

RENTAL APPLICATION

Santee-Lynch's Affordable Housing & Community Development Corporation
255 Broad Street, Sumter, SC 29150 803-436-0020 803-436-0003 (FAX) SLCDC@LYCA.NET (EMAIL) WWW.SLCD.CDC.NET (WEBSITE)

Santee-Lynch's CDC - 255 Broad Street, Sumter, SC 29150 - 803-436-0020



This application requires a \$40.00 per Adult processing fee, that is non-refundable.



Due to Federal Funding received by our non-profit, Please submit any and all supporting documentation (with this application) that will be required for the processing of certification, to include, but not limited to; copies of Social Security cards for all household members, picture ID (for household members 18 years or older), Award letters (SS, SSI, Pension, Annuities, etc.), Copy of Court Ordered Child Support and a copy of Child Support Payment History, Two months of pay stubs, and Six months bank statements for all bank accounts. Other supporting documentations may be requested for certification.



Will you agree to provide any and all needed supporting documentations requested for certification annually? NO YES

Date: _____
 Applicant Name (Head of Household): _____
 Cell #: _____ Home #: _____ Work #: _____
 Other #: _____ Who?: _____ Relation: _____
 Email Address: _____
 Street Address: _____
 Mailing Address (if different): _____

1. List all occupants of the Household – (If additional space is needed attach an additional page)

Name	Relationship	Social Security #	Birth Date	Age	Race	Student (Y or N)	Sex (M or F)	Disabled (Y or N)
1.								
2.								
3.								
4.								
5.								
6.								

2. List total benefit MONTHLY individual income in household

Name	Social Security	SSI	Public Assistant (TANF/AFDC/Etc) EARNED INCOME	Un-employment / Workman's Comp	Pension / VA Benefits	Disability Income
1.	\$	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$	\$

3. Disability Information – Family Members with Disabilities (if additional space is needed attach an additional page)

Name	Special Amenities Needed: (Example: Wheelchair friendly items such as pull bars, ramp, etc. / door bells for hearing impaired, etc.)
1.	
2.	

4. **Current Landlord Information :**

Landlord Company: _____
Contact Person: _____
Address: _____
Phone #: _____ Fax: _____

5a. **Employment History: (Head of Household)** Unemployed Full Time Part Time Seasonal Self Employed

Employer: _____
Address: _____
Phone #: _____ Fax: _____
Contact Person (HR): _____
Employment Dates: From: _____ To: _____
Wages: \$ _____ Hourly Weekly Every 2 weeks Twice a month Are you Salary? Y N
Frequency of Pay: Weekly Every 2 weeks Twice a month **PLEASE PROVIDE 2 MONTHS PAY STUBS**

5b. **Employment History: (Head of Household) Second Job:** Unemployed Full Time Part Time Seasonal Self Employed

Employer: _____
Address: _____
Phone #: _____ Fax: _____
Contact Person (HR): _____
Employment Dates: From: _____ To: _____
Wages: \$ _____ Hourly Weekly Every 2 weeks Twice a month Are you Salary? Y N
Frequency of Pay: Weekly Every 2 weeks Twice a month **PLEASE PROVIDE 2 MONTHS PAY STUBS**

5c. **Employment History: (Other Household member (18 yrs or older)):** Unemployed Full Time Part Time Seasonal Self Employed

Name of Household Member: _____
Employer: _____
Address: _____
Phone #: _____ Fax: _____
Contact Person (HR): _____
Employment Dates: From: _____ To: _____
Wages: \$ _____ Hourly Weekly Every 2 weeks Twice a month Are you Salary? Y N
Frequency of Pay: Weekly Every 2 weeks Twice a month **PLEASE PROVIDE 2 MONTHS PAY STUBS**

5d. **Employment History: (Other Household member (18 yrs or older)):** Unemployed Full Time Part Time Seasonal Self Employed

Name of Household Member: _____
Employer: _____
Address: _____
Phone #: _____ Fax: _____
Contact Person (HR): _____
Employment Dates: From: _____ To: _____
Wages: \$ _____ Hourly Weekly Every 2 weeks Twice a month Are you Salary? Y N
Frequency of Pay: Weekly Every 2 weeks Twice a month **PLEASE PROVIDE 2 MONTHS PAY STUBS**

6. Do you receive Section 8 or any government subsidy? Yes No
If so, How Much? \$ _____

7. Regarding Child Support (list each child and check appropriate boxes (if additional space is needed attach and additional page)

Child's Name	Count Ordered	County / State	Father's Name	Voluntary support	No Child Support	Other Cash Contribution	Monthly Amount
1.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Explain Other Contributions, Voluntary Support and No Child Support:

8. List ALL Checking and Savings Accounts (if additional space is needed attach and additional page)

Name	Financial Institution	Account Number(s)	Type C or S	Balance
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$

9. Students 18 years or Older

Student (1):		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> On Site <input type="checkbox"/> Internet
Institution:			
Address:			
Admin Contact:		Phone:	
Email Address:		Fax:	
Comments: Please indicate enrollment dates and other comments:			

