

## Tenant Based Rental Assistance (TBRA) Program Application



# TB Tenant Based RA Rental Assistance

## Program Application

Please complete this application fully, filling out all required information, and return it to AHC by email, mail, or dropping it off at the AHC office.

Email: [sicilia@ahcgrantcounty.com](mailto:sicilia@ahcgrantcounty.com)

Mail/Drop Off: 812 S Washington St, Marion IN 46953

*\*\*If you have questions while filling out this application, please contact Sicilia Jones at (765) 662-1574 ext 120 \*\**



## Tenant Based Rental Assistance (TBRA) Program Application

### Tenant Based Rental Assistance (TBRA) Program Information

#### What is the TBRA Program?

The TBRA Program provides rental assistance, security deposits, and utility deposits to eligible households. The amount of financial assistance varies per household, and is based on the adjusted income of your household and the rent requested by the landlord.

TBRA Program participants will choose their own rental unit (home or apartment), but the rental unit must meet inspection requirements and the rent charged by the landlord must be considered reasonable.

#### Am I eligible for the TBRA Program?

1. The Head of Household has formerly been incarcerated and meets one of the following 3 criteria:
  - a) The incarceration must have occurred within the last 6 months; or
  - b) The individual/household is currently homeless; or
  - c) The individual/household is at risk of eviction
2. The annual Household income does NOT exceed the follow limits:

One Person Household	Two Person Household	Three Person Household	Four Person Household	Five Person Household
\$33,180	\$37,920	\$42,660	\$47,340	\$51,180

#### Why is the TBRA Program serving formerly incarcerated people?

"Housing a major component of successful reentry," states GC Probation officer Reggie Lipscomb. The term "re-entry" describes the process and challenges faced by the vast numbers of people released from prison and jail each year, such as drug/alcohol addiction, homelessness, unemployment, physical/mental impairment or illness, and other disabling conditions. Those that have formerly been incarcerated are more likely to have unique housing challenges. In the 2018 report, "No Where to Go: Homelessness Amongst Formerly Incarcerated People," the Prison Policy Initiative estimates that formerly incarcerated people are 10 times more likely to be homeless than the general public. Access to safe, stable, and decent housing in Grant County is critical to reducing the likelihood of re-offending.

According to the Indiana Department of Corrections, Grant County currently has a total of 421 total adult offenders (as of July 2021). GC Probation estimates that approximately 100 to 150 adult offenders are released annually and reentering the Grant County community. Last year, 156 adult offenders were released in Grant County. A Community Corrections Officer will work with the individual to secure housing prior to their release -- typically with a relative or alternative support system. Yet, without supportive or local relatives/friends in the Grant County area, those who have formerly been incarcerated are likely to end up homeless and more likely to re-offend and/or begin abusing substances again.

The TBRA program provides an alternative option for adults reentering the Grant County community. The TBRA program will offer a supportive framework in which an individual may seek help in locating quality housing, supportive services, and community support, in addition to receiving rental assistance.



# TBRA Program Check List

## Intake Documents

- ☐ Referral Partner submits [TBRA Referral Form](#)
- ☐ Applicant submits [TBRA Application](#)

**Income/Identification Documentation – *please include with submission of application OR email to [sicilia@ahcindiana.org](mailto:sicilia@ahcindiana.org) OR bring copies at appointment***

- ☐ Obtain proof of former incarceration for member of your household that has formerly been incarcerated (Prison/Jail Release Letter, Attorney Letter, Probation Officer Letter, etc.)
- ☐ Documentation for earned income for application (at least one of the following)
  - ☐ Copy of the most recent two (2) weeks of consecutive pay stubs
  - ☐ Copy of the most recent Federal tax return, filed less than three months prior
  - ☐ Salary, wage statements or W-2 forms
  - ☐ Third-Party Verification of employment income (i.e. Workforce Development Wage Determination, signed statement by employer, etc.)
- ☐ Documentation of income for all household members over 18 years-old, including unearned income (Child Support, SSI, SSDI, pensions, TANF, etc.)

## Tenant Based Rental Assistance (TBRA) Program Application

Please answer the questions below as accurately as possible.

This information will help us to better meet your needs.

