

# Pre-Application 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).

## 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.
- Applicants must have a favorable credit history. MCCAF will perform a formal credit check through “AppFolio, Inc through Experian.
- 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
- 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 below.
- Applicants must NOT have any adverse rental history such as evictions, a history of property damage or other lease or landlord/tenant act violations.
- Criminal History – MCCAF follows all HUD regulations related to criminal history and housing applicants in conjunction with our approved tenant selection plan. A background check is performed on all applicants over age 18.
- *Muskogee County*, for the **single family homes** the **maximum** allowable incomes (by household size) are as follows:

### Single Family Housing Guidelines:

*Muskogee County*, for **Single Family Homes** the **maximum** allowable incomes (by household size) are as follows:

# in Household	2	3	4	5	6
30% limit (NHTF)	\$20,150	\$22,650	\$25,150	NA	NA
60 % limit	\$34,800	\$39,120	\$43,440	\$46,920	\$50,400
80 % limit	\$46,350	\$52,150	\$57,900	\$62,550	\$67,200

### Hilldale Springs Townhomes Guidelines:

*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	\$25,350	\$29,000	\$32,600	\$36,200	\$39,100	\$42,000
60 % limit	\$30,420	\$34,800	\$39,120	\$43,440	\$46,920	\$50,400

**Please visit our website for additional qualification guidelines. [www.muskogee-countycaaf.com](http://www.muskogee-countycaaf.com)**



**APPLICANT CHECKLIST**

The following items are required with a pre-application packet:

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

\_\_\_\_\_ Completed Pre-Application Checklist & Questionnaire/Application - This page completed.

\_\_\_\_\_ Completed - Pages 3-5 of this packet is completed in full, signed & dated.

\_\_\_\_\_ 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.

\_\_\_\_\_ Application Fee- A money order in the amount of **\$20 for each adult over age 18.** Application Fee is NON-Refundable.

**Completed pre-applications should be submitted by appointment only or anytime into the night drop box located at: Hilldale Springs Townhomes/MCCAF, Inc. - 2400 Hilldale Springs Drive, Muskogee, OK 74403 - Phone (918) 686-8004**

**APPLICANT QUESTIONNAIRE**

**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 the loss of your housing. All adults over age 18 must complete their own application.*

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”.

**Are you applying for a (circle one) a Townhome or Single Family Home?**

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.

1	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		Child M or F						
3		Child M or F						
4		Child M or F						
5		Child M or F						
6		Child M or F						



**HOW DID YOU FIND OUT ABOUT US?**

How did you find out about the rental properties offered by MCCAFA & Hilldale Springs? (Please circle one)

\_\_\_\_\_ You Tube Video Ad \_\_\_\_\_ Facebook Post or Video AD \_\_\_\_\_ The Housing Authority/Section 8 Program  
\_\_\_\_\_ Flyer \_\_\_\_\_ OHFA Website \_\_\_\_\_ Friend \_\_\_\_\_ Current Tenant \_\_\_\_\_ Yard Sign

**If you were referred by a current tenant, please provide their contact information:**





Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**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-Applicant** \_\_\_\_\_ **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 about the application process should be emailed to:**

[info@muskogeecountycaf.com](mailto:info@muskogeecountycaf.com)

**All information about the available units and program requirements can be found at:**

[www.muskogeecountycaf.com](http://www.muskogeecountycaf.com)



# 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 #1

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



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

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