a copy of your previous years Income Tax Statement that you filed with the Internal Revenue Service. If you did not file or do not have a copy of your Income Tax Statement, you will be required to provide paycheck stubs, or your Social Security Annual Statement, or any other statement that would have the amount of income you received from that source. **If you provide a copy of your Income Tax Statement showing your gross income for the previous year, you will not need to complete the section below regarding income.**

Income	Applicant Yes or No		Other Applicant Yes or No		Amount:
(1) Wages or Salaries (gross income)					\$
(2) Social Security (gross amount)					\$
(3) Railroad Pension (gross amount)					\$
(4) Veterans Administration Benefits					\$
(5) Pensions, IRA, and/or 401 (k) (Keogh Accounts) (regular periodic payments)					\$
(6) Annuities (regular periodic payments)					\$
(7) Alimony (court ordered amount or received)					\$
(8) Disability, Death Benefits, Adoption Assistance and/or Life Insurance Dividends					\$
(9) Net Income from a Business (Self-employment, rental property, land contracts or other forms of real estate.)					\$
(10) Worker's Compensation					\$
(11) Disability, Death Benefits, and/or Life Insurance Dividends.					\$
(12) Interest / Dividends					\$
(13) Lottery Winnings or Inheritances					\$
(14) Long Term Medical Care Insurance Payments in Excess of \$180.00 per day					\$
(15) Other Income					\$
(16) Are any of these items listed above being deposited onto a pre-paid debit card (Direct Express, Net Spend, Relia Card, Citi Bank, Etc.)					\$
Total					\$
Total Gross Annual Income from previous Year (separate out if unrelated adults)					\$

PART III – RENTAL HISTORY - To be completed by applicant

**1. Residence History: Current & Previous Landlords:
(Past 2 years' residence including any owned by applicants.)**

Head Current Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

**2. Residence History: Current & Previous Landlords for Co-Head or Applicant:
(Past 2 years' residence including any owned by applicants.)**

Co-Head or Other Applicant's Current Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

PART IV - EMPLOYMENT HISTORY - FOR ALL ADULTS 18 YEARS AND OLDER:

1. Head's Current Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

2. Head's Previous Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

3. Spouse Current Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

4. Spouse's Previous Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

PART V - CREDIT REFERENCES - To be completed by applicant

Name	Address/Phone	Monthly Payment
1.		\$
2.		\$
3.		\$

PART VI - OTHER - To be completed by applicant

1. Would you or any members of your household benefit from a handicapped-accessible unit? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been evicted? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you filed for bankruptcy? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been convicted of a felony? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you <u>ever</u> received rental assistance? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Will this be your only place of residence? If no, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. What is the condition of your current housing? Standard _____ Unsafe or Unhealthy _____ No Indoor Plumbing/Kitchen _____ Currently without Housing _____ Living with Family or Friends _____	

PART VII – RESIDENT’S STATEMENT - To be completed by applicant

1. Do you have a legal right to be in the United States: (check one that applies)? <input type="checkbox"/> Yes, because I am a United States Citizen <input type="checkbox"/> Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service) <input type="checkbox"/> No If you answered “Yes” because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a Non-Citizen with eligible immigration status.	
2. Are you a Veteran? a. Important information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit your local Veterans Area website	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART VIII– SPECIAL NEEDS - To be completed by applicant

1. Does anyone in your household have special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Special living accommodation required? If yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART IX – IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant

Name / Relationship	Address	Phone

**** Before you complete this section of the application, were all questions above completely answered? All blanks filled in. If not, please go back through the application and complete the sections that were left blank. ****

PART X - RESIDENT'S STATEMENT - To be completed by applicant

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION

Applicant Signature (Head) _____ **Date** _____

Applicant Signature (Co-Head) _____ **Date** _____

*****This section must be completed even if assistance was not needed*****

Did anyone help and assist you in filling out this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Head	Date
Signature of Spouse, Co-Head, or other applicant	Date
Signature of person who assisted with application and their relationship to applicant.	Date
Reason for assistance:	

Signature of Owner's or Developer's Authorized Representative: _____ **Date** _____

VOLUNTARY INFORMATION

This information is being requested in accordance with federal regulations. This information is for reporting purposes only. This information will not be used in evaluation of your application or to discriminate against you in any way. You are not required to provide this information but are encouraged to do so.

I chose not to complete this questionnaire.

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST		Relationship	Racial –please see below *1	Ethnicity- Please see below *2	Disabled – please see below *3
1.		HEAD			
2.					
3.					

Racial*1

- 1 – White
- 2 – Black/African American
- 3 – American Indian/Alaska Native
- 4 – Asian
- 5 – Native Hawaiian/Other Pacific Islander

Ethnicity*2

- 1 – Hispanic or Latino
- 2 – Not Hispanic or Latino

Disabled*3

- Yes
- No

Military Service

- Pre-Vietnam Era
- Vietnam Veteran
- Post-Vietnam Era
- Disabled Veteran

How did you hear about this housing opportunity?

- Newspaper
- Company Employee
- Professional Publication
- Job Fair
- Placement Office
- Web Site
- Other _____

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE!