

Application & Recertification Packet for Single Family Rental Homes & Hilldale Springs Townhomes

Muskogee County Community Action Foundation, Inc. (MCCAF) owns and operates affordable housing in Muskogee County. The properties are subject to rules and regulations established by the U.S. Housing & Urban Development (HUD), the Oklahoma Housing Finance Agency (OHFA) and the Internal Revenue Service (IRS).

Completed applications should be placed into the night drop box located at:

Muskogee County Community Action Foundation, Inc.
Hilldale Springs Townhomes-Leasing Office
2400 Hilldale Springs Drive
Muskogee, OK 74403
Phone (918) 686-8004

All questions should be emailed to info@muskogeecountycaf.com

Video tours of available properties are available on our website.

www.muskogeecountycaf.com

Application Checklist

The following items are required with an application packet:

(√) **Place a check mark next to each item that is included with your application packet.**

- _____ *Completed Application Checklist-* This page completed.
- _____ *Completed Pre-application-* Pages 2-4 of this packet have been initialed, signed & dated by the applicant(s).
- _____ *Completed Questionnaire/Application-* Pages 5-14 of this packet is completed in full, signed & dated.
- _____ *HUD/OHFA Forms-* Page 15-20 of this packet completed in full, signed and dated.
- _____ *Application Fee-* A money order in the amount of **\$30 for each adult over age 18. (See Page 4)**
- _____ *Identification-* Each adult must provide a valid driver’s license or photo identification card.
- _____ *Social Security Cards-* Applicants must submit copies of the SS card for all household members.
- _____ *Birth Certificates-* Applicants must submit copies of birth certificates for all household members.
- _____ *Legal Documentation-* Applicants must submit copies of any/all documents related to a divorce, separation or custody agreements for all children in the household.
- _____ *Pay Stubs-* Applicants must submit copies of two (2) months of pay stubs for each employed person.
- _____ *Other Income Verification-* Applicants must provide documentation to verify ALL income received from sources such as self-employment, alimony, child support, pensions, TANF, unemployment benefits, etc.
- _____ *Social Security Income-* Applicants must submit copies of award letters for all household members.
- _____ *Bank Statements-* Applicants must submit two consecutive months of bank statements for ALL bank accounts.
- _____ *Non- Traditional Cash Accounts (examples: Pay Card, Cash App, Pay Pal, Venmo)-* Applicants must submit two consecutive months of nontraditional cash account statements for ALL cash app type accounts.
- _____ *NA* *Other-* Additional information may be required based on the information submitted with your application.

Completed applications should be submitted by appointment only or anytime into the night drop box located at:

Hilldale Springs Townhomes/MCCAF, Inc.
Leasing Office
2400 Hilldale Springs Drive
Muskogee, OK 74403
Phone (918) 686-8004

All questions should be emailed to info@muskogeecountycaf.com



Housing Program Application Requirements

Income Guidelines for Rental Housing-

- *Individual Addresses:* Each individual house or townhome is subject to a specified income guidelines as specified by the HUD regulations. The rental houses & townhomes are restricted to those families having low to moderate incomes. Annual household income **must be at or below the maximum to be considered.**
- *Income guidelines:* are subject to change by HUD and are updated annually. In the event of a typographical error on this application or the website, the HUD regulations will always be followed.
- *Muskogee County, for the **single family homes** the maximum allowable incomes (by household size) are as follows:*

# in Household	2	3	4	5	6
30% limit (NHTF)	\$19,720	\$24,860	\$30,000	NA	NA
60 % limit	\$32,880	\$37,020	\$41,100	\$44,400	\$47,700
80 % limit	\$43,850	\$49,350	\$54,800	\$59,200	\$63,600

- *Muskogee County, for **Hilldale Springs Townhomes** the maximum allowable incomes (by household size) are as follows:*

# in Household	1	2	3	4	5	6
50 % limit	\$24,000	\$27,400	\$30,850	\$34,250	\$37,000	\$39,750
60 % limit	\$28,800	\$32,880	\$37,020	\$41,100	\$44,400	\$47,700

General Information:

