

Housing Rehabilitation Application

March 2022

OFFICE USE ONLY

IDIS # _____

Application Received Date: ____/____/____

Application Approval Date: ____/____/____

The information submitted on this application will be used to evaluate the applicant's eligibility for assistance under the PUSH Ministry Rehabilitation Program. Information obtained in this application will remain confidential and will not be disclosed to any outside agency without the applicant's consent, except for purposes of verification of income or employment and to financial institutions for verification of information as required and permitted by law. Your application may be delayed or rejected if the information requested is not received.

PUSH Ministry provides the Housing Rehabilitation Program, which offers rehabilitation assistance to homeowners in the Fulton County based on the availability of funds, household income-(within the current federal Income Limits for Fulton County), the requests of the homeowner and the conditions of the home. The Housing Rehabilitation Program is designed to assist low-to-moderate income homeowners with repairs/rehabilitation that are imminent health/safety threats, deferred maintenance problems or code violations.

Depending on income level, age, disability and housing needs, you may qualify for a one-time grant of up to \$10,000, a 20-year deferred loan, or a 5-year deferred loan for lead-based paint and asbestos removal. After reviewing your completed application, the Program Coordinator will assess all documents, and determine which levels of assistance you may qualify for.

**CDBG MAXIMUM HOUSEHOLD INCOME LIMITS [FULTON COUNTY, GEORGIA]
 FY2021 Income Limits (Effective 6/1/2021)**

Family/Household Size	Extremely Low 30%	Very Low Income 50%	Low Income 80%
1	\$18,100	\$30,200	\$48,300
2	\$20,700	\$34,500	\$55,200
3	\$23,300	\$38,800	\$62,100
4	\$25,850	\$43,100	\$68,950
5	\$27,950	\$46,550	\$74,500
6	\$30,000	\$50,000	\$80,000
7	\$32,100	\$53,450	\$85,500
8	\$34,150	\$56,900	\$91,050

*Source: U.S. Department of Housing & Urban Development [HUD] Extremely Low Income = <30% of Median Household Income
 Very Low Income = 50%-80% of Median Household Income; Low Income = 50% - 80% of Median Household Income



Participants will not be discriminated based on race, color, religion, disability, sex, familial status or national origin.

Applicant Information

Applicant:

Name:		
Address:		
City:	State:	Zip:
Phone:	Birthdate:	
Email:		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		

Co-Applicant:

Name:		
Address:		
City:	State:	Zip:
Phone:	Birthdate:	
Email:		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		

Race or National Origin: (Check one box below)		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Multi-Race (please specify) _____
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> I do not wish to furnish this information
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Single Race	
Ethnicity: (Check box →)	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	

Other

Occupants: *(other than applicants above)*

Total Number of persons in household: _____

Name: _____

Name: _____

Birthdate: _____

Birthdate: _____

Name: _____

Name: _____

Birthdate: _____

Birthdate: _____

What year was your home built?: _____
How long have you lived in the home? _____
Estimated Value: _____

Employment Information

Applicant: **Self Employed**

Employer:	
Supervisor:	
Address:	
City:	State:
Phone:	Position:
Hrs/wk:	Rate of Pay:
Start Date:	

Co-Applicant: **Self Employed**

Employer:	
Supervisor:	
Address:	
City:	State:
Phone:	Position:
Hrs/wk:	Rate of Pay:
Start Date:	

If employed in the current position for less than two years or if currently employed in more than one position, complete the following:

Applicant: **Self Employed**

Employer:	
Supervisor:	
Address:	
City:	State:
Phone:	Position:
Hrs/wk:	Rate of Pay:
Start Date/ End Date:	

Co-Applicant: **Self Employed**

Employer:	
Supervisor:	
Address:	
City:	State:
Phone:	Position:
Hrs/wk:	Rate of Pay:
Start Date/ End Date:	

Income Verification

Household MONTHLY Income (only fill in income that applies to your household)

INCOME:	Applicant	Co-Applicant (if applicable)	Occupant (if applicable)
Wages			
Overtime			
Bonuses/tips			
Part-time Seasonal			
Dividends			
Interest			
Investment Earnings			
Retirement Pension			
Social Security benefits			
Disability			
VA benefits			
Unemployment Compensation			
Pubic Asst.			
Alimony			
Child Support			
Other			
Total			

Total monthly household income \$ _____ x 12 months = \$ _____

LIABILITIES

List outstanding debts including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in), and all other loans.

TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	UNPAID BALANCE	DUE DATE
First Mortgage				
Other Lien Secured By Property (Second Mortgage)				
Auto Loan				
Personal Loan				
Credit Card				

1. Do you have any outstanding, unpaid **Liens** or **Judgments**? _____ Yes _____ No

If yes please list the Amount (if applicable) \$ _____

2. In the past 7 years, have you been declared bankrupt? _____ Yes _____ No

3. Are you a party involved in a law suit? _____ Yes _____ No

If yes answer is given to any question below, please explain on an attached sheet

ASSETS			
TYPE	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK NAME
Checking Accounts			
Savings Accounts			
Credit Union Accounts			
Stocks/Bonds			
Life Insurance			
Other (i.e. rental property)			

**** Applicant cash assets (not including retirement) must be below \$10,000**

Applicant Certification

I/We certify that the information provided in this pre-application is true and correct as of the date set forth opposite my/our signature(s) on this application

All household members 18 years and over to sign below

(applicant signature)

(date)

(co-applicant/ occupants signature)

(date)

What to Submit With Your Application

CHECKLIST

_____ 1. Collect the following information:

(All documentation is strictly confidential and will only be used for the purpose of verifying household income. Note: Lenders will require similar information.)

- _____ a. Driver's License (or other government issued ID)
- _____ b. Current pay stubs that reflect the previous 2 months of employment **OR**
- _____ c. Income Tax Returns for the last 2 years including W2's or IRS Transcripts
(bring if self-employed or not submitting other forms of income verification)
- _____ d. Current Social Security statements *(if applicable)*
- _____ e. Disability benefit statements *(if applicable)*
- _____ f. Pension statement/checks *(if applicable)*
- _____ g. Evidence of child support or alimony, *(if applicable)*
- _____ h. Bankruptcy discharge papers *(if applicable)*
- _____ i. Warranty Deed
- _____ j. Proof of current mortgage balance (most recent mortgage statement)
- _____ k. Proof of current homeowner's insurance policy
- _____ l. Two most recent bank account statements for all bank accounts

_____ 2. Mail or hand-deliver the application and supporting documentation to:

PUSH Ministry

Attn: Program Coordinator

4525 Fulton Industrial Blvd SW

Atlanta, GA 30336

_____ 3. Email scanned documents to admin@pushministry.org

Georgia Department of Community Affairs
Homeownership and Small Rental Housing Development Program
DECLARATION OF CITIZENSHIP STATUS
FOR HOUSEHOLD MEMBER 18 YEARS OF AGE OR OLDER

NOTICE TO APPLICANTS AND TENANTS: Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available, through the department's programs, to persons other than United States citizens, nationals, or certain eligible non-citizens. In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

A complete Declaration must be provided for each member of the household.

I, _____, certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- () I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- () I have eligible immigration status and I am 62 years of age or older. (Attach proof of age); or
- () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under 101(a or 1010(a) (20) of the INA 3/; or

Permanent residence under 249 of INA 4/; or

Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or

Parole status under 212(d) (5) of the INA /6; or

Threat to life or freedom under 243(h) of the INA /7; or

Amnesty under 245A of the INA 8/.

Signature

Date

Printed Name

Date

Eligible immigration status may be confirmed by providing one of the following forms of documentation:

(1) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1001(a) (20) and 1101(a) (15), respectively) [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161) [special agricultural worker], who has been granted lawful temporary resident status).

(2) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).

(3) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a) (7) of the INA (8 U.S.C. 1153(a) (7)).

Georgia Department of Community Affairs
Community HOME Investment Program
**DECLARATION OF CITIZENSHIP STATUS
FOR HOUSEHOLD MEMBER UNDER 18 YEARS OF AGE**

NOTICE TO APPLICANTS AND TENANTS: Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available, through the department's programs, to persons other than United States citizens, nationals, or certain eligible non-citizens. In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

A complete Declaration must be provided for each member of the household. A PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.

I, _____, certify, under penalty of perjury, that, to the best of my knowledge, _____, a minor child, is lawfully within the United States because (please check appropriate box):

- () He/She is a citizen by birth, a naturalized citizen, or a national of the United States; or
- () He/She has eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- () He/She has eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under 101(a or 1010(a) (20) of the INA 3/; or

Permanent residence under 249 of INA 4/; or

Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or

Parole status under 212(d) (5) of the INA /6; or

Threat to life or freedom under 243(h) of the INA /7; or

Amnesty under 245A of the INA 8/.

