

Please answer the questions below as accurately as possible.
This information will help us to better meet your needs.



Affordable Housing
COMMUNITY DEVELOPMENT CORPORATION



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?		

RACE & ETHNICITY (Check One): <input type="checkbox"/> Hispanic <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 <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other	SEX (Check One): <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity <input type="checkbox"/> Prefer not to answer MARITAL STATUS (Check One): <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	EDUCATION (Check highest level completed): <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
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AHC Use ONLY:	
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

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)

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

Date

Name 2 (Printed)

Signature

Date

This is a summary of what you and your counselor discussed.



Affordable Housing
COMMUNITY DEVELOPMENT CORPORATION



Client Name(s):		Type: Rental
Counselor Name:	Phone: (765)662-1574	Email:
Current Housing: <input type="checkbox"/> Rental <input type="checkbox"/> Owned/Occupied <input type="checkbox"/> Other:		
Current Housing Costs \$		

Monthly Income: \$	Monthly Debt: \$	Credit Score:	<input type="checkbox"/> Balanced Budget
Housing Goals: To find adequate rental housing or improve current rental situation.			

AHCDC is a not-for-profit HUD approved and state certified housing counseling agency and a Community Housing Development Organization certified by the Indiana Housing & Community Development Authority.



NEXT STEPS COUNSELOR	Target Date	Date Finished
1) Review application for current vacancies		
2) Follow up with client within 30 days for progress. (counselor has noted on calendar)		
3) Review file and make necessary updates from client.		

SIGNATURES			
Client 1	Date	Counselor	Date
Client 2	Date		



812 South Washington Street
Marion, IN 46953-1967

765.662.1574
Fax: 765.662.1578
www.ahcindiana.org

REQUIRED BROCHURES – RECEIPT CERTIFICATION

I certify that I was given the following information:

- “Protect Your Family From Lead in Your Home”
- “Are You a Victim of Housing Discrimination”
- “For Your Protection: Get a Home Inspection”
- “Ten Important Questions to Ask Your Home Inspector”
- “AHCDC Property Management Supportive Services”

Participant’s Signature

Date



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Community Housing Development Organization certified by the Indiana Housing & Community Development Authority





Affordable Housing
COMMUNITY DEVELOPMENT CORPORATION

Monthly Household Budget

Name

Date

Income

Paycheck	
Social Security	
Child Support	
Total Income	

Saving

Emergency	
Replacement/Repairs	
Long Term	
Total	

Spending

Household

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

Spending

Housing

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

Debt

Credit Card 1	
Credit Card 2	
Credit Card 3	
Credit Card 4	
Credit Card 5	
Student Loans (Total)	
Personal Loans	
Payment Plans	
Total	

Vehicles

Car Payment 1	
Car Payment 2	
Gas/Oil	
Car Insurance	
Maintenance	
Total	

Spending

Giving

Donations/Tithe	
Total	

Entertainment

Lunches/Fast Food	
Restaurants	
Coffee	
Movies/Events	
Hobbies/Lessons	
Total	

Miscellaneous

Child Care/Babysitting	
Allowances	
Gifts/Parties	
Barber/Beauty	
Other	
Total	

Totals

Total Income	
Less Planned Saving	
Less Total Expenses	
Surplus/Shortage	

Projections

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

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

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: _____



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.



Applicants must be 18 years of age or older and have the legal capacity to sign a lease.

FOR OFFICE USE ONLY

PLEASE PRINT

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

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



RENTAL APPLICATION FOR SUBSIDIZED HOUSING

Applicants must be 18 years of age or older and have the legal capacity to sign a lease.

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

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):

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: _____



RENTAL APPLICATION FOR SUBSIDIZED HOUSING

Applicants must be 18 years of age or older and have the legal capacity to sign a lease.

RENTAL HISTORY (continued)

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: _____

.....
PERSONAL/CHARACTER REFERENCES

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

.....
CREDIT REFERENCES

Loans/Credit Cards/Other: _____

.....
AUTOMOBILE INFORMATION

How many automobiles do you own? _____ Please provide Make(s)/Model(s)/Year(s)/Color(s)/License Plate #(s):



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



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.



Applicants must be 18 years of age or older and have the legal capacity to sign a lease.

In case of emergency, notify: _____

Telephone 1: () _____ Telephone 2: () _____

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 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
---------------------	------------------------	------

Applicant Signature	Applicant Printed Name	Date
---------------------	------------------------	------



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RENTAL APPLICATION FOR SUBSIDIZED HOUSING

Applicants must be 18 years of age or older and have the legal capacity to sign a lease.

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.



RENTAL APPLICATION FOR SUBSIDIZED HOUSING

Applicants must be 18 years of age or older and have the legal capacity to sign a lease.

**APPLICANT CRIMINAL BACKGROUND CHECK
RELEASE AND AUTHORIZATION FORM**

I, _____ hereby authorize _____ or other authorized representative of the apartment community bearing this release, or copy thereof, to obtain any information pertaining to criminal court records. I hereby direct you to release such information to _____ or other authorized representative of the apartment community.

I, _____ hereby fully release and discharge _____, their employees, agents, attorney, and their respective affiliates from all claims and damages arising out of or relating to any investigations of my background for residency at _____.

Name: _____
First, Middle, Last – Print clearly

Current Address: _____
Street

City, State, Zipcode

How long at this address? _____

Previous Address (if less than one year at above address):

Street

City, State, Zipcode

Other Name / Alias / Maiden Name: _____

Date of Birth: _____ Social Security #: _____

Have you ever been convicted for any crime, including sex-related or child-abuse related offenses? _____ No _____ Yes.
If yes, please provide detailed explanation on the back.

Signature Date

FOR LAW ENFORCEMENT USE ONLY

The law enforcement agency must complete the below information and return this form, along with any record found to the person listed above.

A search by _____ revealed that there WAS (records attached) WAS NOT a record found.
(name of law enforcement agency)

Signature of person completing check	Printed name of person completing check	Date (month, day, year)
Title	E-mail address	Telephone number ()



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Title	E-mail address	Telephone number ()