- *Rent Rate-* MCCAFA complies with the HUD approved rental rates and utility allowances. The rent currently ranges from **\$400-\$800** (subject to periodic change without notice) depending on the type of utilities at each home.
 - *Annual Adjustment to rent-*The utility allowance and rent may be adjusted annually via the HUD regulations.
 - *Section 8-*We accept Section 8 vouchers. However, having a voucher does **NOT** guarantee approval.
- *Home Sizes-* MCCAFA provides single family 2 & 3-bedroom homes with either a 1, 1 1/2, 1 3/4 or 2 bathroom layout.
- *Security Deposit-* All homes have a **\$500 security deposit** that is required prior to lease execution.
- *Garages-*Most (but not all) of our homes offer an attached garage.
- *Appliances-* MCCAFA provides the refrigerator, stove, and washer/dryer hook ups.
- *House Tenants Lawn Care-* Tenants are responsible for their own lawn maintenance. Lawn equipment is NOT provided.
- *Utilities-*
 - *Single Family House-*The tenant is responsible for paying **all** the utilities and utility deposits. Those utilities include gas, electricity, water, sewer, and trash.
 - *Townhomes-* The tenant is responsible for paying for electricity and electricity deposit.
- *Pets-* Pets are only allowed with an approved pet addendum and the \$250 per pet deposit. (Refer to addendum for details)
- *HUD & OHFA Regulations-* The rental homes are regulated by the HUD HOME & HUD Low Income Housing Tax Credit (LIHTC) programs and monitored/inspected by the Oklahoma Housing Finance Agency (OHFA).
 - *Eligibility-* All applicants must meet HUD HOME or HUD LIHTC program eligibility guidelines.
 - *No Exceptions-* MCCAFA does **NOT** have the ability to make exceptions to HUD guidelines.
 - *Annual Household Recertification's-*All applicants must complete the annual recertification process. Failure to comply with recertification could result in ineligibility and lease termination.



- *Student Status*- Certain students are excluded from participating **independently** in the HUD housing programs.
- *Routine Home Inspections*- Homes will be inspected periodically by MCCAFA staff.
- *Occupancy Standards*-
 - NO more than two (2) persons per bedroom
 - NO more than two (2) adults per home
 - NO more than six (6) persons per home
 - NO less than two (2) persons may occupy a single-family house unless the household qualifies as elderly (age 55 or older) or disabled under HUD regulations or guidelines.
 - Unborn children **ARE** included for determining household size and occupancy requirements.

The Application Process-

- 1. Application**- The first step is to complete this application in its entirety.
 - *Timeline*- The timeline for the application approval and leasing process can vary from 10-15 business days. The timeline is dependent upon how quickly the information provided on your application can be verified.
- 2. Application Fee for new applicants versus recertifications-**
 - **For new applications a \$30 money order is required for EACH adult (over age 18) in the household.**
 - This fee covers the cost of the background check, credit check, employment and rental history verification.
 - This fee is **non-refundable**.
 - Any application submitted **without** the application fee is considered incomplete and will be denied.
 - If you are a **current tenant** of Hilldale Springs and you are recertifying at Hilldale Springs, you are not required to submit a new application fee. (Certain exceptions will apply)
 - If you are a **current tenant** of MCCAFA and you are recertifying for a MCCAFA home, you are not required to submit a new application fee. (Certain exceptions will apply)
- 3. Supporting Documents**- The following documents are required for the application:
 - *Identification*- Each adult must provide a valid driver's license or photo identification card.
 - *Social Security Cards*- Applicants must submit copies of the SS card for all household members.
 - *Birth Certificates*- Applicants must submit copies of birth certificates for all household members.
 - *Legal Documentation*- Applicants must submit copies of any/all documents related to a divorce, separation or custody agreements for all children in the household.
 - *Pay Stubs*- Applicants must submit copies of two (2) months of pay stubs for each employed person.
 - *Social Security Income*- Applicants must submit copies of award letters for all household members.
 - *Bank Statements*- Applicants must submit two consecutive months of bank statements for ALL bank accounts.
 - *Non- Traditional Cash Accounts (examples: Pay Card, Cash App, Pay Pal, Venmo)*- Applicants must provide statements for two consecutive months.
 - *Other*- Additional information may be required based on the information submitted with your application.
- 4. Application Requirements-**
 - *Rental History*-
 - Applicants must **NOT** have adverse rental history such as evictions, a history of property damage or other lease or landlord/tenant act violations. All applicants will be verified through public court records including www.odcr.com and www.oscn.net. Failure to disclose previous adverse rental history will result in automatic denial of the application.
 - *Credit Score* –
 - Applicants must have a favorable credit history. MCCAFA will perform a formal credit check through “The Renting Authority, Inc.” via Trans Union Credit Bureau or alternate source.
 - Applicants Credit score **must be at or above 550**.
 - NO unpaid collection items for any of the following: rent or utilities (Utilities includes water, gas, electricity, cable/satellite television, cell phone or internet services.)
 - NO more than 3 unpaid collection items
 - Applicants combined credit payments must be less than net income.
 - NO undischarged bankruptcies