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

CLIENT INFORMATION			
YOUR Full Name:		Date of Birth:	SSN: ____ - ____ - ____
Is anyone buying/renting the home with you? (Check one): <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, fill out the following:			
HIS/HER Full Name:		Date of Birth:	SSN: ____ - ____ - ____
Total Household Size:	Adults (18 and older):	Children (18 or younger):	

CONTACT INFORMATION			
Phone Number:		Email Address:	
Address:		County:	
City:	State:	Zip:	When did you move in?
Which housing situation best describes you now? (Check One): <input type="checkbox"/> I rent <input type="checkbox"/> I own the home <input type="checkbox"/> Other:			

INCOME INFORMATION	
Combined Monthly Household Income (Before Taxes): \$	
Source(s) of Income:	

	YES	NO
Do you speak English?		
If NO, list the preferred language:		
Does anyone in your household have a disability, as defined by Social Security?		
Are you a single parent?		
Are you 62 years old or older?		
Are you a U.S. Citizen?		
Are you a Veteran?		

<b>ETHNICITY (Check One):</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>SEX (Check One):</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>EDUCATION (Check highest level completed):</b> <input type="checkbox"/> No High School Diploma <input type="checkbox"/> Finished High School <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 year degree <input type="checkbox"/> Professional License <input type="checkbox"/> 4 year degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctoral degree
<b>RACE (Check all that apply):</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Pacific Islander/ Hawaiian <input type="checkbox"/> White	<b>MARITAL STATUS (Check One):</b> <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

<b>AHC Use ONLY:</b> Date Received: _____		Rental Resource Guide Given? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Income Confirmed by: _____		Application Fee Paid? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## Tenant Based Rental Assistance (TBRA) Program Application

**FOR OFFICE USE ONLY**    Application Received:    Time:    Date:

**Please provide answers to all of the questions below. If a question does not apply to you, then answer, "N/A".**

Applicant's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street and Apartment #) (City) (State) (Zip)

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_

Marital Status:    \_\_\_\_\_ Single    \_\_\_\_\_ Married    \_\_\_\_\_ Separated    \_\_\_\_\_ Divorced    \_\_\_\_\_ Widowed

Are you currently pregnant?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

### HOUSEHOLD COMPOSITION:

**Please complete all boxes for each person that will be occupying the unit (start with you).**

Full Name	Relationship to Head of Household	Date of Birth	Social Security Number
	Head of Household		

## Tenant Based Rental Assistance (TBRA) Program Application

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 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

Number of bedrooms allowed with Section 8 voucher? \_\_\_\_\_

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 a) through g):

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## Tenant Based Rental Assistance (TBRA) Program Application

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

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

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



## Tenant Based Rental Assistance (TBRA) Program Application

### 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:		\$	

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:		\$	







Affordable Housing  
COMMUNITY DEVELOPMENT CORPORATION

### Monthly Household Budget

Name

Date

#### Income

Paycheck	
Social Security	
Child Support	
<b>Total Income</b>	

#### Saving

Emergency	
Replacement/Repairs	
Long Term	
<b>Total</b>	

#### Spending

##### Household

Groceries	
Liquor/Tobacco	
Toiletries/Cosmetics	
Diapers/Formula	
Clothing	
Health Insurance	
Medical/Prescriptions	
<b>Total</b>	

#### Spending

##### Housing

Mortgage (PITI)/Rent	
Rental/Home Insurance	
Electric	
Gas	
Water	
Telephone	
Cell Phone	
Cable/ Satellite	
Internet	
<b>Total</b>	

##### Debt

Credit Card 1	
Credit Card 2	
Credit Card 3	
Credit Card 4	
Credit Card 5	
Student Loans (Total)	
Personal Loans	
Payment Plans	
<b>Total</b>	

##### Vehicles

Car Payment 1	
Car Payment 2	
Gas/Oil	
Car Insurance	
Maintenance	
<b>Total</b>	

#### Spending

##### Giving

Donations/Tithe	
<b>Total</b>	

##### Entertainment

Lunches/Fast Food	
Restaurants	
Coffee	
Movies/Events	
Hobbies/Lessons	
<b>Total</b>	

##### Miscellaneous

Child Care/Babysitting	
Allowances	
Gifts/Parties	
Barber/Beauty	
Other	
<b>Total</b>	

#### Totals

Total Income	
Less Planned Saving	
Less Total Expenses	
<b>Surplus/Shortage</b>	

#### Projections

Housing Ratio (Net)	
Debt Ratio (Net)	
Savings after 1 year	

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### EMERGENCY CONTACT NUMBER:

In case of emergency, notify: \_\_\_\_\_

Telephone 1: (       ) \_\_\_\_\_ Telephone 2: (       ) \_\_\_\_\_

.....

