

Homes of Hope Rental Application
What you need to know prior to applying for a Rental Property

Homes of Hope provides affordable housing for individuals and/or families with low-to-moderate income. We have 2-4 bedroom homes throughout the Upstate. Applications are accepted in the Rock Hill office monthly.

Things to note:

- On average less than 20 units (depending on the area) become vacant annually
- Waiting lists can consist of 100+ applicants
- If approved, your name will go on the waiting list for a period of one year (12 months)
- **HOUSING IS NOT GUARANTEED**
- Please continue seeking housing outside of Homes of Hope

There is a \$40 NON-REFUNDABLE application fee per adult (age 18+), payable only in the form of cash or a money order/cashier's check. This fee covers a credit and criminal background check.

We operate in accordance with State Housing income procedures. We serve income ranges from 30-120% Area Media Incomes (AMI). The percentage amount depends on the Federal Grant guidelines per housing development. **Low Rent** is considered anything 50% and below. **High Rent** is considered anything above 50%. This amount is based on TOTAL GROSS household income. Should something become available to meet your needs, you will be notified.

We do not discriminate in rental housing for factors including, but not limited to: Race, Color, Sex, National Origin, Handicap, Family Status, Marital Status, Seeing/Hearing Eye Dog, or Religion.

RENT is due on the 1st of the month but you have until the 5th of the month to pay. If your application is accepted and the lease agreement starts after the 5th of the month, the rent will be prorated (rent will only be charged for the number of days living in the unit for that month).

NON-SMOKING: All of our rental properties are non-smoking. Units will be assessed at the time of "move out" and housing clients will be charged for repairs to restore the unit to smoke free condition.

Pet Breeds not allowed at any of our properties: Pit Bulls/Staffordshire Terriers, Doberman Pinschers, Rottweilers, German Shepherds, Chows and Great Danes (including all pets mixed with these breeds). Pets cannot weigh more than 20 pounds. There is a Nonrefundable Pet Fee, per pet, per unit, of \$250.00 (2 pets maximum). A picture of your pet and/or Vet records may be requested for your pet.

Please be advised that any inaccurate information provided on your rental application may result in the denial of your application for lack of truthfulness and transparency. Please note that the application fee is non-refundable regardless of the application outcome. Any applicants found to have intentionally misrepresented information are ineligible to reapply for a period of six months from the date of denial.

Name _____ Date _____

Name _____ Date _____



Below are the required documents that need to be submitted with a completed application and application fee. All required documents must accompany the application at the time of submission. Emailed, screenshots or pictures **will not** be accepted.

- Copies of 6 months of most recent bank statements for checking account, 1 month of most recent statement for savings account. Bank statements include but are not limited to Bank (Bank of America, Wells Fargo, First Citizens etc.) Credit Union (Founders, Family Trust, Arrowood, Patriot etc.) Pay Cards for Direct deposit Cash App, Zell, Venmo, other money /funds transferring methods Chime, Skyla, Credit Karma - Statements from all that apply above would need to be submitted as “bank statements”
- Verification of Employment document signed and dated- ***TOP PORTION ONLY DO NOT GIVE THIS PAGE TO YOUR EMPLOYER***
- 2 months of most recent paycheck stubs (consecutive -can't skip a week and or pay period) (if paid weekly -11 paycheck stubs; if bi-weekly -7 paycheck stubs) Including but not limited to Door Dash, Lyft, Uber Eats etc.
- If child support is awarded (whether received or NOT), a 1 year print out from Family Court is required **AND** 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, or they receive it voluntarily, whichever the case may be. ****Child support printout must be stamped by the clerk. We cannot accept any documentation if it is not stamped. ****
- 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.

EMAILED, SCREENSHOTS or PICTURE OF ANY OF THE ABOVE DOCUMENTATION **WILL NOT** BE ACCEPTED.

Please be advised that any inaccurate information provided on your rental application may result in the denial of your application for lack of truthfulness and transparency. Please note that the application fee is non-refundable regardless of the application outcome. Any applicants found to have intentionally misrepresented information are ineligible to reapply for a period of six months from the date of denial.

Thank you,

First Choice Property Management, Inc.