- *Income Requirement (see next page):*
 - Applicant’s total monthly household income **must be at least two (2)** times the monthly rent but not in excess of the maximum amount listed on page 2 (Some items and amounts such as SNAP benefits count towards the minimum but not for the maximum limits.)
- *Current Job Stability-*
 - Applicants (not receiving disability income for themselves or their dependents) are required to have a minimum of **two (2) years’ experience** with their current or previous employer(s).
- *Income Verification-* Applicants must provide documentation to verify ALL income received from sources such as employment, alimony, child support, pensions, social security, etc.
- *Criminal History-* MCCAFA follows all HUD regulations related to criminal history and housing applicants. A background check is performed on all applicants over age 18.

MCCAFA/Hilldale Springs Compliance:

- *Fair Housing-*Under the Equal Housing Disclosure of the Fair Housing Act, MCCAFA does **NOT** discriminate against a person on the basis of race, color, sex, handicap, national origin, religion, or familial status.
- *Equal Opportunity-*MCCAFA is an Equal Opportunity provider and employer.
- *VAWA-* MCCAFA complies with the Violence Against Women Reauthorization Act of 2013.

Applicant Acknowledgement:

- As the Applicant, I acknowledge my application **WILL BE DENIED** for the following reasons:
 - Unpaid application fee(s).
 - Incomplete or unsigned rental application.
 - False or unverifiable employment or income verification.
 - Failure to meet household income requirement.
 - Unfavorable credit reports as detailed above.
 - Unfavorable rental history or references.
 - Prior evictions
 - Expressing hostility, abusive behavior and/or abusive language toward MCCAFA/Hilldale Springs staff during the application or leasing process.
- As the Applicant, I acknowledge that:
 - Any misrepresentation or falsification of information on my application will be considered a material breach of the lease agreement.
 - The penalties of misrepresentation include the termination of the lease agreement and eviction.
 - I must have an approved application prior to signing a lease.
 - I must meet all qualification standards.
 - My application fee is non-refundable.

I have read the pre-application in full, and I understand the terms of the application process.

Applicant’s Signature: _____ Date: _____

Co-Applicant’s Signature: _____ Date: _____

Co-Applicant’s Signature: _____ Date: _____

Please list your requested lease start date: _____ I am applying for a (circle one) *townhome* *single-family home*

If you are interested in a particular house, please list address here: _____

If you are interested in a particular school district, please list school here: _____



TENANT CERTIFICATION QUESTIONNAIRE/APPLICATION

NOTE TO TENANT: In order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal Affordable Housing Program. *Providing false information may result in loss of your housing.*

Tenant Name:		Home Telephone Number: ()
Current Address:	Alternate Phone: ()	Email Address:

HOUSEHOLD COMPOSITION

Please read each question carefully, answer each question completely and be prepared to verify items checked "yes".

List yourself and anyone who will live with you *within the next 12 months*. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

Please list household members starting with Head of household on line 1, then in order of oldest to youngest.

	Last Name, First Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Status:		
						Full Time	Part Time	N/A
1		Head						
2								
3								
4								
5								
6								

1.) Do you anticipate any changes in the size of your household *within the next 12 months*? (O-04) Yes No
(Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)
If yes, please describe any changes here: _____

2.) Will anyone under age 18 listed above live in the unit *less than* 50% of the next 12 months? N/A Yes No
(O-04)
If yes, please explain here: _____

3.) Does any member in your household have a disability and require a live-in care attendant? (O-01) Yes No

4.) Is any adult member of your household separated, but not divorced? (O-07) Yes No