Signature

Date

Printed Name

Date

Eligible immigration status may be confirmed by providing one of the following forms of documentation:

(1) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1001(a) (20) and 1101(a) (15), respectively) [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161) [special agricultural worker], who has been granted lawful temporary resident status).

(2) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).

(3) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a) (7) of the INA (8 U.S.C. 1153(a) (7)).

Georgia Department of Community Affairs
Community HOME Investment Program

CERTIFICATION AS TO CONFLICT OF INTEREST

Name of Applicant/Co-Applicant: _____

This is to certify that we are not aware of any conflict of interest that exists between the family benefitting from the receipt of CHIP funds and any person who is an employee, agent, consultant, officer, or elected official or appointed official of the state, the

(Name of State Recipient or Sub-recipient)

or of the _____
(Name of administrator, if applicable)

whom are in a position to participate in a decision making process or are responsible for the administration or oversight of the Community HOME Investment Program.

Signature of Applicant

Date

Signature of Co-Applicant (if applicable)

Date

Signature of Certifying Officer of State Recipient/Sub-recipient

Date

Signature of Administrator (if applicable)

Date

Georgia Department of Community Affairs
Community HOME Investment Program

CERTIFICATION TO USE UNIT AS PRINCIPAL RESIDENCE

This is to certify that if my (or our) application for financial assistance through the Georgia Department of Community Affairs' Community Home Investment Program (CHIP) is approved, that I (or we) will occupy the property for which we are receiving the CHIP funding as my (or our) principal residence throughout the required affordability period which as been defined as 5 or 10 years depending on the type of assistance (rehabilitation, reconstruction or homebuyer assistance).

Applicant Signature

Date

Applicant Printed Name

Co-Applicant Signature

Date

Co-Applicant Printed Name

Georgia Department of Community Affairs
 Community HOME Investment Program
INCOME VERIFICATION FORM
Format for Calculating Part 5 Annual Income

1. Name of Applicant(s):		2. Total Number of Persons in Household:			
ASSETS					
Family Member	Asset Description	Current Cash Value of Assets	Actual Income from Assets		
3. Net Cash Value of Assets.....		3.			
4. Total Actual Income from Assets.....			4.		
5. If line 3 is greater than \$5,000, multiply line by ____ (Passbook Rate) and enter results here; otherwise, leave blank			5.		
ANTICIPATED ANNUAL INCOME					
Family Members	a. Wages/ Salaries	b. Benefits/ Pensions	c. Public Assistance	d. Other Income	e. Asset Income
6. Totals	a.	b.	c.	d.	e.
7. Enter total of items from 6a. through 6e. This is Annual Income.....					7.
8. Applicable income limit for county as adjusted for household size:					8.

 Applicant Signature of Homeowner or Home Buyer

 Date

 Co-Applicant Signature of Homeowner or Home Buyer

 Date

CREDIT REPORT AUTHORIZATION FORM

By my signature below I, _____, authorize

_____ to obtain a Background Check and / or Consumer Credit Report on me.

This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA).

The Background Check may contain information available in the Public Domain but may not include interviews with persons other than previous employers or their agents.

By my signature below, I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about me including criminal and driving history. This authorization shall be valid in original or copy form.

Applicant's Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Provide Addresses for the Last 7 Years

Current Street Address: _____ City: _____

State: _____ Start Date: _____

Prior Street Address: _____ City: _____

State: _____ Start Date: _____ End Date: _____

Prior Street Address: _____ City: _____

State: _____ Start Date: _____ End Date: _____

Driver's License #: _____ State: _____

Signature: _____ Date: _____

INCOME & ASSET DOCUMENTATION LIST

Dear Applicant(s): _____ Date: _____

Eligibility Process:

In accordance with Sec. 42 guidelines of the Internal Revenue Code it requires you to verify your income, assets, and family composition to establish your eligibility for residency. To determine eligibility the owner/agent must verify the information that you provided. You will need to give consent to the release of this information by signing the update questionnaire, the authorization for release and consent form, and the individual verifications consent forms that apply to you and your household members. Any information or documents you provide will only be used for the purposes of determining your eligibility.

