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The Leasing Process- The leasing process is a two part process. The first step is to complete this pre-application packet and return it. The second step involves our collecting the source documentation to support what you have listed on your application. Each application must be complete and be submitted with the required application fee.

Application Fee- A \$30 money order is to be submitted with your pre-application for each adult member of the household at least 18 years of age. (Example: One adult \$30, two adults \$60, and three adults \$90.) This fee covers the cost of the background check, credit check, employment and rental history verification. **This fee is non-refundable.**

Income Guideline for 2015 Rental Housing-Each house is subject to one of two income guidelines as specified on MCCAFA's website (www.muskogeecountycaf.com). Residency with MCCAFA, Inc. is limited to those families having low-moderate incomes. In Muskogee County, the **maximum** allowable incomes (by household size) are as follows:

# in Household	2	3	4	5	6
60 % limit	\$24,660	\$27,720	\$30,780	\$33,300	\$35,760
80 % limit	\$32,850	\$36,950	\$41,050	\$44,350	\$47,650

Rental Rate-MCCAFA complies with the HUD approved rental rates and utility allowances. The rent for our properties currently ranges from **\$649 – \$900** (subject to change without notice) depending on the type of utilities at each home. The utility allowance and rent are adjusted annually according to HUD regulations. We accept Section 8.

Pre-Application Criteria-The following items are qualifying criteria for accepting your application to lease a property owned by **Muskogee County Community Action Foundation, Inc. 315 N. 5th Street Muskogee OK 74401 Phone (918) 683-7637:**

- Rental History-** MCCAFA will verify every applicant's (3) three year rental history through "The Renting Authority, Inc." and/or former landlords. Please include all former addresses and managers'/owners' contact phone numbers. Applicants cannot have adverse rental history such as evictions and property damage or other lease or landlord/tenant act violations.
- Credit History-** All applicants should have a recent credit history, based upon a formal credit check performed by "The Renting Authority, Inc." via Trans Union Credit Bureau or performed by MCCAFA through Credit Karma. **Our current credit requirement for at least one adult member of the household is :**
 - Score of 549-599 with not more than 2 items listed in collections; or
 - Score of 600-630 with not more than 4 items listed in collections; or
 - Score 631 and above with not more than 6 items listed in collections.
- Current Job Stability/Income Verification-** Applicants not receiving disability income for themselves or their dependents should have a minimum of two years experience with their current or previous employer(s) and a minimum income of 2.5 times the tenant paid portion of the rent or \$800 whichever is larger. In addition to standard wages, income includes monies received from many sources such as alimony, child support, pensions, and social security. All information on income must be verified before lease execution.

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4. **Criminal History-** A history of criminal activity involving crimes of violence to persons or property or a record of other criminal acts that could adversely affect the health, safety, or welfare of neighbors, including crimes of theft, drugs or alcohol, will result in denial of the application. This includes **all felony** convictions.
5. **Student Status Affidavit-** Certain students are excluded from participating **independently** in the HUD HOME program.
6. **HUD HOME Program-** All applicants must meet HUD HOME program eligibility guidelines.

Annual Household Recertification's-The qualification and certification process must be completed annually. Failure to comply with recertification could result in ineligibility and lease termination.

Fair Housing-Under the Equal Housing Disclosure of the Fair Housing Act, we do NOT discriminate against a person on the basis of race, color, sex, handicap, national origin, religion, or familial status. Our agency is a drug free and Equal Opportunity provider and employer.

VAWA – MCCAFA complies with the Violence Against Women Reauthorization Act of 2013.

Income guidelines are subject to change by HUD. Additionally, rent rates are based on HUD mandated rent and utility allowances that are subject to periodic change. The income and rent limits are usually updated and released between January and May of each year. In the event of a typographical error on this application, the HUD regulations will always be followed.

Occupancy Standards- Not more than six (6) persons (only three of which can be adults) nor less two (2) persons (one of which must be a child under the age of eighteen) may occupy the residence, unless the household qualifies as elderly under HUD regulations or guidelines. Unborn children are included for determining household size and occupancy requirements.

Pets- No pets are allowed.

Warning- Any misrepresentation or falsification of information by an individual resident on the application will be considered a material breach of the lease agreement. The penalties of misrepresentation include the termination of the lease agreement and eviction.