5.) Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance? Yes No

6.) Do you currently have any pets within your home? Yes No
If yes, please describe type of pet(s) including breed & weight here _____

7.) Do you anticipate any new pet(s) within the home within the next 12 months? Yes No
If yes, please describe type of pet including bree & weight here: _____
If yes, when do you expect the pet in the home (date) _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

STUDENT ELIGIBILITY QUESTIONS

- 6.) Are ALL members of your household full-time students? (S-03)
7.) Will ALL members of your household be full-time students during any 5 months of this year? (S-03)
8.) Will ALL members of your household be full-time students during any 5 months of next year? (S-03)
9.) Is ANY ADULT member of your household a part- or full-time student in an institute of higher education? (S-01)

If yes, who is enrolled? Which school are they enrolled in?
How do they pay for their education? What is the cost of tuition per semester? \$

- 10.) Does ANY ADULT member of your household intend to become a student within the next 12 months? (S-03)
If yes, who will be enrolling in school?
If yes, will they be enrolling as a full-time or part-time student?

ALIMONY / CHILD SUPPORT INFORMATION

- 11.) Has any member of your household ever been COURT ORDERED to receive Child Support or Alimony payments, even if no child support or alimony is being received? (I-07a, O-09a, O-09b) (Case id #)

Please list child(rens) name(s) here:
IF "NO", SKIP TO QUESTION 12

- a.) Applicants Name at time of court order: Payment Amount: \$ per
b.) Name of person(s) paying support / alimony:

Are the FULL court-ordered amount(s) being received?
If "NO", are you making efforts to collect the amounts due?

If "YES", please explain the efforts you're making here:

- 12.) Does any member of your household receive Child Support or Alimony payments that are NOT COURT ORDERED?
(This includes help for children for clothes, groceries, etc.)

IF "NO", SKIP TO NEXT SECTION

- a.) Payment Amount: \$ per
b.) Name of person(s) paying support / alimony:
Phone: for child:
Phone: for child:



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	13.) Is any member of the household employed?	
(I-01)		Job 1.) Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
		Job 2.) Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
		<input type="checkbox"/> Check if there are any additional jobs in the household (attach a separate sheet with contact information)	
<input type="checkbox"/>	<input type="checkbox"/>	14.) Are any household members self-employed?	
(I-02 & 1040C)		Who is self-employed? _____ What type of work does this person do? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	15.) Are any adult members of your household unemployed?	
(I-10)		Which adult members are unemployed? _____	
<input type="checkbox"/>	<input type="checkbox"/>	16.) Does any household member receive pay from the military?	
(I-03)		Who is paid by the military? _____ Which branch of the military? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	17.) Does any household member receive any payments from the Social Security Administration? Which type: <input type="checkbox"/>SS <input type="checkbox"/>SSI <input type="checkbox"/>Other	
(I-04)		Who receives payments from the Social Security Office? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	18.) Does any household member receive severance pay or worker's compensation?	
(I-09)		Who is receiving severance pay or worker's compensation? _____ What company pays them? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	19.) Is any household member unemployed and receiving payments from an unemployment agency?	
(I-05 & I-10)		Who is receiving unemployment benefits? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	20.) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.)	
(I-06)		Who is receiving TANF or AFDC benefits? _____	AMT \$ _____ PER _____



INCOME INFORMATION CONTINUED

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	21.) Does any household member receive periodic payments from a pension, annuity or retirement benefit account? Please check one: <input type="checkbox"/> Pension (I-11) <input type="checkbox"/> Annuity (I-12) <input type="checkbox"/> Other Retirement (I-08)	
(I-12)		Who receives these benefits? _____	AMT \$ _____ PER _____
		What company pays this person? _____	
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	22.) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries?	
(I-09)		What is the name of the person that pays you? _____	AMT \$ _____ PER _____
		What is their address? _____	
		Phone number? _____	
<input type="checkbox"/>	<input type="checkbox"/>	23.) Is there any other source of income we haven't already asked about above that you receive? Please Describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	24.) Does your household expect any changes in their income <i>within the next 12 months</i>? Please Describe: _____	AMT \$ _____ PER _____
(O-04)			
<input type="checkbox"/>	<input type="checkbox"/>	25.) Does your household receive long-term care insurance payments, <i>in excess of \$180 per day</i>, for a family member residing in a long-term care facility?	
(I-09)		Which household member is in a long-term facility? _____	AMT \$ _____ PER _____
		Which household member are the payments made to? _____	
		What company pays this person? _____	
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	26.) Do any adult members of your household have zero income? Which adult members have zero income? _____	
(I-13)			
<input type="checkbox"/>	<input type="checkbox"/>	26 A.) Does any household member receive SNAP Benefits (Food Stamps)	
(I-06)		Who is receiving SNAP benefits? _____	AMT \$ _____ PER _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

