



Rooting Out Poverty

SERVICE DIGNITY INTEGRITY COMMUNITY HOPE

VISION

We envision the whole community working hand in hand to meet human needs, protect human dignity, and restore hope.



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: _____

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: _____

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

APPLICANT #2

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Project NOW, Inc. 1830 2nd Ave, Rock Island, IL 61201
(309)793-6391 www.projectnow.org



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EMERGENCY CONTACT: Please list next of kin.

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

APPLICANT #2:

From _____ to _____

Hourly: \$ _____ Weekly: \$ _____

From _____ to _____

Hourly: \$ _____ Weekly: \$ _____

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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: \$ _____

OTHER Working MEMBER #2:

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? _____

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

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: _____

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BANK ACCOUNT INFORMATION:

#1 Bank _____ #2 Bank _____
Name: _____
Street Address: _____
City/State/Zip: _____
Checking _____ Savings _____ 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 #: _____

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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

Landlord:

Name: _____

Address: _____

Phone #: _____

Previous Address: _____

City/State/Zip: _____

Dates at this address: From To _____

Reason for leaving: _____

Monthly payment? \$ _____ Rent Own

Previous Landlord:

Name: _____

Address: City/State/Zip: _____

Phone #: _____

APPLICANT #2: _____

From To _____

Monthly payment? \$ _____ Rent Own Current

From To _____

Monthly payment? \$ _____ Rent Own

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

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4. Have you ever been evicted from any federal housing program? Yes 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, Explain: _____

Court county/state: _____ Case #: _____

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 \$____ /mo Water \$____ /mo

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: _____

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 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 #: _____ Driver's License number of owner: _____

Type of Vehicle: _____ Year: _____ Color: _____ Plate #: _____ Driver's License number of owner: _____

PERSONAL REFERENCES:

#1Name: _____ #2 Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone: _____ Phone: _____

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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

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