



ECHO Housing Corporation

414 Baker Avenue
Evansville IN 47710

Telephone (812) 423-8422
Fax (812) 423-8108

E-mail address:
ehc414@sbcglobal.net

INSTRUCTIONS FOR APPLICATION FOR OCCUPANCY

FAILURE TO READ AND FOLLOW THESE INSTRUCTIONS COULD RESULT IN THE DELAY OF YOUR APPLICATION PROCESS!

1. Print legibly in ink or type all entries. All items must be answered with either relevant information or “N/A” (not applicable) where you have no information that applies. If you need to make a correction, draw one line through the incorrect information, then print the correct information above the error and initial the change.
2. Provide complete street address and ZIP code for all addresses that are requested. Failure to do so may result in your application being returned for you to complete.
3. Each adult member of the household must initial each page and sign on final page of application.

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

APPLICATION FOR OCCUPANCY

Please complete information for ALL persons who are members of the household.

LAST NAME	FIRST	DOB	RELATIONSHIP	S.S. #
1.			SELF	
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Are there any household members temporarily absent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		

Current address:	Zip:
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Home phone:	()	-	Alternate phone:	()	-
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Marital Status:	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>
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1. Do you have the legal right to enter into a lease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2. Have you ever filed bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		

3. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		

4. Have you ever been evicted from a residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		

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5. Do you own a waterbed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you carry renter's insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you own any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what kind?		
7. Do you have a Section 8 Certificate or Voucher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you live in substandard housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are you being involuntarily displaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you a victim of domestic violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are you living in a homeless shelter or other emergency housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12. Are you a student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-time
Name of School:			Address:		

13. Do you anticipate enrolling in the next 12 months as a student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-time
Name of School:					

COMPLETE THE FOLLOWING IF YOU ARE A FULL-TIME STUDENT

1. Are you married and filing a joint Federal Income Tax Return with your spouse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, attach a copy of your signed Federal Income Tax Return		

2. Are you a single parent with minor child(ren) and neither you nor your minor child(ren) are a dependent of a third party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A signed copy of your Federal Income Tax Return must be attached.		

3. Is your child(ren) claimed as a dependent of a third party for any portion of a year or alternating years on their Federal Tax Return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A signed copy of your Federal Income Tax Return must be attached.		

4. Are you receiving benefits under Title IV of the Social Security Act, which includes but is not limited to AFDC or TANF?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. Are you enrolled in a job training program such as the Job Training Partnership Act or a similar program funded by a state or local government agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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TENANT INCOME CERTIFICATION

Income Information

Yes	No		Monthly Gross Income
<input type="checkbox"/>	<input type="checkbox"/>	I/we am self employed	\$
		List nature of employment:	
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a job and receive wages, salary, overtime pay, fees, tips, bonuses, and/or other compensation.	
		List the name(s) of the employer(s) who pay you:	
			\$
			\$
			\$
<input type="checkbox"/>	<input type="checkbox"/>	I/we 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/we receive unemployment benefits.	\$
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Veteran's Administration, GI Bill or National Guard Military benefits/income.	\$
<input type="checkbox"/>	<input type="checkbox"/>	I/we 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/we receive Supplemental Security Income (SSI).	\$
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive disability or death benefits other than Social Security.	\$
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Public Assistance Income (example: TANF, AFDC).	\$

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TENANT INCOME CERTIFICATION (continued)

Income Information (continued)

Yes	No		Monthly Gross Income
<input type="checkbox"/>	<input type="checkbox"/>	I/we am entitled to receive child support payments.	\$
<input type="checkbox"/>	<input type="checkbox"/>	I/we am currently receiving child support payments.	\$
		If yes, from how many persons do you receive support?	
<input type="checkbox"/>	<input type="checkbox"/>	I/we 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/we receive alimony/spousal maintenance payments.	\$
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pension, insurance policies, or lottery winnings.	
		If yes, list sources:	
		1.	\$
		2.	\$
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive income from real or personal property.	(Use <u>net</u> earned income) \$

Asset Information

Yes	No		Interest Rate	Cash Value
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a checking account(s).		
		If yes, list bank(s):		
		1.	%	\$
		2.	%	\$
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a savings account(s).		
		If yes, list bank(s):		
		1.	%	\$
		2.	%	\$
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a revocable trust(s).		
		If yes, list bank(s):		
		1.	%	\$

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TENANT INCOME CERTIFICATION (continued)

Asset Information (continued)

Yes	No		Monthly Gross Income	
<input type="checkbox"/>	<input type="checkbox"/>	I/we own stocks, bonds, or Treasury Bills		
		If yes, list sources/bank name:		
		1.	%	\$
		2.	%	\$
		3.	%	\$
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a Certificates of Deposit (CD) or Money Marker Account(s).		
		If yes, list sources/bank names:		
		1.	%	\$
		2.	%	\$
<input type="checkbox"/>	<input type="checkbox"/>	I/we have an IRA/Lump Sum Pension/Keogh Account/401 K.		
		If yes, list bank(s):		
		1.	%	\$
		2.	%	\$
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a whole life insurance/policy.		
		If yes, how many policies?		\$
<input type="checkbox"/>	<input type="checkbox"/>	I/we have cash on hand.		\$
<input type="checkbox"/>	<input type="checkbox"/>	I/we 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 item(s) and date disposed:		
		1.		\$
		2.		\$
<input type="checkbox"/>	<input type="checkbox"/>	I/we have income from assets or sources other than those listed above.		
		If yes, list type below:		
		1.	%	\$
		2.	%	\$

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TENANT INCOME CERTIFICATION (continued)

Student Status

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of persons who are <u>ALL</u> full-time students (1 st grade and higher; examples: Elementary, 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?
		If you answered yes to either of the previous questions, are you:
<input type="checkbox"/>	<input type="checkbox"/>	Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)?
<input type="checkbox"/>	<input type="checkbox"/>	Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar programs?
<input type="checkbox"/>	<input type="checkbox"/>	Married and filing a joint tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Single parent with a dependent child or children and neither you nor your child (ren) are dependent of another individual?

