

Urban Light
COMMUNITY
DEVELOPMENT

PO Box 3185

Muncie, IN 47307

Phone: 765-748-3309

Email: info@urbanlightcdc.org

Web: www.urbanlightcdc.org

Office Location:

1400 S. Madison St

Muncie, IN 47302

Rental Address:

1303 S. Mulberry

Muncie, IN 47302

Check List of Documents for Apartment Applications

1. _____ Copy of Driver's License and Social Security Card for all adults living in apartment.
2. _____ Documentation of last six months of Income (Paystubs, SSI, Pension Letter, VA Benefit Letter)
3. _____ Bank Verification form (included in application). Please complete top portion including bank name and address. If you do not have a bank account, please write NO accounts across top of form.
4. _____ Employment Verification form (included in application) if you or anyone in your household is currently employed a verification form must be completed for each job. Please complete the entire top portion of the form; your employer will complete the bottom portion. When possible the applicant can ask their employer to complete the form, but the employer must mail or email the completed form directly to Urban Light CDC. If the applicant prefers to have Urban Light Community Development contact their employer for their employment information, the applicant must provide a name and correct contact information for the employer or HR Dept.
5. _____ Student Verification form (included in application)
6. _____ Copy of Credit Report (A report from Credit Karma can be printed at Urban Light Community Development office.)



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NOTICE TO RENTAL APPLICANTS

After carefully reading and filling out the attached Housing Application completely, please carefully gather the items on the previous pages which pertain to you, or anyone living in the residence. All items which apply to you, or anyone that will be residing in the apartment, must be sent in order for your application to be processed quickly and efficiently.

Please carefully gather *all* the materials that pertain to your household and mail them all together and submit them to Joy Rediger at the Urban Light Community Development office located in Urban Light Church.

Office Location:

Urban Light Community Development

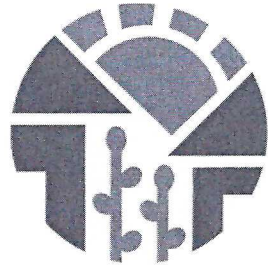
1400 S. Madison St.

Muncie, IN 47305

(Enter through 7th St. at the Church. Please call ahead to insure the Urban Light Community Development office is open.)

Phone: 765-748-3309

Email: info@urbalightcdc.org



Urban Light
COMMUNITY
DEVELOPMENT

**Rental Application for
Urban Light Community Development
1303 S Mulberry, Muncie IN Rental Home**

Instructions: Please complete all pages and areas of this application to the best of your knowledge. The information listed on this page is for purposes of statistical reporting ONLY to the U.S. Department of Housing and Urban Development ("HUD"). All application information will be kept in the strictest confidence. If you have questions or need assistance please do not hesitate to contact Joy Rediger at 765-748-3309.

-
1. Number of Persons in Household _____
2. Is the head of household age 62 or older? ☐ Yes ☐ No
3. Is this a Hispanic Household? ☐ Yes ☐ No
4. Is there an individual in this household who is disabled or handicapped? ☐ Yes ☐ No
5. Ethnic Background: (please check one)
- Asian _____
- Black/African-American _____
- White _____
- American Indian/Alaskan Native _____
- Native Hawaiian or Pacific Islander _____
- American Indian/Alaskan Native & White _____
- Asian & White _____
- Black/African American & White _____
- American Indian/Alaskan Native & Black/African American _____
- Other Multi-Racial _____
- [Chose Not to Provide] _____



Return this application to:
Urban Light Community Development
c/o Joy Rediger, Executive Director
1400 S. Madison St. Muncie, IN 47302
765-748-3309



RENTAL APPLICATION

The information collected below will be used to determine whether you qualify as a renter under the HOME Investment Partnership Program. This information will not be disclosed outside Urban Light CDC without your consent except to your employer for verification of income and employment and to financial institutions for verification of information, and as required and permitted by law.

| | |
|-----------------------------------|----------------------------|
| Today's Date _____ | Desired Move-in Date _____ |
| Interested Property Address _____ | |
| Applicant Name _____ | |
| Address _____ | |
| City, State, Zip _____ | |
| Phone (Home) _____ | (Cell) _____ (Work) _____ |
| Co-Applicant Name _____ | |
| Address _____ | |
| City, State, Zip _____ | |
| Phone (Home) _____ | (Cell) _____ (Work) _____ |

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

| Name (Last, First, MI) | Relationship to the Head of Household | Sex (M/F) | Birth Date (mm, dd, yyyy) | Student (Y/N) | Social Security Number |
|---------------------------|--|--------------|------------------------------|------------------|---------------------------|
| | Head of Household | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Housing References:

List the **past 2 years** of housing references. *(If additional space is required, use the back of this page.)*

| | <u>Landlord's Name/Address</u> | <u>Your Address</u> | <u>Own/Rent</u> | <u>Dates</u> |
|----|------------------------------------|---------------------|---|--------------------------|
| 1. | _____ _____ Phone: () _____ | _____ _____ | Own <input type="checkbox"/> Rent <input type="checkbox"/> | From: _____ To: _____ |
| 2. | _____ _____ Phone: () _____ | _____ _____ | Own <input type="checkbox"/> Rent <input type="checkbox"/> | From: _____ To: _____ |
| 3. | _____ _____ Phone: () _____ | _____ _____ | Own <input type="checkbox"/> Rent <input type="checkbox"/> | From: _____ To: _____ |

Household Information (continued)

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? ☐ Yes ☐ No

If YES, explain _____

2. Do you expect the number of household members to change in the future? ☐ Yes ☐ No

If YES, explain how many members will be added or reduced, and when that change will take place.

3. Have any of the household members used names or a social security number other than the names and numbers used above? ☐ Yes ☐ No

If YES, explain _____

4. Are any or ALL members of the household full-time students? ☐ Yes ☐ No

If YES, explain _____

5. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? ☐ Yes ☐ No

If YES, provide the nature of the crime(s): _____

Date: _____ State: _____ City: _____

County: _____

Are any of the above convictions a felony? ☐ Yes ☐ No If YES, Please explain _____

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? ☐ Yes ☐ No If YES, Please explain _____

Are there any criminal charges pending now? ☐ Yes ☐ No If YES, please explain _____

6. Do you live in subsidized housing now or have you in the past? ☐ Yes ☐ No

If YES, where? _____ From _____ To _____

Were you evicted? _____ If YES, why? _____

7. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? ☐ Yes ☐ No

If YES, explain _____

8. Have you ever filed or are you currently filing for bankruptcy? ☐ Yes ☐ No

If YES, give reason _____

Date of filing: _____

9. Have you ever lived at any other property managed by Urban Light CDC? ☐ Yes ☐ No

If YES, where? _____

10. Why do you want to move from your current residence? _____

11. How did you hear about us? _____

12. Do you know or are you related to any of our residents or staff? _____

Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all *GROSS* income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces?

☐ Yes ☐ No

(Include overtime, tips, bonuses, commission and payments received in cash.)

| <u>Household Member</u> | <u>Name of Company(or note if self-employed)</u> | <u>Amount</u> |
|-------------------------|--|---------------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

2. Unemployment benefits or worker's compensation? ☐ Yes ☐ No

| <u>Household Member</u> | <u>Name of Company</u> | <u>Amount</u> |
|-------------------------|------------------------|---------------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)? ☐ Yes ☐ No

| <u>Household Member</u> | <u>Name of Company</u> | <u>Amount</u> |
|-------------------------|------------------------|---------------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

4. (a) Child Support or Spousal Support (alimony)? ☐ Yes ☐ No

(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)

| <u>Household Member</u> | <u>Name of Company</u> | <u>Amount</u> |
|-------------------------|------------------------|---------------|
| <hr/> | <hr/> | <hr/> |

(b) How is the support received? (Check all that apply)

☐ Child Support Enforcement Agency Name of Agency: _____

☐ Court of Law Name of Court: _____

☐ Directly from Individual Name of Person: _____

☐ Other Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? ☐ Yes ☐ No

Explanation: _____

5. Social Security, SSI or any other payments from the Social Security Administration? ☐ Yes ☐ No

| <u>Household Member</u> | <u>SSA Office</u> | <u>Amount</u> |
|-------------------------|-------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? ☐ Yes ☐ No

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

7. Regular payments from a severance package? ☐ Yes ☐ No

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

8. Regular payments from any type of settlement? (For example, insurance settlements) ☐ Yes ☐ No

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

9. Disability, death benefits or life insurance dividends? ☐ Yes ☐ No

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

10. Regular gifts or payments from anyone outside of the household? ☐ Yes ☐ No

(This includes anyone supplementing your income or paying any of your bills.)

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

11. Educational grants, scholarships, or other student benefits? ☐ Yes ☐ No

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

12. Regular payments from lottery winnings or inheritances? ☐ Yes ☐ No

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

13. Regular payments from rental property or other types of real estate transactions? ☐ Yes ☐ No

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

14. Any other income sources or types not listed above? ☐ Yes ☐ No

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

15. Do you or any other household member expect any change in income in the next 12 months? ☐ Yes ☐ No

If YES, explain: _____

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account? ☐ Yes ☐ No

| <u>Household Member</u> | <u>Bank or Financial Institution</u> | <u>Amount</u> |
|-------------------------|--------------------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. CDs, money market accounts or treasury bills? ☐ Yes ☐ No

| <u>Household Member</u> | <u>Bank or Financial Institution</u> | <u>Amount</u> |
|-------------------------|--------------------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3. Stocks, bonds or securities? ☐ Yes ☐ No

| <u>Household Member</u> | <u>Source (Broker's Name)</u> | <u>Amount</u> |
|-------------------------|-------------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

4. Trust funds? ☐ Yes ☐ No

| <u>Household Member</u> | <u>Bank or Financial Institution</u> | <u>Amount</u> |
|-------------------------|--------------------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are any of the above listed trusts irrevocable? ☐ Yes ☐ No

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts? ☐ Yes ☐ No

| <u>Household Member</u> | <u>Location of Account</u> | <u>Amount</u> |
|-------------------------|----------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

6. Cash on hand? ☐ Yes ☐ No

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death? ☐ Yes ☐ No

| <u>Household Member</u> | <u>Life Insurance Company</u> | <u>Amount</u> |
|-------------------------|-------------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

8. Real estate, rental property, land contract/contract for deeds or other real estates holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.) ☐ Yes ☐ No

Household Member

Source of Benefit

Amount

10. Do you have a safe deposit box containing contents with a monetary value?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? ☐ Yes ☐ No

Household Member

Description of Asset Disposed

Amount Received

Explanation: _____

Do you or anyone listed above own a vehicle?

Vehicle Identification:

1. License #: _____ State Issued: _____ Make/Model/Year: _____

2. License #: _____ State Issued: _____ Make/Model/Year: _____

Emergency Contact:

Name of a person not residing with you: _____

Address _____

City, State, Zip _____ Phone: _____

Relationship: _____

Personal Reference & Contact Phone: _____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone numbers, account numbers (where applicable), and any other information required to expedite this process.

I/We hereby declare the information provided in this rental application is true, correct and complete to the best of my knowledge. I/We understand that any willful misstatement of material fact will be grounds for disqualification. Furthermore, I/We hereby authorize the holder of this consent agreement to obtain investigate credit reports from prior landlords and other reasonable reports in connection with this application. This report may include information as to my character, general reputation, personal characteristics and/or mode of living and credit standing. The information received by the management relative to this application and consent agreement will be regarded as confidential in nature and protected accordingly to the extent permitted by law. _____ initial
_____ initial

IF THIS IS A JOINT APPLICATION, BOTH INDIVIDUALS MUST SIGN.

Applicant Signature

Date

Co-Applicant Signature

Date

BANK VERIFICATION

Name 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 for satisfaction of the stated purpose only. Your prompt response is crucial and greatly appreciated.

TO BE COMPLETED BY THE BANK OR OTHER FINANCIAL INSTITUTION: PLEASE COMPLETE APPLICABLE SECTIONS. IF NOT APPLICABLE PLEASE WRITE N/A. PLEASE DO NOT LEAVE BLANK SPACES AND DO NOT USE WHITE-OUT.

Please provide complete information on all accounts held by the above named person(s). Include information on any and all **CHECKING, SAVINGS, IRA, KEOGH, CERTIFICATES OF DEPOSIT, MUTUAL FUNDS, MONEY MARKET, ETC.** (Use an additional verification form if necessary.) **PLEASE ANSWER ALL QUESTIONS AND DO NOT USE WHITE-OUT.**

| Type of Account | Account Number | Date Opened | Current Balance | * 6 month Average Balance on Checking | Current Interest Rate |
|-----------------|----------------|-------------|-----------------|---------------------------------------|-----------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |

** 6 month average balance needed for checking accounts only.*

Are any of the above accounts held jointly and/or to the benefit of anyone other than the person listed above? Yes: ☐ No: ☐
If 'yes', describe (with whom, which accounts & % ownership): _____

Does the above named person rent a **SAFE DEPOSIT BOX** at your institution? Yes: ☐ No: ☐

Signature of Person _____
Verifying Information: _____ Title: _____

Telephone: _____ Date: _____



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.



EMPLOYMENT VERIFICATION

TO BE COMPLETED BY EMPLOYER

IF NOT APPLICABLE, PLEASE WRITE N/A. PLEASE DO NOT LEAVE BLANK SPACES AND DO NOT USE WHITE-OUT.

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ No _____
Date first employed _____
If not presently employed, last day of employment _____

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

Average # of regular hours per week: _____

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 _____

Year-to-date earnings: \$ _____ YTD covers the dates of ____/____/____ through ____/____/____ # of pay periods _____

Will there be a change in the employee's rate of pay within the next 12 months? Yes _____ No _____ Effective date: _____
If yes, what is the new rate of pay: _____

Is employment seasonal or sporadic? Yes _____ No _____

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

Is employee eligible for unemployment compensation? Yes _____ No _____ If yes, how long? _____ How much? _____

Does the employee have access to any portion of his/her pension or retirement account? Yes _____ No _____

If yes, what amount may be withdrawn without retiring or terminating employment? _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer [Company] Name and Address

Phone #

Fax #

E-mail

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.



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.



(To Be Completed By Head of Household)

Completed For: (check one)

☐ Annual recertification; effective date:

IF YES, then is anyone in your household:

- I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.**

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

Date _____

Date

Date _____

Penalties for misusing this content: Table 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 any employee of HUD or any owner) may be subject to penalties for unauthorized disclosure of information that is confidential for reasons in this certification form if released to the purposes cited on any person, who knowingly or willingly (1) discloses any information not subject to public release contained on an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosures of information may bring civil action for damages, and seek other relief, as may be appropriate, as the official or employee of HUD or the owner responsible for the unauthorized disclosure or transgression act. Penalties provisions for misusing the social security number are contained in the Social Security Act at 20RA, 66, (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 6503A(a)(2), (7), and (8).