Section 8-MCCAFA will happily accept all Section 8 vouchers. Not all of our houses have been approved for Section 8 vouchers at this time. We will work with the voucher holder to schedule any necessary inspections from the voucher issuer (Examples: Oklahoma Housing Finance Agency, Muskogee Housing Authority, Cherokee and Creek Nation).

Existing Lease and Section 8 Voucher-You should verify with Section 8 or your current landlord if you are currently under a lease. You do not want to violate your lease and risk losing your Section 8 voucher. Additionally, Section 8 has special rules requiring voucher transfers. You need to contact your voucher issuer for their policies and procedures.

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Home Sizes and Amenities- MCCAFA offers single family 3 bedroom homes with either a 1 1/2, 1 3/4 or 2 bathroom layout. Most of our homes offer an attached garage. MCCAFA provides the refrigerator, stove, dishwasher and washer/dryer hook ups. Tenants are responsible for their own lawn maintenance. MCCAFA does **not** provide the lawn equipment.

Utilities- The tenant is responsible for paying all the utilities and utility deposits, including: gas, electric, water, sewer, and trash.

Other- Applicants must have approved applications prior to leasing a home. If you do NOT meet the qualification standards or provide inaccurate or incomplete information, your application may be denied and your application fee will NOT be refunded.

Applications will be denied for any of the following reasons:

- Unpaid application fee(s).
- Incomplete or unsigned rental application.
- False or unverifiable employment or income verification.
- Failure to meet household income requirement.
- Unfavorable credit reports as detailed above.
- Unfavorable rental history or references.
- Prior evictions and/or criminal convictions for manufacture or distribution of illicit drugs.
- Felony convictions.
- Expressing hostility, abusive behavior and/or abusive language toward MCCAFA staff during the application process.

I have read the foregoing and understand the terms of the application process.

Applicant's Signature: _____

Date: _____

Co-Applicant's Signature: _____

Date: _____

Co-Applicant's Signature: _____

Date: _____

If you are interested in a particular house,

Please list the street address _____



Rental Application

HOUSEHOLD COMPOSITION List all members that will be residing in the home at least 50% of the time.

Last Name	First Name, Complete middle Name	Gender	Birthdate	Student?	Social Security #	Relationship

Phone Number: (Cell) _____ (Home) _____

e-mail address: _____

YES NO Do you expect any additions to the household in the next twelve months?

Name & Relationship _____

Explanation _____

YES NO Are there any absent household members not currently residing in the home that normally live with you?

Explanation _____

YES NO Do you require a live-in attendant to live independently?

Explanation _____

What is your current marital status?

Please circle one Married Single Divorced Separated Legally Separated Widowed

RENTAL HISTORY **Must have three (3) years rental history**

CURRENT LANDLORD: _____ MOVE IN DATE: (MO) _____ (YR) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

MANAGER: _____ LANDLORD PHONE: _____ RENT AMOUNT: _____

Reason for moving: _____

Complete if less than THREE years of rental history is listed above.....

PREVIOUS LANDLORD: _____ MOVE IN DATE: (MO) _____ (YR) _____

MOVE OUT DATE: (MO) _____ (YR) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

MANAGER: _____ LANDLORD PHONE: _____ RENT: _____

Reason for moving: _____

(If needed use the back of this sheet to list additional rental history for necessary 3 year period. (Please use same format as above)

HOUSEHOLD INFORMATION

YES NO Have you now or ever been evicted?

If so, explanation: _____

YES NO Are you now or ever been sued for rent or damages to rental property?

If so, explanation: _____

YES NO Are you now or ever broken a rental contract or lease agreement?

If so, explanation: _____

YES NO Have you ever been convicted of a violent crime?

If so, explanation: _____

YES NO Have you ever been charged with, been convicted of or plead guilty or nolo contendere to a felony?

If so, explanation: _____

YES NO Have you ever been charged or currently involved with a deferred felony?

If so, explanation: _____

YES NO Do you currently have any pending felonies against you?

If so, explanation: _____

EMPLOYMENT INFORMATION

YES NO Are you currently employed? CIRCLE ONE: FULL TIME PART TIME SELF-EMPLOYED

YES NO Do you have more than one job?

YES NO Have you agreed to accept employment at this time?

YES NO Are you receiving unemployment compensation?