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

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:

Three rows of signature lines with labels: 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: First Choice Property Mgmt, Inc., 527 North Avenue, Rock Hill, SC 29732 Attn: Client Development.





NON-REFUNDABLE Application Fee
\$40.00 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 _____



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: _____



**homes
of hope**

AFFIDAVIT OF BANK ACCOUNT

I, _____, declare that I **DO** have a checking or savings account with a financial institution. I further understand that I must provide six (6) months of bank statements and one (1) month savings statement.

I, _____, declare that I **DO NOT** have a checking or savings account with a financial institution.

Client Signature

Printed Name

Date

Notary

Expiration

Date



Client Affidavit of Child Support

Name: _____

Address: _____

I **AM** court ordered to receive child support for the below minor child and or children,

weekly bi-weekly Monthly in the amount of _____.

** Both of the following court ordered child support documentations is required as proof: Court stamped award letter print out from Family Court **AND** Court stamped copy of the original child support 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 voluntary financial support for minor child and or children,

weekly bi-weekly monthly from the non-custodial parent in the amount of \$_____

*** 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

NOTE TO APPLICANT

RE: EMPLOYMENT VERIFICATION FORM and M-19B


I, _____, have read and understand the below instructions regarding the completion of the Verification of Employment AND the M-19B. The below images are for example purposes only and I further understand these forms, in their entirety are included in this application. For the intended purpose of the above mentioned forms, it is important that I complete ONLY the top portion of these forms and returned to First Choice Property Management, Inc. Should I make an error, I understand that I will be asked to complete a corrected form.

Tenant Signature: _____ Date: _____

***EXAMPLE OF Employment Verification Form** ----Complete ONLY THE TOP portion for this form is indicated below. **DO NOT GIVE THIS FORM TO YOUR EMPLOYER.**

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.		
_____	Project Owner/Management Agent	Phone: 803-366-2711 FAX: 803-366-0232
Please Return Form to: Homes of Hope, Inc c/o First Choice Property, Inc. 527 North Avenue Rock Hill, SC 29732		

***EXAMPLE OF Form M-19B** ----Complete ONLY THE TOP portion for the M-19B is indicated below. **DO NOT TAKE THIS FORM TO YOUR BANKING FACILITY.**

	M-19B Verification of Assets	
SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.com		
RE:	Applicant's Name	Name of Banking Institution
_____	_____	_____
I hereby authorize release of my information.		
_____	Signature of Applicant	Date
_____	_____	_____
<i>OR</i> copy of the attached executed release form which authorizes the information requested		
Federal regulations require verification of assets for all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. Your prompt response is greatly appreciated.		
RETURN FORM TO: First Choice Property Management		Fax #: 803-366-0232 Email: @firstchoiceproperty.net
		homesofhope

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 PORTION TO BE COMPLETED BY EMPLOYER ONLY

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.



M-19B Verification of Assets

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.com

RE: _____
Applicant's Name _____ **Name of Banking Institution** _____

I hereby authorize release of my information.

Signature of Applicant _____ **Date** _____

OR copy of the attached executed release form which authorizes the information requested

Federal regulations require verification of assets for all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. Your prompt response is greatly appreciated.

RETURN FORM TO: First Choice Property Management, Inc. Fax #: 803-366-0232 Email: homesofhope@firstchoiceproperty.net

THIS SECTION TO BE COMPLETED BY BANKING INSTITUTION

Checking Account #				Avg 6 Month Balance		Current % Rate			
1		\$				%			
2		\$				%			
Savings Account #				Current Balance		Current % Rate			
1		\$				%			
2		\$				%			
Money Market Account #				Avg 6 Month Balance		Current % Rate			
1		\$				%			
2		\$				%			
Cert of Deposit Account #				Current Balance		Current % Rate		Withdrawal Penalty	
1		\$				%			
2		\$				%			
Retirement Savings (IRS, Keogh, 401(k))				Current Balance		Current % Rate		Withdrawal Penalty	
1		\$				%			
2		\$				%			

If the "6 month average" requested above is unavailable, explain why (i.e. account open for four months, system only allows for three month averages, etc...) _____

Additional remarks: _____

Authorized Signature

Printed Name

Date

Title

Address

Phone #

Fax #

E-mail

NOTE: Section 1001 of Title 18 of the US 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.