

Coburn Place Safe Haven

Resident Application

Date: _____

Type/Size of Apartment Requested: 1 bdrm 2 bdrm 3 bdrm

Applicant(s):

Mrs. _____
 Miss First Name MI Last Name SSN Birthdate

List additional persons that will reside with you (including children):

First Name	MI	Last Name	SSN	Birthdate	M or F	Relationship
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Current Address:

Address _____
City _____ State _____ Zip _____ Phone Number _____

How long at this address: _____

Current safe phone number where you can be reached: _____

Who referred you to Coburn Place?

Name _____ Phone _____
Agency _____ Address _____

Previous Address:

Address _____
City _____ State _____ Zip _____ Phone Number _____

Dates you lived at this address: _____

Housing Background: Have you ever resided at Coburn Place Safe Haven? Yes No
If so, when (give date)? _____



Other Information

Does anyone in your household have special needs? Yes No If yes, please explain? _____

Marital status: Married Single Divorced Separated Widowed

(If you are separated, have you filed for divorce? Yes No)

Are you the parent of MINOR children not living with you now? Yes No

Name(s) _____ Age(s) _____

Do you plan for the above children to live with you at Coburn Place? Yes No

Emergency Contacts:

Name	Relationship	Address	City, State, ZIP	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Auto Information: Do you have a car? Yes No

If yes, provide: Make _____ Mode _____ Year _____ Color _____ Lic Tag No. _____

Education: Did you graduate from high school? Yes No

Did you complete your G.E.D.? Yes No N/A

Please list the highest grade of school you completed: _____

FOR STATE AND FEDERAL TRACKING PURPOSES, WE ASK THE FOLLOWING:

Abuser is my: spouse ex-spouse Live-in boyfriend/girlfriend child
parent Unknown Boyfriend/Girlfriend not living together

Abuser's income level: _____ \$0-5,000 _____ \$5,000-\$15,000 _____ \$15,000-\$25,000
_____ \$25000-\$40,000 _____ \$40,000+ _____ Unknown

Did your abuser use alcohol or drugs at the time of your abuse? Yes No

Were you abused as a child: Yes No Was your abuser abused as a child? Yes No Unknown

I certify that the above information is true and accurate and understand that false or inaccurate information shall be cause for denial of this application or termination of any subsequent rental agreements. Apartment owner or agents may verify all information given directly or through reporting agencies. We are an equal housing opportunity provider.

PRINTED NAME OF APPLICANT _____ **DATE** _____

SIGNATURE OF APPLICANT _____ **DATE** _____



TENANT INCOME CERTIFICATION QUESTIONNAIRE
 (*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: _____	TELEPHONE NUMBER: () _____
<input type="checkbox"/> Initial Certification	BIN # _____
<input type="checkbox"/> Re-certification	Unit # _____
<input type="checkbox"/> Other	
Total # Household Members _____	# Adults (18 and older) _____ # Children _____

YES	NO	I receive Section 8 rental assistance. If yes, list the housing authority below. _____	Amount of monthly rental assistance \$ _____
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INCOME INFORMATION

YES	NO		MONTHLY GROSS INCOME (use <u>net</u> income from business)
<input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self employment) _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <div style="text-align: center;"><u>Name of Employer</u></div> 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC) DO NOT INCLUDE FOOD STAMPS	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving child support payments. If yes, from how many persons do you receive support? _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal maintenance payments	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____

<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive student financial assistance (grants, scholarships, etc.) not including loans *NOTE: Count as income only if household receives Section 8 rental assistance.	\$ _____ per semester

ASSET INFORMATION

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s). If yes, list bank(s) 1) _____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

STUDENT STATUS INFORMATION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist entirely of persons who are all <u>full-time</u> students (kindergarten and higher). Examples: Elementary School, Middle School, High School, College/University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming a full-time student household in the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist entirely of persons who were full-time students for parts of five or more months of the current calendar year?
<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to either of the previous three questions are you: <ul style="list-style-type: none"> • Receiving assistance under Title IV of the Social Security Act (AFDC/TANF) • Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program • Married and entitled to file a joint tax return • Household consists entirely of single parent(s) with a dependent child or children and neither the parent(s) nor the child(ren) are dependents of another individual, with the exception that the children may be claimed by the absent parent. • Previously under the care and placement responsibility of the state agency responsible for administering foster care • Name of educational institution(s) attended _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

 PRINTED NAME OF APPLICANT/TENANT

 SIGNATURE OF APPLICANT/TENANT

 DATE

 WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

 DATE



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