### APPLICANT CERTIFICATIONS

Applicant certifies the above information is true and accurate and understands that false or inaccurate information, including but not limited to, misrepresentation or omission of 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 rental unit if this application is approved. The owner or management agent may verify all information given directly or through reporting agencies. Acceptance of the application is not binding on the owner or management agent until approved in writing.

You have applied to live in a subsidized unit that 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 Affordable Housing Corporation to conduct verifications and inquiries, including but not limited to, information about my Criminal Record, Police Record, Motor Vehicle Record, Credit Report, Employment, Income, Assets, Identity, Marital Status, Medical Allowances, Residences and Rental Activity, and Student Status 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 for doing so. A faxed copy of this authorization shall be as valid as the original.

If applicant cancels after two (2) days, all monies deposited shall be forfeited to the owner. If approved, all monies 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 ninety (90) day wait period is required before reapplying to this property.

Applicant Signature	Applicant Printed Name	Date
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Applicant Signature	Applicant Printed Name	Date
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## Tenant Based Rental Assistance (TBRA) Program Application

### Agency Disclosure

*NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.*

#### Counseling Services Offered-

Affordable Housing Community Development Corporation (AHCDC) is a HUD-approved local housing counseling agency. We provide education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention, non-delinquency post-purchase, reverse mortgage, rental and homeless counseling.

**I understand that it will not be the responsibility of the counselor to “fix” the problem, but rather to provide guidance and education which may enable me to resolve my personal financial challenges. I understand that it is my responsibility to work cooperatively with the housing counselor and actively participate in the process and that failure to do so will result in the discontinuation of my counseling.**

#### Agency Conduct-

We administer our programs in conformity with local, state, and federal antidiscrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. Employees of AHCDC are not attorneys. Any information provided is to be used as a resource and is based solely on the experiences and training of the counselors. No information provided should be regarded as legal advice.

**I understand that AHC will not provide me with legal advice, and that when making legal decisions, I should consult with an attorney or a legal advisor. I will not hold AHCDC, its employees, agents, and directors liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in AHCDC counseling; and I hereby release and waive all claims of action against Smith HCA and its affiliates. I understand that in the event I am dissatisfied, I can request a copy of the Complaint Process, which is available upon request.**

#### Agency Relationships-

AHCDC has financial and professional affiliations with HUD, Indiana Housing and Community Development Authority, USDA Rural Development, the City of Marion, and the Grant County Economic Growth Council. We also partner with lenders, real estate agents, and other housing professionals to provide accurate information to clients and increase access to down-payment assistance programs. AHC may give information about a variety of professional services available in the area.

**I understand that I am not obligated to use the products and services of AHC or its partners. I am free to choose among lenders, lending products, and homes regardless of recommendations made by counselors.**

#### Other Services Offered-

AHCDC offers various services as funding allows, including: building, rehabilitating and selling properties; administering Individual Development Accounts; managing rental properties; packaging USDA Direct loans; and more.

**I understand that I am not required to use any of AHC’s other services in order to receive housing counseling.**

#### Fees-

AHCDC charges fees for credit reports and some types of counseling. There is no charge for foreclosure or homeless prevention counseling. The fee schedule is posted in AHCDC’s office, and a copy is attached to this form. Clients will not be turned away because of a documented inability to pay.

**I understand that AHC charges fees for service, and that I will be responsible for paying those fees.**

***(Form continues on next page)***



## Tenant Based Rental Assistance (TBRA) Program Application

### Privacy Policy

Affordable Housing and Community Development Corporation (AHCDC) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

#### **What is nonpublic, personal information?**

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

#### **What personal information does AHCDC collect about you?**

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

#### **What categories of information do we disclose and to whom?**

We may disclose the following personal information to Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

#### **How is your personal information secured?**

We restrict access to your nonpublic personal information to AHCDC employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

**I acknowledge that I received, reviewed, and agree to AHCDC's Program Disclosures and Privacy Policy.**

\_\_\_\_\_  
Name 1 (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name 2 (Printed)

\_\_\_\_\_  
Signature

## INCOME CERTIFICATION QUESTIONNAIRE

(\*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: \_\_\_\_\_

☐ Initial Certification    ☐ Recertification    ☐ Addition of Household Member

YES    NO

1. <input type="checkbox"/>	<input type="checkbox"/>	I receive Section 8 rental assistance. If yes, list the housing authority below. _____	Amount of monthly rental assistance \$ _____
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### INCOME INFORMATION

