



NON-REFUNDABLE Application Fee
 \$35.00 per Adult (18 years or older)

Money Order Only: ___ Yes or ___ No

PLEASE PRINT:

APPLICANT:

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____ VETERAN: YES NO

SOCIAL SECURITY # _____ DATE OF BIRTH _____ E-MAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE HOME () _____ CELL () _____ WORK () _____

CO-APPLICANT:

NAME _____ SOCIAL SECURITY # _____ DOB _____ VETERAN: Y N

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE HOME () _____ CELL () _____ E-MAIL _____

LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD:

NAME	RELATIONSHIP TO APPLICANT	AGE	DATE OF BIRTH	SEX	RACE	SSN	EMPLOYED?

NAME OF CURRENT LANDLORD: _____ PHONE: _____

ADDRESS OF CURRENT LANDLORD _____

MONTHLY RENT PAYMENT \$ _____ # OF TIMES LATE WITHIN THE LAST 12 MONTHS? _____

TIME LIVED AT ABOVE ADDRESS _____ IF LESS THAN TWO YEARS, PREVIOUS

ADDRESS _____ NUMBER OF CARS IN HOUSEHOLD _____

INCOME:

DO YOU HAVE A SECTION 8 VOUCHER? _____ AMOUNT \$ _____

SECTION 8 COUNSELOR & PHONE NUMBER _____

APPLICANT'S INCOME

HOUR \$ _____ WEEK \$ _____ MONTH \$ _____ ANNUAL \$ _____

EMPLOYER _____

ADDRESS _____ PHONE _____

HOURS PER WEEK _____ LENGTH OF TIME AT CURRENT EMPLOYMENT _____

PREVIOUS EMPLOYER: _____ ADDRESS: _____

HOURLY \$ _____ HOURS PER WEEK _____ LENGTH OF EMPLOYMENT _____

PENSION/DISABILITY/SOCIAL SECURITY _____

SPOUSE'S/CO-APPLICANT INCOME:

HOURLY \$ _____ ANNUAL \$ _____ HOURS PER WEEK _____ LENGTH OF EMPLOYMENT _____

EMPLOYER _____ ADDRESS _____

PENSION/DISABILITY/SOCIAL SECURITY _____

CHILD SUPPORT RECEIVED MONTHLY \$ _____ IS IT COURT-ORDERED? _____

ADDITIONAL INCOME: SOURCE _____ \$ _____

TOTAL INCOME PER MONTH FROM ALL SOURCES \$ _____

RENTAL/CREDIT REFERENCES/CREDIT ACCOUNTS (List all mortgages, open charge account, finance company loans, automobile loans, etc.)

ACCOUNTS	ACCOUNT #	BALANCE	PAYMENT
DAY CARE EXPENSES			

CERTIFICATION BY APPLICANT(S):

I certify that the information given is complete and correct. The Landlord or his agent is hereby authorized to verify the accuracy and correctness of these statements, to communicate with my present and former employers, creditors and landlords, and to procure such other information which the Landlord may require to evaluate this application. I understand that additional resources may be used to verify this application and I release all parties from liability for damages for issuing such information in good faith.

*I (we) authorize Homes of Hope, Inc. to conduct a credit check and hereby deposit an application fee which I (we) understand is **NOT REFUNDABLE**. Also please be aware that submitting an application with Homes of Hope, Inc. **DOES NOT** guarantee immediate housing **NOR** placement into our program. Upon approval only, you will be placed on our waiting list in the hope that a home becomes available meeting your specific needs. Your credit report will reflect an inquiry from Rentfacts, A First Point Resource, and our credit service contractor. I (we) further authorize Homes of Hope, Inc. to verify my household income annually, and agree to vacate premises and terminate lease upon failure to qualify under income guidelines determined by Homes of Hope, Inc.*

Applicant's Signature

Date

Spouse's/Co-Applicant Signature

Date

TELL US ABOUT YOUR SITUATION:

WHICH AREA/DEVELOPMENT WOULD YOU PREFER? _____

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer)

Date: _____

RE: _____
Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Phone: 803-366-2711 FAX: 803-366-0232

Project Owner/Management Agent

**Please Return Form to: Homes of Hope, Inc c/o First Choice Property, Inc.
527 North Avenue
Rock Hill, SC 29732**

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Date First Employed _____ No _____ Last Day of Employment _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly Other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ through _____ / _____ / _____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly Other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature Printed Name of Signatory Date

Employer [Company] Name and Address

Phone Number Fax Number E-mail Address

NOTE: 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.