You May be Eligible if...

- Your combined **GROSS** household income is between a property's minimum and maximum limits. *(Income limits are published annually by the U.S. Department of Housing and Urban Development)*
- The members of your household meet program guidelines.
- Your credit, background and rental history meet standards.

If you FAIL to submit the applicable documentation, we will not be able to proceed with the eligibility process.

INCOME & ASSET DOCUMENTATION LIST

PLEASE READ THROUGH THE ENTIRE LIST.

THE PROGRAM REQUIRES ALL OF THESE DOCUMENTS TO CONFIRM AND CALCULATE THE TOTAL ANNUAL AMOUNT THAT YOUR HOUSEHOLD MAKES FROM REGULAR EMPLOYMENT AND FROM OTHER INCOME SOURCES.

INCOME SOURCES	SOURCE OF ASSETS
<p>INCOME is determined based on annual GROSS earnings, for wages and pensions, etc. it means before taxes are taken out. This is applicable to all income sources.</p> <ul style="list-style-type: none"> <input type="checkbox"/> IRS Tax returns that are signed & complete must include all of the W-2, 1099; Each adult household member will be asked to sign the IRS 4506T form. <input type="checkbox"/> Marital Status: Legal Separation, Divorce Documents, Survivorship benefits <input type="checkbox"/> Veterans' status – DD 214 document 	<p>ASSETS are items of value that may be turned into cash. You will be required to provide documents for the type of accounts with their account numbers, name of the financial institution for each account along with the address, telephone & fax number.</p> <ul style="list-style-type: none"> <input type="checkbox"/> If any of the assets listed below is applicable to any member of your household, a complete statement that includes all of the pages will be required.
<ul style="list-style-type: none"> <input type="checkbox"/> EMPLOYMENT: All household members who have a job. Include employment income for the last 12 months. <input type="checkbox"/> Include income from wages, tips, commission and bonuses from all employers. Provide 6 consecutive paystubs. <input type="checkbox"/> For each household member who was and is currently employed must provide Employer's name, address, telephone number, fax number and company email address. Each employed member will be required to complete and sign an authorization for the employer to provide us verification of employment and income earned. 	<ul style="list-style-type: none"> <input type="checkbox"/> CHECKING ACCOUNTS: <input type="checkbox"/> You will need to bring 6 months of consecutive bank statements for each checking account from the date of the interview. <input type="checkbox"/> SAVINGS ACCOUNTS: <input type="checkbox"/> Bring one current bank statement for each savings account. <input type="checkbox"/> All pages of the statement are required for each of the accounts, i.e., checking and savings account. Missing pages is an incomplete statement.
<ul style="list-style-type: none"> <input type="checkbox"/> SOCIAL SECURITY/SSI/SSP INCOME: Must provide a current AWARD letter listing the monthly gross benefit amounts for all household members that receive benefits. 	<ul style="list-style-type: none"> <input type="checkbox"/> CD ACCOUNTS: <input type="checkbox"/> One current bank statement for each CD account or investment statement. <input type="checkbox"/> All pages of the statement are required.
<ul style="list-style-type: none"> <input type="checkbox"/> UNEMPLOYMENT BENEFITS: <input type="checkbox"/> Provide last date of employment and the gross amount of unemployment benefits. <input type="checkbox"/> Provide documentation showing proof of unemployment benefits OR termination of benefits. 	<ul style="list-style-type: none"> <input type="checkbox"/> MONEY MARKET ACCOUNTS: <input type="checkbox"/> One current bank statement for each money market account or investment statement. <input type="checkbox"/> All pages of the statement are required.
<ul style="list-style-type: none"> <input type="checkbox"/> PUBLIC ASSISTANCE INCOME: <input type="checkbox"/> A current budget is required. <input type="checkbox"/> CHILD SUPPORT/ALIMONY: Submit copies of legal documents or notarized letter for household members who receive child support and/or alimony payments 	<ul style="list-style-type: none"> <input type="checkbox"/> DIRECT EXPRESS CARDS/PAYROLL CARD/ EBT CARDS: <input type="checkbox"/> CASH APP/PAYPAL, etc. <input type="checkbox"/> Must bring a recent bank statement or transactional history. <input type="checkbox"/> For EBT holders an ATM statement receipt printout.
<ul style="list-style-type: none"> <input type="checkbox"/> SELF EMPLOYMENT: If you or any member of your household own a business, or have partial interest in a business, independent contractor, or sole proprietorship you must include the ownership percentage. <input type="checkbox"/> Provide three (3) years of IRS Tax Return 1040 including Schedule C to average out your net income. 	<ul style="list-style-type: none"> <input type="checkbox"/> IRA/401K/403B/RETIREMENT ACCOUNTS: You will need bring a current financial statement. <input type="checkbox"/> STOCKS/MUTUAL FUNDS/BONDS: You will need to bring a current financial statement. <input type="checkbox"/> All pages of the statement are required.