YES NO Are you receiving any other benefits due to your unemployed status?

Employment History-Head of Household

CURRENT EMPLOYER: _____ START DATE: (MO) _____ (YR) _____
ADDRESS: _____ CITY _____ STATE: _____ ZIP CODE: _____
POSITION: _____ SUPERVISOR: _____ PHONE: _____
SALARY AMOUNT: _____ HOURS WORKED PER WEEK: _____ CIRCLE ONE: HOURLY SALARY OTHER

PREVIOUS EMPLOYER: _____ START DATE: (MO) _____ (YR) _____
END DATE: (MO) _____ (YR) _____ Reason for leaving: _____
POSITION: _____ SUPERVISOR: _____ PHONE: _____
SALARY AMOUNT: _____ HOURS WORKED PER WEEK: _____ CIRCLE ONE: HOURLY SALARY OTHER

Employment History- Other Adult Member of Household over 18 years of age and over

CURRENT EMPLOYER: _____ START DATE: (MO) _____ (YR) _____
ADDRESS: _____ CITY _____ STATE: _____ ZIP CODE: _____
POSITION: _____ SUPERVISOR: _____ PHONE: _____
SALARY AMOUNT: _____ HOURS WORKED PER WEEK: _____ CIRCLE ONE: HOURLY SALARY OTHER

PREVIOUS EMPLOYER: _____ START DATE: (MO) _____ (YR) _____
END DATE: (MO) _____ (YR) _____ Reason for leaving: _____
POSITION: _____ SUPERVISOR: _____ PHONE: _____
SALARY AMOUNT: _____ HOURS WORKED PER WEEK: _____ CIRCLE ONE: HOURLY SALARY OTHER

STUDENT STATUS INFORMATION- The HOME student rule excludes certain students from participating independently in the HOME program.

YES NO Is any occupant attending an institution of higher education? (Example: Connor's, NSU, OSU)

If yes, person must be able to meet one of the exceptions below:

YES NO Are you over the age of 23?

YES NO Are you a veteran of the US Military?

YES NO Are you married? (Same sex marriage is recognized)

YES NO Do you have dependent children?

YES NO Does you have disabilities?

YES NO Do you have parents who, individually or jointly, are eligible on the basis of income?

INCOME INFORMATION

DO YOU EXPECT TO RECEIVE INCOME FROM THE FOLLOWING:

YES NO Regular pay as a member of the Armed Forces?

Contact Name: _____ Fax # _____ Annual Amount: _____

YES NO Unemployment benefits?

Contact Name: _____ Fax # _____ Annual Amount: _____

YES NO Workman's Compensation Benefits?

Contact Name: _____ Fax # _____ Annual Amount: _____

YES NO Public assistance, TANF, food stamps, Aid Aged, Aid to Disabled, or Aid to the Blind, or any other from DHS?

Contact Name: _____ Fax # _____ Annual Amount: _____

YES NO Social Security, SSI, or any other payment from the Social Security Administration?

Contact Name: _____ Fax # _____ Annual Amount: _____

YES NO Regular payments from a Veteran's benefit, pension, or retirement benefit?

Contact Name: _____ Fax # _____ Annual Amount: _____

YES NO Regular payments from any type of settlement?

Contact Name: _____ Fax # _____ Annual Amount: _____

YES NO Regular gifts or payments from anyone outside of the household?

Contact Name: _____ Fax # _____ Annual Amount: _____

YES NO Regular payments from rental property or other types of real estate transactions?

Contact Name: _____ Fax # _____ Annual Amount: _____

YES NO Alimony?

Contact Name: _____ Fax # _____ Annual Amount: _____

YES NO Any other income sources or types not listed (including anyone other than HOH or co-applicant?)

Contact Name: _____ Fax # _____ Annual Amount: _____

YES NO Are you claiming a household with zero income?

RENTAL ASSISTANCE INFORMATION

YES NO Are you currently on housing? If yes, what housing authority are you affiliated with?

