



DELTA COMMUNITY ACTION FOUNDATION, INC.

308 SW 2nd Street
Lindsay, OK 73052
Tel: (405) 756-1100 Fax: (405) 756-1104

Karen Nichols
Executive Director

Dear Applicant,

Delta Community Action Foundation, Inc. would like to thank you for your interest in renting one of our apartments. You can contact Jackie at 405-641-9814 if you are not sure if your income qualifies. Please read the enclosed information packet carefully. This will help you in completing the application and help you get the listed documentation need to rent one of our apartments.

Once you have completed the application, please fax the application and documents listed below to (405) 238-4867 or mail to Delta Community Action Foundation, Inc., 308 S.W. 2nd Street, Lindsay, OK 73052. Upon reviewal of application and background check, you will be contacted by phone or mail.

Documents to be attached with application:

1. Two (2) forms of identification (Driver's License, Picture ID & Social Security Cards for all family members)
2. Three (3) months of current bank statements or savings accounts
3. Copies of all household income for the past three (3) months (including anyone over the age of 19 that is working full time)
4. Any award letters for food stamps, SS, SSI, unemployment benefits, AFDC
5. The last two (2) years of W-2's and tax returns

Any person who knowingly and with intent to defraud the government, files an application for this program containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, will not be approved.

If you require assistance in the completion of the application, please feel free to contact the Delta Community Action Foundation, Inc. office at (405) 756-1100.

Sincerely,

Jackie Perry
Housing Program Director



PLEASANT VIEW APARTMENTS

**202 Larry Lane
Pauls Valley, OK 73075
405-207-9474**

| Office Use Only | |
|---------------------|--|
| Date of Application | |
| Time of Application | |
| Size Unit Desired | |
| Agent | |

Application for Rental Housing

Complete this application with all pertinent details. The information requested provides the basis for our selection of the best neighbors for you and all residents. If accepted as a resident, this application will become part of your permanent file. **Do not use N/A. Please print in ink.**

Head of Household and Spouse or Co-Applicant

1. Head of household full legal name _____
2. Home Phone _____ Work Phone _____ S.S.N. _____
3. Spouse/Co-Applicant full legal name _____
4. Home Phone _____ Work Phone _____ S.S.N. _____
5. Have you, spouse or co-applicant ever used different names from the names shown above?
Yes _____ No _____. If yes, list the names used and the dates such names were used:

6. Have you, spouse or co-applicant ever been evicted or otherwise removed from rental housing?
Yes _____ No _____. If yes, provide landlord name, address and dates:

7. Has any place where you, your spouse or co-applicant were living been destroyed or damaged by fire?
Yes _____ No _____. If yes, details:

Household Composition

8. List all persons, including yourself, who will reside in the apartment. The number in the left-hand column is the household member number, and, is the number requested in the remaining sections of this application.

| Mem # | Full Name | Relation | Sex | Age | Date of Birth | Occupation/ School | S.S.N. | Drivers License # |
|-------|-----------|----------|-----|-----|---------------|--------------------|--------|-------------------|
| H. | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |

9. Will any of the above household members live anywhere except the apartment?

Yes _____ No _____

If yes, explain: _____

10. Are there any other persons who will live in the apartment on a less than full time basis?

Yes _____ No _____

If yes, explain: _____

11. List all full time, part time, and/or seasonal employment for head, spouse/co-applicant, and other household members age 18 or older, including the self-employed.

| Mem # | Employment | Employer Address, City & State | Employer Phone | Est. Annual Income |
|-------|------------|--------------------------------|----------------|--------------------|
| H. | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

12. Income from other sources. List non-employment income for all household members. This includes interest, dividends, income from rental property, social security, SSI, pensions, public assistance, unemployment compensation, alimony, child support, workers compensation, disability compensation, the portion of educational grants and scholarships allotted for subsistence and all other income.

| Mem # | Type of Income/ Who Pays It | Address of Income Source | Contact Person & Phone # | Est. Annual Income |
|-------|-----------------------------|--------------------------|--------------------------|--------------------|
| H. | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

13. List assets of all household members, including bank accounts, stocks, bonds, credit union shares, land and real estate.

| Mem # | Description of Asset | Estimated Current Value | Est. Annual Income from Assets |
|-------|----------------------|-------------------------|--------------------------------|
| H. | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

14. List names of 3 references, credit and personal.

| Name | Address | Phone Number |
|------|---------|--------------|
| | | |
| | | |
| | | |

Allowances

15. Dependent Deduction: Enter the names of all household members other than head or spouse who are:

| Under age 18 | 18 or older & full-time student | 18 or older & disabled |
|--------------|---------------------------------|------------------------|
| | | |
| | | |