27.) Does any household member have a Checking, Savings, CD, Money Market account, Bank/Pay Card, or Phone Cash App (i.e. Cash App, Pay Pal, Venmo)?

(A-01)

Bank 1.) Bank Name: _____ Name(s) on Account: _____

Account Type: Checking Savings CD Money Market Bank/Pay Card Phone Cash App

Bank 2.) Bank Name: _____ Name(s) on Account: _____

Account Type: Checking Savings CD Money Market Bank/Pay Card Phone Cash App

Bank 3.) Bank Name: _____ Name(s) on Account: _____

Account Type: Checking Savings CD Money Market Bank/Pay Card Phone Cash App

Bank 4.) Bank Name: _____ Name(s) on Account: _____

Account Type: Checking Savings CD Money Market Bank/Pay Card Phone Cash App

Check if there are additional accounts of these types belonging to the household.

(attach a separate sheet with the bank name, account type and name(s) on the account)

28.) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy (life insurance that you can make withdrawals from even if there isn't a death. We do not count TERM insurance)?

(A-02)

Institution Name: _____ Name(s) on Account: _____

Contact Phone: _____ Account Type: Stocks Bonds Mutual Funds Whole Life Insurance

29.) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?

(A-03)

Institution Name: _____ Name(s) on Account: _____

Contact Phone: _____ Account Type: IRA Keogh 401K Other: _____

30.) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K or Annuity accounts)?

(A-06)

Institution Name: _____ Name(s) on Account: _____

Contact/Phone: _____ Account Type: _____

31.) Does any household member own any Real Estate? (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by deed of trust or Contracts for Deed)

(A-04)

Property Owner(s): _____ Type of Property: _____

What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)

Contact: _____ Phone: _____

32.) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (Examples include: coin or stamp collections, antique cars, jewelry, etc.)

(O-04)

Property Type: _____ Estimated Cash Value: \$ _____

33.) Does any household member have a Trust Account or receive payments from a Trust Account?

(O-07)

Institution Name: _____ Name(s) on Account: _____

Is this account a Revocable or Non-Revocable Trust Account? _____

34.) Does any household member have any Treasury Bills or Government Savings Bonds? (www.savingsbonds.gov)

Which household member: _____

Series: _____ Face Value: \$ _____ Serial Number: _____ Issue Date: _____

35.) Does any household member have cash on hand or cash in safe deposit boxes?

Which household member? _____ What amount is kept on hand? \$ _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION (CONTINUED)

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

36.) Does any household member have any accounts or assets that were not described above? (Please **DO NOT** include personal use vehicles, furniture, clothing, etc.)
What type of account or asset is this? _____
What is the estimated value of this asset if you were to sell it today? \$ _____

37.) In the past two years, has any household member given away any asset(s) for less than they were worth? (Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)
What was the estimated value of this asset? \$ _____
(O-04)

RENTAL HISTORY

Please detail personal rental history-

38.) Current Landlord: _____ Move in date: (Month) _____ (Year) _____
Address: _____ City: _____ State: _____ Zip Code: _____
Manager: _____ Landlord Phone: _____ Rent Amount: _____
Reason for Moving: _____

Complete if less than three (3) years of rental history listed above:

39.) Previous Landlord: _____
Move in Date: (Month) _____ (Year) _____ Move out date: (Month) _____ (Year) _____
Address: _____ City: _____ State: _____ Zip Code: _____
Manager: _____ Landlord Phone: _____ Rent Amount: _____
Reason for Moving: _____

(If needed, use the back of this sheet to list additional rental history for the required three (3) year period.)