Student (2):		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> On Site <input type="checkbox"/> Internet
Institution:			
Address:			
Admin Contact:		Phone:	
Email Address:		Fax:	
Comments: Please indicate enrollment dates and other comments:			

10. Stocks, Bonds, Trusts, Pensions Contributions, or other Assets: (Included IRA's, Keogh Accounts, and Certificates of Deposit)

Family Member Name	Institution	Type	Account	Amount
				\$
				\$

11. **Please answer the Questions below (check all applicable blocks and check YES or NO for each Question)**

- | | | | |
|----|--|------------------------------|-----------------------------|
| a. | Does any member of the household expect to work for any period during the next 12 months that is currently not working? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. | Does any member of the household anticipate a leave of absence within the next 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. | Does any member of the household <input type="checkbox"/> receive or <input type="checkbox"/> expect to receive child support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. | Is any member of the household entitled to child support that is not receiving it? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. | Does any member of the household <input type="checkbox"/> receive or <input type="checkbox"/> expect to or receive alimony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. | Does any member of the household expect to receive <input type="checkbox"/> Pension, <input type="checkbox"/> Annuity, <input type="checkbox"/> Social Security, <input type="checkbox"/> SSI benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. | Does any member of the household receive regular cash contributions from individuals not living within the household? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. | Is any member of the household self-employed? If so who? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. | Does any member of the household receive net payments for personal property or employment (example: babysitting / housekeeping / meals / etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. | Does any member of your household expect to receive a lump sum payment for a delayed start or periodic payment other than supplemental social security income?
If so, What? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. | Does any member of your household expect to receive payments in lieu of earnings such as <input type="checkbox"/> unemployment <input type="checkbox"/> worker's compensation or <input type="checkbox"/> disability compensation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

By your signature below, you certify that you have truthfully and to the best of your knowledge filled all applicable information and revealed all assets currently held or previously disposed of and that you have no assets other than those listed in this application.

By you signature below, you also declare and affirm under the penalties of perjury that the claim (petition, application, and information provided) has been examined and to the best of your knowledge and belief; and that all information provided in this application are true and correct and that any false or omitted information are punishable under Federal Law and grounds for eviction.

Signature of Head of Household _____
 Print Name: _____

 Date

Signature of Spouse Co-Tenant Other Adult _____
 Print Name: _____

 Date

Signature of Spouse Co-Tenant Other Adult _____
 Print Name: _____

 Date

Signature of Spouse Co-Tenant Other Adult _____
 Print Name: _____

 Date

The approval of this application is contingent upon your income certification, landlord verification, back ground check and credit check.

Section 1001 of Title 18 of the US Code states that a person is guilty of a felony for knowingly willing making false or fraudulent statements to any department of the United States Government.



Santee-Lynches Affordable Housing & Community Development Corp.



255 Broad Street, Sumter, SC 29150 (office): 803-436-0020 (fax): 803-436-0003 (email): SLCDC@ftc-i.net (website): www.SLCDC.net

Santee-Lynches CDC - 255 Broad Street, Sumter, SC 29150 - 803-436-0020

Information Release Form For Housing Eligibility

Privacy Act Notice Statement:

The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in an Affordable Housing Program and the amount of assistance necessary using the State and/or Federal funds. This information will be used to establish the level of benefit in regards to the Affordable Housing Program(s); to protect the Government's financial interest and to verify the accuracy of the information furnished. It may be released to appropriate, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of the applicant(s) eligibility and/or approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Purpose:

Your signature on this Release Form, and the signatures of each member of your household who are (18) Eighteen years of age or older, authorizes Santee-Lynches Affordable Housing & Community Development Corporation to obtain information from a third party relative to your eligibility and continued participation in the following federally funded programs:

- HOME
- LIHTC
- NSP
- Other: _____

I acknowledge the following:

- (1) A photocopy of this form is as valid as the original
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with Santee-Lynches Affordable Housing & CDC in the process of certification of eligibility and annual recertification.

Instructions:

Each adult member of the household must sign this release form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members when they join the household or whenever a member of the household becomes 18 years of age.

Authorization:

I/We authorize Santee-Lynches Affordable Housing & CDC and HUD to obtain information about myself and my household members that is pertinent to the eligibility for the participation in the Affordable Housing Program(s). Inquiries may be made about the following below.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Income (all sources) | <input type="checkbox"/> Child Care Expenses | <u>Dependent Deduction(s) :</u> | |
| <input type="checkbox"/> Assets (all sources) | <input type="checkbox"/> Child Support Payment History | | <input type="checkbox"/> Full Time Student |
| <input type="checkbox"/> Other Earned Income | <input type="checkbox"/> Handicap Assistance Expenses | | <input type="checkbox"/> Handicap / Disabled Family member |
| | | <input type="checkbox"/> Minor Children | |

- Landlord Verification
- Criminal Background Check
- Credit Check

Signature _____ Date _____
 Print Name: _____

Signature _____ Date _____
 Print Name: _____

Signature _____ Date _____
 Print Name: _____

Signature _____ Date _____
 Print Name: _____