

Please answer the questions below as accurately as possible.  
This information will help us to better meet your needs.  
**THIS INFORMATION SHEET IS NOT AN APPLICATION**



**Affordable Housing**  
COMMUNITY DEVELOPMENT CORPORATION



Date \_\_\_\_\_ Time \_\_\_\_\_

Is this the First Time you have been to AHC? Yes \_\_\_\_\_ No \_\_\_\_\_

YOUR Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone Number \_\_\_\_\_ Best time to call? \_\_\_\_\_ Email \_\_\_\_\_

Is anyone buying the home with you? NO \_\_\_ If YES, fill out the following:

THEIR Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long have you lived there? \_\_\_\_\_

Which housing situation best describes you now: I rent \_\_\_ I own the home \_\_\_ Other \_\_\_\_\_

What is your Approximate Yearly Household Income \$ \_\_\_\_\_

The number of people that will live in your new home \_\_\_\_\_

The number of children (under 18) that will live in your new home \_\_\_\_\_ (Dependents)

Are you Single? \_\_\_\_\_ Married? \_\_\_\_\_ Male? \_\_\_\_\_ Female? \_\_\_\_\_

Do you speak English? Yes \_\_\_ No \_\_\_ If No, what is the preferred language? \_\_\_\_\_

Does anyone in your household have a disability, as defined by Social Security? Yes \_\_\_ No \_\_\_

Are you 62 years old or older? Yes \_\_\_ No \_\_\_ Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_

Are you a single parent Yes \_\_\_ No \_\_\_

**Ethnicity (check one)**

Hispanic

Non-Hispanic

**Race (check all that apply)**

American Indian

Pacific Islander

Black or African American

Native Hawaiian

Asian

White

**Education (circle one)**

No High School Diploma  Finished High School/GED  Some College

2 year degree  4 year degree  Masters degree  Doctoral degree

**I came here today seeking information on:**

\_\_\_ Buying a home

\_\_\_ Renting a home or apartment

\_\_\_ Foreclosure prevention

\_\_\_ Obtaining a business loan

\_\_\_ Starting a business

\_\_\_ Needing home repairs

\_\_\_ Other

**AHC USE ONLY**

1) Participants AMI \_\_\_\_\_

\_\_\_\_\_ % AMI

2) Classes Participant will attend \_\_\_\_\_



**RENTAL APPLICATION FOR SUBSIDIZED HOUSING**  
*Applicants must be 18 years of age or older and have the legal capacity to sign a lease.*

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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

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 8 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: \_\_\_\_\_

\_\_\_\_\_



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**  
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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**PERSONAL/CHARACTER REFERENCES**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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**CREDIT REFERENCES**

Loans/Credit Cards/Other: \_\_\_\_\_

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**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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**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.