40.) Are you now or have you ever been evicted? Yes No
Please explain: _____

41.) Are you **currently** being sued for rent or damages to rental property? Yes No
Please explain: _____



42.) Have you been sued in the **past** for rent or damages to rental property? Yes No

Please explain: _____

43.) Are you now or have you ever broken a rental contract or lease agreement? Yes No

Please explain: _____

44.) Do you currently have any past due rental or utility (gas, electric, water, etc.) payments to your current landlord or utility provider? Yes No

Please explain: _____

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

SECTION 8 RENTAL ASSISTANCE

45.) Are you currently on rental assistance? Yes No

If Yes, which housing authority (circle one) ? OHFA Muskogee Housing Fort Gibson Housing Other

46.) If you are NOT on housing assistance, have you applied for housing assistance? Yes No

If so, through which housing authority? OHFA Muskogee Housing Fort Gibson Housing Other

EMERGENCY CONTACTS

You must list 3 emergency contact persons

48) Name	Relationship to you	Street Address	City, State, Zip	Cell Phone #	Work Phone #

VEHICLE INFORMATION

All vehicles that you are planning to keep onsite at the rental unit must be operational and listed below.

47.) Tag Number	State of Tag	Vehicle Make	Vehicle Model	Year of Vehicle	Color of Vehicle



Please read each question carefully, answer each question completely.

EMPLOYMENT HISTORY

Head of Household:

49.) Current Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Supervisor: _____ Phone: _____ Pay Interval (circle one): Weekly Bi-Weekly Semi-Monthly Monthly

Hourly Rate: _____ Hours Per Week: _____ Annual Salary Rate: _____ Start Date: _____

50.) Previous Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Supervisor: _____ Phone: _____ Pay Interval (circle one): Weekly Bi-Weekly Semi-Monthly Monthly

Hourly Rate: _____ Hours Per Week: _____ Annual Salary Rate: _____ Start Date: _____ End Date: _____

Other Adult Member of Household Age 18 year or over:

51.) Current Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Supervisor: _____ Phone: _____ Pay Interval (circle one): Weekly Bi-Weekly Semi-Monthly Monthly

Hourly Rate: _____ Hours Per Week: _____ Annual Salary Rate: _____ Start Date: _____

52.) Previous Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Supervisor: _____ Phone: _____ Pay Interval (circle one): Weekly Bi-Weekly Semi-Monthly Monthly

Hourly Rate: _____ Hours Per Week: _____ Annual Salary Rate: _____ Start Date: _____ End Date: _____







HOUSEHOLD CERTIFICATION

I understand that the information provided on this questionnaire will be used to determine my eligibility for Section 42 compliant properties. Under penalties of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility in the IRS Section 42 Tax Credit or HUD HOME housing program.

CERTIFICATION: All household members who are 18 years of age must sign below.

 _____  _____
Head of Household Date

 _____  _____
Co-Head of Household Date

Other Adult Member Date

Other Adult Member Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion or National Origin.

All questions should be emailed to info@muskogeecountycaf.com

www.muskogeecountycaf.com



CHILD SUPPORT / ALIMONY VERIFICATION

Unit # _____

Has applicant / resident ever been awarded court-ordered child support or alimony?

PLEASE CIRCLE ANSWER BELOW:

CHILD SUPPORT: YES OR NO

ALIMONY: YES OR NO



If yes to either question above, please obtain a copy of the order / decree.

CHILD SUPPORT:

I do hereby swear and affirm that: I **DO NOT RECEIVE** (but legal attempts to collect have been made) / **DO RECEIVE** (circle one) \$_____per month child support for the support of my children whose names are:



NOTE: If the resident/applicant states that child support is not being received although court ordered, it is necessary that you verify through a third party source (District Attorney's office, Lawyer, Child Support Enforcement Unit) that the child support is not being received and that all legal attempts have been made to collect amounts due.

ALIMONY:

I do hereby swear and affirm that: I **DO NOT RECEIVE** / **DO RECEIVE** (circle one) \$_____per month in Alimony payments from:

I understand that all statements concerning child support and alimony must be verified to properly process my/our application and determine eligibility. I have no objection to inquiry being made for the purpose of verification.

Signature of Applicant/Resident

Date



Printed Name of Applicant/Resident



WARNING: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States at to any matter within its jurisdiction.



HOME Program Eligibility Release Form

Organization requesting release of information (PJ name, address, telephone, and date)

Information Covered: Inquiries may be made about items initialed by applicant/tenant.

