



Rental Application

Information on this application will be used to determine your eligibility to be a Project NOW housing resident. **Fill out all sections completely. This application will not be processed until all correct information is provided.** Please ask us if you need help to complete this application.

Please fill out:

Bedroom size required: _____
of people who will be living in unit: _____
Preferred Move-In Date: _____

For Office Use Only:

Application Approved
Application Denied
Denial Letter Sent Date: _____

Please **check all counties** where you would consider renting from Project NOW:

Rock Island County Mercer County Henry County

Documents required to complete this application:

1. **Income Verification** 2. **Social Security Card** 3. **Picture ID for each person who will occupy the unit.**

APPLICANT INFORMATION:

APPLICANT #1:

Name: _____
Phone #: (____) _____
Current Street Address: _____

City/State/Zip: _____
Social Security #: _____

Driver's License or State ID #: _____
Birth Date: _____

APPLICANT #2

List **ALL OTHER** persons who will live in the unit:

<u>Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Sex</u>	<u>Social Security #</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Are **ALL** household members US Citizens? Yes No

EMERGENCY CONTACT: Please list next of kin.

Name: _____ Phone #: (____) _____ Relationship: _____
Address: _____ City/State/Zip _____

Name: _____ Phone #: (____) _____ Relationship: _____
Address: _____ City/State/Zip _____

EMPLOYMENT INFORMATION:

Please provide past 12 months of work history for you and all household members who work. If any of you have not worked during the past 12 months, list how long you have been unemployed and provide unemployment payment history, if any.

APPLICANT #1:

Name _____

Current Employer:

Name: _____

Street Address: _____

City/State/Zip: _____

Employer's Phone: _____

Supervisor's Name: _____

Employment Dates: From _____ to _____

Hours worked per week: _____

Wages: Hourly: \$ _____ Weekly: \$ _____

Previous Employer:

Name: _____

Street Address: _____

City/State/Zip: _____

Employer's Phone: _____

Supervisor's Name: _____

Employment Dates: From _____ to _____

Hours worked per week: _____

Wages: Hourly: \$ _____ Weekly: \$ _____

OTHER Working HOUSEHOLD MEMBER #1:

Name: _____

Present Employer:

Name: _____

Street Address: _____

City/State/Zip: _____

Employer's Phone: _____

Supervisor's Name: _____

Employment Dates: From _____ to _____

Hours worked per week: _____

Wages: Hourly: \$ _____ Weekly: \$ _____

Previous Employer:

Name: _____

Street Address: _____

City/State/Zip: _____

Employer's Phone: _____

Supervisor's Name: _____

Employment Dates: From _____ to _____

Hours worked per week: _____

Wages: Hourly: \$ _____ Weekly: \$ _____

APPLICANT #2:

From _____ to _____

Hourly: \$ _____ Weekly: \$ _____

From _____ to _____

Hourly: \$ _____ Weekly: \$ _____

OTHER Working MEMBER #2:

From _____ to _____

Hourly: \$ _____ Weekly: \$ _____

From _____ to _____

Hourly: \$ _____ Weekly: \$ _____

OTHER SOURCES OF INCOME: Include Social Security, SSI, Pension, Veteran Benefits, Alimony, Child Support, Unemployment, etc.

Source of Income: _____ For Who? _____ Amount: \$ _____ How Often? _____

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Source of Income: _____ For Who? _____ Amount: \$ _____ How Often? _____

Source of Income: _____ For Who? _____ Amount: \$ _____ How Often? _____

Do you expect your **income to change** in the next 12 months? Yes No

If Yes, explain: _____

BANK ACCOUNT INFORMATION:

Bank #1

Bank Name: _____
Street Address: _____
City/State/Zip: _____
Checking Savings

Bank #2

Checking Savings

Investments: Check if you have:

- 1) IRA Value \$ _____ 2) CD Value \$ _____ 3) Trust Account Value \$ _____
- 4) Whole Life Insurance Policy # _____ Face Value \$ _____ Cash Value \$ _____
- 5) Stocks/Bonds - Number Owned: ____ Value \$ _____ 6) Savings Bonds – Value \$ _____

PROPERTY:

Do you now OWN any real estate property? Yes No
If yes, type of Property: _____
Location: _____ Appraised Market Value: \$ _____
Mortgage or Balance Due: \$ _____ Annual Insurance Premium: \$ _____
Amount of most recent tax bill: \$ _____
Have you **Sold** or **Disposed** of any property in the last 2 years? Yes No
If Yes, Market Value of Sold Property: \$ _____ Date Disposed: _____ Amount Disposed: \$ _____

OTHER ASSETS:

Do you have other assets not listed? Yes No
If Yes, please explain: _____

CHILD SUPPORT:

Do you pay Child Support? Yes No
Are you entitled to receive Child Support? Yes No
If yes, is it court ordered? Yes No Amount \$ _____ How Often? _____
If yes, county/state where order issued: _____ Case #: _____

RENTAL HISTORY: You must provide **12 months of rental and/or housing history.** If you have not been renting, give the addresses of where you have stayed for the past 12 months.

APPLICANT #1:

Name: _____
Current Address: _____
City/State/Zip: _____
Dates at this address: From _____ To _____
Reason for leaving: _____
Monthly payment? \$ _____ Rent Own
Current Landlord:
Name: _____
Address: _____
City/State/Zip: _____
Phone #: _____

APPLICANT #2:

From _____ To _____
Monthly payment? \$ _____ Rent Own

Previous Address:

City/State/Zip: _____
Dates at this address: From _____ To _____
Reason for leaving: _____
Monthly payment? \$ _____ Rent Own

From _____ To _____
Monthly payment? \$ _____ Rent Own

Previous Landlord:

Name: _____
Address: _____
City/State/Zip: _____
Phone #: _____

CHILD CARE EXPENSES: Complete if you have children age 12 and under.