INCOME & ASSET DOCUMENTATION LIST

INCOME SOURCES	SOURCE OF ASSETS
<input type="checkbox"/> WORKER'S COMPENSATION/DISABILITY: Must provide document of the last day of employment and total gross benefit amount. Must provide a copy of the latest compensation statement.	<input type="checkbox"/> LIFE INSURANCE: If you have WHOLE LIFE-Must provide current policy value and with dividend earning potential. <input type="checkbox"/> If you have TERM LIFE – Must provide a document verifying that the policy is term life and not whole life
<input type="checkbox"/> CHILD SUPPORT/ALIMONY: Submit copies of legal documents or notarized letter for household members who receive child support and/or alimony payments. Include total amounts received per week or per month. <input type="checkbox"/> Provide the full name, address and telephone number of the income source provider.	<input type="checkbox"/> REAL ESTATE RENTAL: Submit documentation that supports the Market Value of the real estate owned, documents that shows mortgage balance and an amortization document, proof of expenses and a copy of the lease. <input type="checkbox"/> If applicable, Equity Loan amortization document
<input type="checkbox"/> CONTRIBUTIONS: Household members who receive monetary or non-cash contribution from an outside source must be documented. <input type="checkbox"/> Provide the amount/or identify the non-cash items (such as pays for your utilities and other bills, etc.) <input type="checkbox"/> Provide the full name, address and telephone number of the income source provider.	<input type="checkbox"/> REAL ESTATE PROPERTY: Proof of market value of real estate owned; <input type="checkbox"/> Mortgage balance owed, or equity loan. <input type="checkbox"/> If the property has been sold, a HUD settlement statement or a proof of sale will be needed. <input type="checkbox"/> All pages of the statement are required.
<input type="checkbox"/> PENSION/ANNUITY: Provide a recent statement of the gross pension or annuity income. Provide name of Financial Institution, address, telephone number and fax number. <input type="checkbox"/> All pages of the statement are required.	<input type="checkbox"/> INSURANCE SETTLEMENTS, INHERITANCE, LOTTERY WINNINGS OR ANY LUMP SUM PAYMENT: If received within the past two years from the date of your interview, provide documentation that it is not a reoccurring payout.
<input type="checkbox"/> MILITARY PAY/VETERAN'S ADMINISTRATION: List all household members who receive a Military Allotment or Veteran's Administration income. <input type="checkbox"/> List total gross amounts and provide copy of documentation.	<input type="checkbox"/> REVOCABLE & NONREVOCABLE TRUSTS: <input type="checkbox"/> Provide a copy of the trust.
<input type="checkbox"/> STUDENT: Attach proof of full-time or part-time status for each student 18 years old and older	
<input type="checkbox"/> SECTION 8 VOUCHER HOLDER: List all household members that are authorized by the section 8 agency to reside in the household. You will be required to bring your voucher certification and <u>authorization of transfer to move</u> .	
<input type="checkbox"/> RENTAL HISTORY: Provide evidence of complete rental payments over the course of the preceding 12 months. If you provide this information, you can avoid a credit check by evidencing that you paid your rent in full and on-time. If you are not able to provide such evidence, your credit screening will be processed as part of the eligibility process.	
<input type="checkbox"/> UTILITY: Bring most recent utility bill or evidence that the utility can be turned on under your name.	

Head of Household please what is applicable and return to the address referenced on the first page.

- I/We acknowledge receipt of the Affidavit of Income & Assets Letter. (You can bring this form signed to the preliminary interview)
- I/We will like to have our application withdrawn from the waitlist. *(this can be faxed or email to the site)*

Signature of Head of Household

Print Name

Date

For Office Use Only: Sent via email sent post mail sent both email and post mail Picked up In Person