Purpose: Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

- HOME TBRA Program
- HOME Homebuyer Program
- HOME Rental Rehabilitation Program
- HOME Homeowner Rehabilitation Program

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 a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, 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 your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME Program Eligibility 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 whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction ____ Full-Time Student ____ Handicap/Disabled ____ Family Member ____ Minor Children		



Authorization: I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (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 the owner in this process.



Head of Household—Signature, Printed Name, and Date:
Family Member HEAD

X



Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #2

X

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #3

X


Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #4

X




STUDENT STATUS AFFIDAVIT
FOR HOME UNITS

HOME requires this student question to be asked for ALL activities.

 Household Name: _____
Address/Unit #: _____


The HOME student rule excludes certain students from participating independently in the HOME program.



Answer Yes or No	Yes	No
Is any occupant attending an institution of higher education?		


If the answer above is YES, please answer the following; one exception must be met.

Name of household member attending institution: _____



Answer Yes or No	Yes	No
Are you over the age of 23?		
Are you a veteran of the US military?		
Are you married? (Same sex marriage should be recognized)		
Do you have dependent children?		
Do you have disabilities? (Were you receiving Section 8 assistance as of 11/30/05)		
Will you reside with and are a dependent of a household member in this unit? (If this is the only exception being met, PLEASE contact OHFA HOME compliance before allowing.)		
An orphan or ward of the court?		

Under penalties of perjury, I certify the above information is true and correct as of this date. I understand that I must notify management if the above circumstances change.

 _____
Signature of Applicant/Resident

 _____
Date

Warning: Section 1001 of the Title 18 U. S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

Revised October 2021



PUBLIC ASSISTANCE VERIFICATION



Client SSN

Address City State Zip

The person referenced above is a participant in a project funded by the HOME Investment Partnerships Program. The U.S. Department of Housing and Urban Development (HUD) requires that we verify the income of program participants. Please complete all the information below. Thank you for your assistance.

By signing below I authorize the release of this information.



Signature of Client Date



DHS
Use
Only

<u>Benefits:</u>	<u>Date Began</u>	<u>Date Ended</u>
Amount of assistance received monthly: \$ _____	_____	_____
Amount of child support received monthly: \$ _____	_____	_____
Other income in household (list): _____ \$ _____	_____	_____

Names of household members:

I certify that this information is accurate.

DHS
Use
Only

Signature Name (print)

Title Date


Agency Telephone Number

Address City State Zip

WARNING: *Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.*



TENANT RELEASE AND CONSENT

 I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to, for purposes of verifying information on my/our apartment rental (owner or agent) application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED




The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|--|----------------------------------|--|
| Past and Present Employers | Welfare Agencies | Veterans Administration |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies | Retirement Systems |
| Support and Alimony Providers | Social Security Administration | Banks and other Financial Institutions |
| | Medical and Child Care Providers | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

 _____ Applicant/Resident	_____ (Print Name)	_____ Date
 _____ Co-Applicant/Resident	_____ (Print Name)	_____ Date
 _____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.



09/14/23 12:10PM



OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Oklahoma Child Support State Office Building

No. 3302 P. 2/2



Child Support
Services

Ink only

Please check if emergency.
Reason: _____

Housing Verification Cover Sheet

Please fax to (405) 522-8727. Please allow at least 3 business days for the completed verification.

Name of Complex Requesting Information and FAX#:

Muskogee County Community Action Foundation, Inc./Hilldale Springs Townhomes
Fax (918) 686-0435 Phone (918) 686-8004 info@muskogee-countycaf.com

Applicant Information

SS# - -

DOB: / /

Last name:

First Name:

Middle Initial:

Below please make sure to list ALL children on the lease.

- | | | | |
|---|-------|----|-------|
| 1 | _____ | 7 | _____ |
| 2 | _____ | 8 | _____ |
| 3 | _____ | 9 | _____ |
| 4 | _____ | 10 | _____ |
| 5 | _____ | 11 | _____ |
| 6 | _____ | 12 | _____ |

Please attach Consent form to cover sheet with exact complex name & fax# to be returned.

Tendant Signature for release of payment records. _____

DO NOT FAX REQUESTS MORE THAN TWICE; CALL (405) 522-5871 IF NOT RECEIVED.