Name of child	Age	Cared For By	Address	Weekly Cost
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Do you get assistance in helping you pay your child care costs? Yes No
If yes, from whom? _____ Address: _____
How much do they pay? \$ _____ How much do you pay? \$ _____

PROGRAM INFORMATION:

1. Do you have a pet? Yes No **If Yes:** What kind? _____ Weight of pet: _____
2. Are you currently living in subsidized housing? Yes No
3. Have you ever resided in a project financed/subsidized by the government? Yes No

If Yes: _____

- | Name of Project | Street Address/City/State/Zip |
|---|-------------------------------|
| 4. Have you ever been evicted from any federal housing program? <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

If yes, explain: _____

County/State of eviction: _____ Case #: _____

5. Have you ever been evicted? Yes No

If yes, explain: _____

County/State of eviction: _____ Case #: _____

6. Are you currently **using any illegal drugs**? Yes No

7. Have you ever been **convicted/fined** for sale/distribution/possession of illegal drugs? Yes No

If yes, court county/state: _____

Case #: _____

8. Are you a **registered sex offender**? Yes No

If yes, court county/state: _____

Case #: _____

9. Have you been **convicted of a felony**? Yes No

If yes, court county/state: _____

Case #: _____

If yes, explain: _____

10. Have you ever filed bankruptcy? Yes No

If yes, court where filed: _____

Case #: _____

11. Do you need reasonable living accommodations? Yes No

If yes, what? _____

12. What utilities do you pay where you are currently residing?

Gas/Electric \$ _____ /month

Water \$ _____ /month

13. How did you hear about our housing? _____

14. Briefly describe the reason(s) you are applying for our housing: _____

15. Is either the applicant or co-applicant claimed on anyone else's income taxes? Yes No

If yes, Name of applicant or co-applicant who is claimed as a dependent: _____

Name, Social Security number of person who claims him/her for income tax purposes: _____

16. Is anyone in the household a **full time student**? Yes No

If yes, Student Name: _____

School Name: _____

VEHICLE(S): Please list all vehicles. If parking is provided, it is for **one** vehicle only.

Type of Vehicle: _____ Year: _____ Color: _____ Plate Number: _____

Driver's License number of owner: _____

Type of Vehicle: _____ Year: _____ Color: _____ Plate Number: _____

Driver's License number of owner: _____

PERSONAL REFERENCES:

#1 Name: _____

#2 Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

Phone: _____

CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that I/We must pay a security deposit for the dwelling. I/We understand that my/our eligibility for housing will be based on Rural Housing Service or Section 8 and by Project NOW, Inc selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge. I/We understand that false information is punishable by law and will lead to cancellation of this application of tenancy after occupancy.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

FAMILY HOUSEHOLD COMPOSITION

The information solicited on this application is requested by the apartment owner, in order to assure the Federal Government acting through Rural Housing Service, is in compliance with the federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap. **You are not required to furnish this information but are encouraged to do so.** This information will not be used in evaluating your application or to discriminate against you in any way. If you choose not to complete it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observations or surname.

Please CHECK one of the following.

Race/National Origin: White Asian or Pacific Island Black
 Native American/Alaskan Native Hispanic Other

Sex: Male Female

Statement Required By the Privacy Act:

The Rural Housing Service (formerly FMHA) is authorized by the Housing Act of 1949 as amended (42 U.S.C. 1471 et seq) to solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that it is unlawful for the Rural Housing Service to deny eligibility because of the refusal to disclose the Social Security Account Number. The principle purpose for collecting the requested information is to determine eligibility for occupancy in the Rural Housing Service financed rental project and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State and Local Agencies when relevant to civil, criminal or regulatory proceedings.

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

FROM: Property/Assets Manager
Project NOW, Inc. C.A.A.
418 19th St. Rock Island, IL 61201
Phone (309)793-6391 Fax (309)793-6352

SUBJECT: *Verification of Information Supplied by Applicant for Housing Assistance*

Tenant/Applicant Name: _____

Current Address: _____
Street City State Zip

The above person has applied for housing assistance which may fall under a program of the U.S. department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person’s eligibility or level of benefits. Some of Project NOW’s housing is regulated by Section 42 of the Internal Revenue Code that requires us to verify an applicant’s projected annual gross earnings for the next 12 Months.

We ask your cooperation in **returning information** to **Project NOW’s Property & Assets Manager at 418 19th Street, Rock Island, IL 61201**. Your prompt return of this information will help to assure timely processing of the application for assistance. The applicant/tenant have consented to this release of information as shown below.

RELEASE FROM APPLICANT/ TENANT:

I, _____ (applicant), in connection with this housing application, authorize, without reservation, all Corporations, Companies, Credit Agencies, Banks, Persons, Educational Institutions, Law Enforcement Agencies, Military Services and current and former landlords and employers to release information, (including rental history and salary), they may have about me to PROJECT NOW, INC. and its agents, and release them from any liability or responsibility for doing so; further, I authorize procurement of an investigative consumer report and understand that such a report may contain information about my background, character, and personal reputation and that further information may be made available upon written request within a reasonable period of time. I also understand that a criminal background check may be obtained relevant to this application. I understand this notice will also apply to any further update reports that may be requested. Further, I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original.

Printed Full Name of Tenant/Applicant Date of Birth

Current Address including City, State & Zip Code (where living now)

Previous Address including City, State & Zip Code

Social Security Number Tenant/Applicant Signature

Application Date: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowing and willingly making false or fraudulent statements to any department of the United States government.