**Pre-Application Instructions- Page 1 of 3**

**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 2020 Rental Housing-Each house is subject to one of two income guidelines as specified on MCCAF’s website (www.muskogeecountycaf.com).** Residency with MCCAF, 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 $27,360 $30,780 $34,200 $36,960 $39,720

 80 % limit $36,500 $41,050 $45,600 $49,250 $52,900

**Rental Rate-**MCCAF complies with the HUD approved rental rates and utility allowances. The rent for our properties currently ranges from **$650 – $950** (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 **MCCAF, Inc**. **2400 Hilldale Springs Dr. Muskogee OK 74403 Phone (918) 683-7637:**

1. **Rental History**- MCCAF 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.
2. **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 MCCAF through Credit Karma.
3. **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). All applicants must have a minimum income of 2.5 times the monthly rent amount. 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.

**Pre-Application Instructions-Page 2 of 3**

1. **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, can result in denial of the application.
2. **Student Status Affidavit**- Certain students are excluded from participating **independently** in the HUD HOME program.
3. **HUD HOME Program**- All applicants must meet HUD HOME or Agency program eligibility guidelines, Including:

**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 –** MCCAF 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 may occupy the residence, unless the household qualifies as elderly or disabled under HUD regulations or guidelines. Unborn children are included for determining household size and occupancy requirements.

 **Pets-** Allowed with approved pet addendum and fee.

**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-**MCCAF 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.

**Pre-Application Instructions-Page 3 of 3**

**Home Sizes and Amenities**- MCCAF offers single family 3 bedroom homes with either a 1, 1 1/2, 1 3/4 or 2-bathroom layout. Most of our homes offer an attached garage. MCCAF provides the refrigerator and stove, washer/dryer hook ups. Tenants are responsible for their own lawn maintenance. MCCAF **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 may 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.

Expressing hostility, abusive behavior and/or abusive language toward MCCAF 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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current 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 Never Married Married 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 Houshold

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  | Do you have disabilities?  |

## 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 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

 **ADDITIONAL INFORMATION:**