

Community Housing and Resources, Inc. Rental Application

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page. If you need additional space to provide an answer, please attach an additional sheet(s). **Once completed please mail or hand carry to Community Housing and Resources, Inc. 2401 Library Way Sanibel, FL 33957.**

THIS BOX IS FOR OFFICE USE ONLY	
Date of Receipt:	_____
Control Number:	_____
Number in Family:	_____
Bedroom Size:	_____

1. Name of Applicant: _____

Current Address: _____ Apt: _____

City / Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Best # to Reach Applicant: _____ Work Phone: _____

Mailing Address: _____ Apt: _____

City / Town: _____ State: _____ Zip: _____

2. Members of household to live in unit, including **Head** of Household:

First & Last Name	Relationship To Head of Household	Racial Designation*	Ethnic Designation**	Social Security Number	Sex	DOB	Employed Retired Disabled Student
	Head						

***Racial Designation:** American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander, White; Other (specify).

** **Ethnic Designation:** Hispanic/Latino or Not Hispanic/Latino

3. Is a change in the household composition expected? yes no If yes, what type? _____

4. Does your household require an accessible unit due to a disability? yes no

5. Number of Bedrooms needed: Studio 1 2 3

6. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 month. Specify all sources.

Household Member Name	Source of Income	Name & Address of Employer or Source of Income	Gross Income for Next 12 Months
	Salaries, Wages, including Overtime / Tips		\$
	Salaries, Wages, including Overtime / Tips		\$
	Net Income from Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Pensions & Annuities		\$
	Regular Social Security Benefits and / or SSI		\$
	VA Disability Income		\$
	TAFDC or Public Assistance		\$
	Regular Child Support Payments		\$
	Regular Alimony Support Payments		\$
	Other Income		\$
Total Gross Income:			\$

7. **Assets:** Do you own any real estate? yes no

If yes, please provide the address: _____

List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

8. Have you sold, transferred or given away any real property or assets in the last three (3) years? yes no

If yes: Date of sale / transfer: _____ Month: _____ Day: _____ Year: _____
 Amount of the sale / transfer: _____
 Value of the sale / transfer: _____

9. Does anyone in your household own a car? yes no

Make of car: _____ Year: _____ Reg. Number: _____

Make of car: _____ Year: _____ Reg. Number: _____

10. **List Addresses for each Adult Household Member** for the Last Five Years in Reverse Order. Please list primary lease holder (head of household) if someone other than yourself. (Use additional sheet if necessary)

(1) Name of Primary Leaseholder:			
Address:	Apt #	Date From:	To:
City:		State:	Zip:
Landlord Name:		Telephone No:	
Landlord Address:	City:	State:	Zip:
Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no			
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a			

(2) Name of Primary Leaseholder:			
Address:	Apt #	Date From:	To:
City:		State:	Zip:
Landlord Name:		Telephone No:	
Landlord Address:	City:	State:	Zip:
Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no			
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a			

(3) Name of Primary Leaseholder:			
Address:	Apt #	Date From:	To:
City:		State:	Zip:
Landlord Name:		Telephone No:	
Landlord Address:	City:	State:	Zip:
Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no			
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a			

11. Have you, or any member of your household ever received housing assistance from this agency? (check one) yes no

If yes, Name of Head of Household
at that time: _____

Relation to Applicant: _____

Date Moved Out and Reason Why: _____

When you moved out, were you in compliance with the lease and other program requirements? (check one) yes no
If No, Please

Explain: _____

12. Are you a Board Member, employee, or a member of the immediate family of an employee of a board member of this agency?
 yes no If so, this will not necessarily disqualify your application.

If Yes, Please

Explain: _____

13. Emergency Reference: Name of a relative or friend NOT planning to live with you. We will contact this person if we are not able to reach you in the case of an emergency.

Name: _____

Relationship: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Cell: _____

Email: _____

14. **Criminal Record:** Have you or any member of your household who will live in the unit ever been convicted of a felony? yes no
If Yes, Please

Explain: _____

15. Do you or any member of your household who will live in the unit have any criminal matters pending? yes no

If Yes, Please

Explain: _____

16. Have you or any member of your household who will live with you in the unit ever file for bankruptcy? yes no

If yes, what year? _____

(Community Housing and Resources, Inc. policy states that no applicant may be accepted unless three years have elapsed since the bankruptcy discharge date.)

APPLICANT'S CERTIFICATION:

I/We understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 755.082 or 775.83.

I/We further understand that any willful misstatement of information will be grounds for disqualification. I/We certify that the application information provided is true and complete to the best of my/our knowledge. I/We consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Applicants Signature: _____ Date: _____

Other Adult: _____ Date: _____

Other Adult: _____ Date: _____

Other Adult: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Community Housing & Resources, Inc. any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Below Market Rate Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by Community Housing & Resources, Inc. in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain and information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Past and Present Landlords	Past and Present Employers	Veterans Administration
Welfare Agencies	Retirement Systems	Utility Companies
Courts and Post Offices	State Unemployment Agencies	Banks/Financial Institutions
Schools and Colleges	Social Security Administration	Credit providers/Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Support and Alimony Providers

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that CHR or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. CHR may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Applicant Print Name	Signature	Social Security Number	Date
Other Adult Print Name	Signature	Social Security Number	Date
Other Adult Print Name	Signature	Social Security Number	Date
Other Adult Print Name	Signature	Social Security Number	Date