_____ (Examples: Cherokee Nation, OHFA, Muskogee Housing Authority)

YES NO If you *ARE NOT* currently on housing, have you applied for housing? If yes, what housing authority are you affiliated with? _____

CHILD SUPPORT INFORMATION

IF THERE ARE NO OCCUPANTS UNDER THE AGE OF 18 LIVING IN THE HOUSEHOLD. This section does not apply to you. Please initial: _____

#1 Full name of child _____ Other Parent's Full Name: _____

Do you receive child support on this child? YES NO If YES, monthly amount \$ _____

#2 Full name of child _____ Other Parent's Full Name: _____

Do you receive child support on this child? YES NO If YES, monthly amount \$ _____

#3 Full name of child _____ Other Parent's Full Name: _____

Do you receive child support on this child? YES NO If YES, monthly amount \$ _____

#4 Full name of child _____ Other Parent's Full Name: _____

Do you receive child support on this child? YES NO If YES, monthly amount \$ _____

#5 Full name of child _____ Other Parent's Full Name: _____

Do you receive child support on this child? YES NO If YES, monthly amount \$ _____

ASSET INFORMATION

ARE YOUR HOUSEHOLD ASSETS COMPRISED OF THE FOLLOWING:

YES NO Checking Account? Bank Name _____

Estimated Current Value _____ Estimated Annual Earnings _____

YES NO Savings Account? Bank Name _____

Estimated Current Value _____ Estimated Annual Earnings _____

YES NO CD's, money market accounts, or treasury bills?

Contact Name _____ Fax _____

Estimated Current Value _____ Estimated Annual Earnings _____

YES NO Stocks, bonds, mutual funds, or securities?

Contact Name _____ Fax _____

Estimated Current Value _____ Estimated Annual Earnings _____

YES NO Trust Funds?

Contact Name _____ Fax _____

Estimated Current Value _____ Estimated Annual Earnings _____

YES NO IRA's, Keogh, Annuities, 401K, or other retirement accounts?

Contact Name _____ Fax _____

Estimated Current Value _____ Estimated Annual Earnings _____

YES NO Real Estate, rental property, land contracts/contract for deeds or other real estate holdings?

This includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property.

Contact Name _____ Fax _____

Estimated Current Value _____ Estimated Annual Earnings _____

YES NO Personal property held as an investment?

This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture, or clothing.

Contact Name _____ Fax _____

Estimated Current Value _____ Estimated Annual Earnings _____

YES NO Whole life insurance?

This type of insurance policy can be cashed in at any time, where a term life insurance policy can not.

Contact Name _____ Fax _____

Estimated Current Value _____ Estimated Annual Earnings _____

YES NO Any other assets not listed above? Type of Asset _____

Contact Name _____ Fax _____

Estimated Current Value _____ Estimated Annual Earnings _____

YES NO Has any household member disposed of an asset for less than fair market value within the past 2 years?

Amount _____

Explanation _____

YES NO Are the total assets of the household more than \$5,000?

If you answered NO to having disposed of assets...what are the expected earnings on all household assets for the next 12 months?

\$ _____

VEHICLE INFORMATION

License Tag Number	State Issued	Vehicle Make	Vehicle Model	Year

EMERGENCY CONTACT: You must list two contacts in case of an emergency

Emergency Contact: _____ Relationship: _____ Phone Number: _____

CERTIFICATION AND SIGNATURE AGREEMENT

Residence on this property requires that you meet certain qualification standards established by the government. If you do not understand these requirements, ask your leasing agent to clarify your understanding prior to signing this document.

At no time will an applicant be refunded application fee. This fee is to cover charges to process application.

_____ **Resident Initials**

I certify that neither myself or anyone in my household has been charged with, been convicted of or plead guilty or nolo contendere to a felony.

_____ **Resident Initials**

Falsification of information on application is grounds for rejection of application. Falsification on application will terminate Right of Occupancy and Lease Agreement. Any falsification will result in forfeiture of deposit and application deposits.

_____ **Resident Initials**

Applicant consents that all information provided is true and correct. I, applicant, hereby authorize Muskogee County Community Action Foundation to verify my credit, criminal history, employment, and other verifications needed to secure my application. I, applicant, hereby release owner of any damages that may occur in the process. Applicant agrees and provides this information, with the understanding that the lessor may, report said information to established reporting agencies. At said time applicant releases owner and/or lessor from any liability. This application does not guarantee the owner and/or lessor will execute a lease agreement. The applicant hereby waives any claim to damages by reason on non-acceptance. I, applicant, understand that this property limits the number of occupants to two persons per bedroom.



APPLICANT'S SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE