



**NON-REFUNDABLE** Application Fee  
 \$30.00 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 \_\_\_\_\_



**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: \_\_\_\_\_

**Please Return Form via Fax to: Client Development at 864-269-6235 as soon as possible.**

**Or by mail to: Homes of Hope, Inc. c/o Client Development, 3 Dunean Street, Greenville, SC 29611**

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

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 Dunearn Street, Greenville, SC 29611, Attn: Client Development.