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(List landlords for the past 5 years)

1. Current Landlord's name:		Phone:	() -
Landlord's address:		Zip:	
Your address:		Zip:	
Occupied from: (Month/Year)		To: (Month/Year)	
Total monthly rent: \$		Amount YOU pay per month: \$	
What utilities do you pay?			
Reason you wish to move:			

2. Previous Landlord's name:		Phone:	() -
Landlord's address:		Zip:	
Your address:		Zip:	
Occupied from: (Month/Year)		To: (Month/Year)	
Total monthly rent: \$		Amount YOU paid per month: \$	
What utilities do you pay?			
Reason you moved:			

3. Previous Landlord's name:		Phone:	() -
Landlord's address:		Zip:	
Your address:		Zip:	
Occupied from: (Month/Year)		To: (Month/Year)	
Total monthly rent: \$		Amount YOU paid per month: \$	
What utilities do you pay?			
Reason you moved:			

List 3 or 4 references (not related to you): name, address, and phone number

1. Name:	2. Name:
Address:	Address:
City, State, Zip Code:	City, State, Zip Code:
Phone No: () -	Phone No: () -

3. Name:	4. Name:
Address:	Address:
City, State, Zip Code:	City, State, Zip Code:
Phone No: () -	Phone No: () -

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List child care expenses that enable you to work or attend school:

Name of child care provider(s):			
Address:		Phone:	() -
Amount you pay to provider:	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly

List names and ages of child(ren) being cared for:

Name of child:		Age:	
Name of child:		Age:	
Name of child:		Age:	
Name of child:		Age:	
Name of child:		Age:	

Person to contact in case of emergency:

Primary Choice	Secondary Choice
Name:	Name:
Address:	Address:
City, State, Zip Code:	City, State, Zip Code:
Phone No: () -	Phone No: () -
Alternate Phone No: () -	Alternate Phone No: () -
Relationship:	Relationship:

I/We certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to release the information in order to qualify for Section 42 Housing, or other HUD Programs. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We further authorize the disclosure of all information which will verify my/our assets, income, and allowances. I/We understand that applicants must be eligible for such programs as listed above.

Signature: _____

Date: _____

Signature: _____

Date: _____

ALL adults must initial each page: _____

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I/We certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We hereby authorize the ECHO Housing Corporation or its designated agents to obtain and receive all records and information pertaining to my/our eligibility for rental of property through any of its programs, including but not limited to those acquired or rehabbed through the HOME Program, Section 42 Housing, HUD Programs, or FMHA Programs. This authorization includes, but is not limited to, records of employment, income (including IRS returns), Social Security, pensions, credit, residency, and banking information from all persons, companies, government agencies, or firms' holding or having access to such information.

I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us criminal penalties. I/We further understand that applicants **must be eligible** for such programs as listed above.

This authorization hereby gives the ECHO Housing Corporation the right to request all necessary information from any person, company, or firm on any matter referred to above. I/We agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reasons of any statement or information released by them to ECHO Housing Corporation for purposes of the program.

_____ Signature (Head of Household)	_____ Social Security Number (Optional)	_____ Date
_____ Signature (Co-Head of Household)	_____ Social Security Number (Optional)	_____ Date

The term of this release shall commence on the date of signature and be enforced for a period of one year.

_____ Signature of ECHO Housing Corporation Representative	_____ Date
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GOVERNMENT MONITORING INFORMATION

The following information is requested by the Federal Government for certain types of grants/loans in order to monitor agencies' compliance with 24 CFR Part 107.30 regarding Non-discrimination and Equal Opportunity in Housing under Executive Order 11063. You are not required to furnish this information, but are encouraged to do so. ECHO Housing Corporation may neither discriminate on the basis of this information, nor on whether you choose to furnish the information. However, if you choose not to furnish the information, under Federal regulations ECHO Housing Corporation is required to note race and sex on the basis of visual observation.

APPLICANT	
<input type="checkbox"/> I do not wish to furnish information on my race or sex.	
RACE/NATIONAL ORIGIN	
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> African-American (Black)	<input type="checkbox"/> Caucasian (White)
<input type="checkbox"/> Other, please specify:	
Do you consider yourself to be of Hispanic origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SEX	
<input type="checkbox"/> Female	<input type="checkbox"/> Male

Signature: _____

Date: _____

Social Security #: _____

CO-APPLICANT	
<input type="checkbox"/> I do not wish to furnish information on my race or sex.	
RACE/NATIONAL ORIGIN	
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> African-American (Black)	<input type="checkbox"/> Caucasian (White)
<input type="checkbox"/> Other, please specify:	
Do you consider yourself to be of Hispanic origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SEX	
<input type="checkbox"/> Female	<input type="checkbox"/> Male

Signature: _____

Date: _____

Social Security #: _____