



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 _____

PREVIOUS EMPLOYER: _____ ADDRESS: _____

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

PENSION/DISABILITY/SOCIAL SECURITY _____

SPOUSE'S/CO-APPLICANT INCOME:

HOUR \$ _____ 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? _____

**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	Refirement 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: Denise Harris



Homes of Hope's Rental Application What you need to know prior to Applying for a Rental Property

We provide affordable housing for individuals and or families with low to moderate income. We have 2-3 bedroom homes throughout the upstate. Applications are accepted in Greenville in March and September only. In the other areas in which we have homes (Anderson, Clinton, Laurens, Rock Hill and Spartanburg) applications are accepted monthly.

- On average, less than 20 units (depending on the area) become vacant annually
- Waiting list typically consists of 100+ rental applicants
- If approved, your name will go on the waiting list for at least 1 year (12 months)
- *HOUSING IS NOT GUARANTEED*
- Please continue seeking housing outside of Homes of Hope

There is a \$30 NON-REFUNDABLE application fee per adult over the age of 18 years payable only in the form of a money order and or cashier's check. This fee covers a credit and criminal background check.

We operate in accordance to 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. 50% AMI and below is considered **Low Rent** and any percentage above 50% is considered **High Rent**. 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 the rental housing on the basis of the following: Race, Color, Sex, National Origin, Handicap, Family Status, Marital Status, Seeing/Hearing Eye Dog and Religion.

RENT: Is due the 1st of the month but you have until the 5th of the month to pay. If 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 client will be charged for repairs to restore unit to smoke free conditions.

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 can't weigh more than 20 pounds. **Nonrefundable Pet Fee** per pet per unit: \$250.00 (2 pets maximum). A picture of your pet and or Vet records may be requested for your pet(s).

Your Application Will Be Denied if you don't complete the application in its entirety and or misrepresent (give false data) any information on your rental application.

Name _____ Date _____

Name _____ Date _____