**HOMES OF HOPE, INC.
RELEASE AND CONSENT OF INFORMATION**

I, _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability regarding employment, income, assets, verifications, etc., to Homes of Hope, Inc. for the purpose of verifying information on my rental application and continued residency.

I understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to, personal identity, employment, income and assets and full-time student status. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued residency as a qualified resident.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief as may be appropriate against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S. C 408(f), (g) and (h).

HUD (Department of Housing & Urban Development), the IRS Low Income Housing Tax Credit Guidelines (Section 42 of the Internal Revenue Service Code) and the South Carolina State Housing Finance & Development Authority (Housing Trust Fund Program) require this community to verify this information for the above referenced applicant.

The groups or individuals that may be asked to release information about the applicant include, but are not limited to:

- | | | |
|---------------------------------------|--------------------------------|-----------------------------|
| Alimony Providers/Family Courts | Law Enforcement Agencies | State Unemployment Agencies |
| Banking Institutions | Past or Present Employers | Veteran Administration |
| Child Support Providers/Family Courts | Previous Landlords | Welfare Agencies |
| Courts | Retirement Systems | |
| Credit Bureaus | Schools and Colleges | |
| | Social Security Administration | |

I agree that a photocopy or fax of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for as long as I am a resident of this property. I understand that I have a right to review this file and correct any information that is incorrect.

SIGNATURES:

_____	_____	_____
Applicant/Resident Signature	Printed Name	Date
_____	_____	_____
Applicant/Resident Signature	Printed Name	Date
_____	_____	_____
Applicant/Resident Signature	Printed Name	Date

Each adult (18 yrs+) applying for residency must complete a Resident Release and Consent Form. Return completed verifications to: Homes of Hope, Inc., 3 Dunean Street, Greenville, SC 29611, Attn: Client Development.





Client Affidavit of Child Support

Name: _____

Address: _____

I am court ordered to receive child support for minor child and or children,

weekly bi-weekly Monthly in the amount of _____.

* One of the following court ordered child support documentations is required as proof:

Current year printout from Family Court

Court stamped award letter print out from Family Court

Court stamped divorce decree

I am NOT court ordered to receive child support for the minor child and or children,

Although I'm not court ordered to receive child support, I receive financial support for minor child and or children, _____, weekly bi-weekly monthly in the amount of \$_____ from the non-custodial parent.

** If financial support is voluntarily given from non-custodial parent, he/she will need to provide a signed and notarized documentation including his/her name, address, contact number, minor child's name, amount given and frequency of payments.

Client's Signature

Date

Notary Expiration

Expiration

Date



AFFIDAVIT OF BANK ACCOUNT

I, _____, declare that I do not have a checking or savings account with a financial institution.

Client Signature

Printed Name

Date

Notary

Expiration

Date



Financial Wellness Survey

Please complete the survey so that Homes of Hope can help meet some of your needs.
Your answers will not affect your eligibility to rent from us.

1. How do you pay your monthly bills?

Online __ Money Order__ Check__ Cash__

2. Do you have a checking and or savings account?

Yes No_ If yes, which type? _____

3. Do you have a household budget? Yes__ No

4. List 2 financial goals you would like to achieve in the next 12 months.

1. _____

2. _____

5. Do you consider yourself a leader in your community?

If yes, please explain: _____



Below are the required documents that need to be submitted with a completed application and application fee:

- Copies of 6 months of most recent bank statements for checking account, 1 month of most recent statement for savings account.
- Verification of Employment document signed and dated
- 2 months of most recent paycheck stubs (consecutive -can't skip a week and or pay period) (if paid weekly -10 paycheck stubs; if bi-weekly -6 paycheck stubs)
- If child support is awarded (whether received or NOT), a 1 year print out from Family Court is required and or a court stamped award letter or divorce decree. If child support is not awarded, the prospective client must sign the included affidavit stating they aren't awarded child support, they receive it voluntarily, whichever the case may be.
- We will NOT accept any proof of income that is more than 3 months old. This includes social security/ disability/ unemployment print outs.
- Copy of Driver's License/ State issued ID for each adult
- Social Security cards for each individual in the household
- Homes of Hope, Inc. asks that tenants provide a copy of a renter's insurance policy before lease signing.

****If a printout of benefits/ child support is provided, it *must* be stamped by the clerk. We cannot accept any documentation if it is not stamped. ****

Copies made in our office costs \$0.10 per page.

If an application is turned in without all required documents, the application will not be processed. If you have any questions, please contact our office.

Thank you,

First Choice Property Management, Inc.