16. (A) Childcare expenses: List amounts you pay for the care of children or foster children in the household under age 13 to permit an adult family member(s) to work or go to school:

\$ _____

(B) List the name of children for whom care is provided: _____

Elderly and Disabled Care/ Expenses

17. List amounts you pay for care or apparatus on behalf of a handicapped/disabled family member to permit an adult family member to work:

\$ _____

If such amounts are claimed, list the name of the disabled family member on whose behalf they are claimed: _____

_____ Medical expenses. Elderly and disabled households qualify for a medical expense deduction. If your household is an elderly or disabled household and you wish to claim this deduction, check here and provide documentation of the medical expenses you pay monthly or anticipate to pay for the current year: \$ _____

All Applicants

18. Does any member of your household receive regular cash contributions from agencies or from individuals not living with you? _____ Yes _____ No;

If yes, explain:

19. Does any member of your household receive income from assets, including interest, dividends, stocks, or bonds? _____ Yes _____ No;

If yes, explain:

20. Have you ever sold or given away any real property or assets in the past 2 years? ____ Yes ____ No
If yes, explain: _____
21. Does any member of your household attend a school of higher education full time/part time?
____ Yes ____ No; If yes, explain: _____
22. Does any member of your household receive money from school aid, scholarship or educational grants?
____ Yes ____ No; If yes, explain: _____
23. Do you, or any other member of your household currently use illegal drugs or other illegal controlled substances? ____ Yes ____ No; If yes, explain: _____
24. Have you or any member of your household ever engaged in drug related criminal activity, such as use, possession, distribution, trafficking or manufacture of an illegal drug? ____ Yes ____ No.
If yes, explain circumstances, outcome and present status: _____
25. Have you or any member of your household been involved in criminal activity that poses a threat to the health, safety or welfare of others? ____ Yes ____ No.
If yes, when & where: _____
26. Have you, your spouse or co-applicant ever applied for a government subsidized apartment before?
____ Yes ____ No.
If yes, where: _____
27. Rental history. Enter the information requested for your current address and the most recent prior address. Include places where you were not listed on the lease and places you lived under a different name.

| Application Current Street Address | City, State, and Zip Code | Monthly Rent | Phone # |
|---|---------------------------|---------------------------------|------------------|
| | | | |
| Landlord/Person in charge name and Street Address | City, State, and Zip Code | Applicant Paid Utilities Amount | Landlord Phone # |
| | | | |

Move in date at current address Security deposit paid at current address \$ _____

Do you have an executed lease agreement at the above address? ____ Yes ____ No

| Application Previous Street Address | City, State, and Zip Code | Monthly Rent | Phone # |
|---|---------------------------|---------------------------------|------------------|
| | | | |
| Landlord/Person in charge name and Street Address | City, State, and Zip Code | Applicant Paid Utilities Amount | Landlord Phone # |
| | | | |

Name of household members living with you at previous address: _____

Security deposit paid at previous address \$ _____ Did you receive a full refund? _____ Yes _____ No

Did you fulfill the lease term? _____ Yes _____ No; If no, explain: _____

Move in date at previous address: _____ Move out date at previous address: _____

28. Utility payment history. List the names of all utility companies which you now have, or have had accounts at the most recent previous and current addresses

| Utility Company | Type (Gas, Electric) | Name of Account Holder | Property Address |
|-----------------|----------------------|------------------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

29. Are you subject to a guardianship or Power of Attorney? _____ Yes _____ No
If you answered yes, please provide the appropriate court filing.

Statements by all adult household members. We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application, or, if move-in has occurred, terminate our rental agreement.

We the applicant, certify that the unit that we will be renting will be our household primary residence.

We authorize the property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services and to contact previous and current landlords or other sources for credit verification confirmation which may be released to appropriate federal, state or local agencies.

If our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence and that there are no other persons for whom we have or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

We have read and understand the information in this application, in particular, the information contained in the instructions for Head of Household and we agree to comply with such information.

We have been notified that the Resident Selection Plan which summarizes the procedures for processing applications is posted in the management office.

We understand that if this application is placed on a waiting list, we may request sample copies of the rental agreement and Policies and Guidelines. If this application is approved, and move-in occurs, we certify we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages and security deposits.

We authorize management to obtain one or more “consumer reports” as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, criminal history, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household and all of our income is available for its needs.

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

| | |
|-------------|--|
| Date | Signature of Head of Household |
| | |
| Date | Signature of Spouse or Co-Applicant |
| | |
| Date | Signature of Co-Applicant |
| | |
| Date | Signature of Co-Applicant |
| | |

Acceptance of completed application by management

| | |
|-------------|---|
| Date | Signature of Management Representative |
| | |



This project does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, it's federally assisted program's activities.