*Include all income sources, including unearned income of minors.*

YES    NO

### MONTHLY GROSS INCOME

2. <input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self employment) _____	(use <u>net</u> income from business) \$ _____
3. <input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you:  <div style="text-align: center;">Name of Employer</div> 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____	
4. <input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
5. <input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
6. <input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
7. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments.	\$ _____
8. <input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
9. <input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
10. <input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
11. <input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC) <b>DO NOT INCLUDE FOOD STAMPS</b>	\$ _____
12. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments through court order or other agreement. If yes, how many orders/agreements do you have? _____ If yes, from how many persons do you receive support? _____	\$ _____ \$ _____ \$ _____
13. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive alimony/spousal maintenance payments	\$ _____
14. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
15. <input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
16. <input type="checkbox"/>	<input type="checkbox"/>	I receive student financial assistance (grants, scholarships, etc.) not including loans *NOTE: Count as income only if household receives Section 8 rental assistance.	\$ _____ per semester
17. <input type="checkbox"/>	<input type="checkbox"/>	I am claiming zero income.	



**ASSET INFORMATION**

Include all asset sources, including assets of minors.

YES	NO		INTEREST RATE	CASH VALUE
18. <input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). # of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	6 MONTH AVERAGE BALANCE \$ _____ \$ _____ \$ _____
19. <input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). # of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20. <input type="checkbox"/>	<input type="checkbox"/>	I have a debit card or paycard for direct deposit of benefits. # of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
22. <input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		\$ _____
23. <input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
24. <input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). # of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
25. <input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
26. <input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
27. <input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____



<b>28.</b> <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
<b>29.</b> <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ _____		\$ _____
<b>30.</b> <input type="checkbox"/> <input type="checkbox"/>	I have other personal property held as an investment, other income from assets or sources other than those listed above.  If yes, list type below: 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

\_\_\_\_\_  
**PRINTED NAME OF APPLICANT/TENANT**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT/TENANT**

\_\_\_\_\_  
**DATE**





REQUIRED BROCHURES – RECEIPT CERTIFICATION

**I certify that I reviewed the following brochures:**

\_\_\_ **“Protect Your Family from Lead in Your Home”** Information about lead based paint in your home (Link **Here**)

\_\_\_ **“You May be a Victim of...”** Information about Fair Housing (Link **Here**)

\_\_\_ **“AHCDC Property Management Supportive Services”** Information about local services and programs available to you (Link **Here**)

\_\_\_ **"Notice of Occupancy Rights under the Violence Against Women Act"** Information about the protection available to protections for victims of domestic violence, dating violence, sexual assault, or stalking (Link **Here**)

**Brochures also available at:** [ahcgrantcounty.com/rentalassistance](http://ahcgrantcounty.com/rentalassistance)

**It is my responsibility to read these brochures, and discuss any questions with AHCDC staff.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date





# COVER SHEET / FAX TRANSMITTAL

## AUTHORIZATION TO RELEASE INFORMATION

Date: \_\_\_\_\_

Number of pages including cover sheet: \_\_\_\_\_

To:
Attention:
Company:
Address:
Phone:
Fax:
Email:

From: Affordable Housing Corporation
812 South Washington Street
Marion, IN 46953
Phone: 765-662-1574
Fax: 765-662-1578
Email:

The undersigned individual has applied for residency at \_\_\_\_\_. The property is operated under the Low-Income Housing Tax Credit Program within Section 42 of the Internal Revenue Code and/or United States Department of Housing and Urban Development HOME Investment Partnerships Program, which requires that we obtain written confirmation of the income of all applicants and other household members. In order to comply with federal regulations requesting verification of all income, assets, and allowances for residents of this property, please complete the following form in full and return it to the sender at your earliest convenience.

The undersigned understands that, depending on program policies and requirements, previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to:

- Credit and Criminal Activity
- Identity and Marital Status
- Residences and Rental Activity
- Employment, Income, and Assets
- Medical Allowances
- Student Status

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include but are not limited to:

- Courts and Post Offices
- Past and Present Employers
- Utility Companies
- Law Enforcement Agencies
- State Unemployment Agencies
- Credit Providers and Bureaus
- Medical Providers
- Veterans Administration
- Welfare Agencies
- Social Security Administration
- Retirement Systems
- Internal Revenue Service
- Previous Landlords
- Banks/Financial Institutions

**I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two (2) years from the date signed. I/we understand I/we have a right to review my/our file and correct any information that can be proven is incorrect. The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the rental housing program.**

### TO BE COMPLETED BY APPLICANT/RESIDENT:

Applicant/Resident Name (Printed): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Co-Applicant/Co-Resident Name (Printed): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_



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.

