



South Central Community Action Program

SCCAP

Empowering people to reach their potential

**SOUTH CENTRAL COMMUNITY ACTION PROGRAM
RENTAL APPLICATION**

SCCAP DOES NOT AND SHALL NOT DISCRIMINATE AGAINST ANY PERSON ON THE BASIS OF RACE, RELIGION, COLOR, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, MARITAL STATUS, VETERAN'S STATUS, PHYSICAL OR MENTAL HANDICAP, PHYSICAL DIFFERENCE, INCLUDING BUT NOT LIMITED TO DISFIGUREMENT, OBESITY, OR HEALTH CONDITION, AGE, INCOME HISTORY, POLITICAL AFFILIATION, OR ANY OTHER PROTECTED CLASSIFICATION, EXCEPT WHERE REQUIRED BY FEDERAL GUIDELINES.



**EQUAL HOUSING
OPPORTUNITY**

If you have a disability which requires special assistance, please contact Trey Blaine at (812) 339-3447, extension 700 or fax your special assistance needs to (812) 334-8366.



SOUTH CENTRAL COMMUNITY ACTION PROGRAM AFFORDABLE RENTAL HOUSING PROGRAM APPLICATION

APPLICATION MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED

Date of Application: _____

Preferred Address/Location: _____

Name: _____ Age: _____ Birthdate: _____ SS# _____
Applicant's Full Legal Name

Name: _____ Age: _____ Birthdate: _____ SS# _____
Co-Applicant's Full Legal Name

Current Address: _____

Home Telephone Number: _____ Cell Number: _____

Work Telephone Number: _____

Contact Name and Telephone Number: _____
(If Applicable)

How long at present address: _____ Number of bedrooms: _____

Previous Address: _____

Previous Address: _____

Please list all children living at home:

Full Legal Name	Birthdate	Age	Gender	SS#

Others living with you:

Full Legal Name	Birthdate	Age	Gender	SS#

Present Housing Situation: Circle answer

Own Rent Other Number of Bedrooms 1 2 3 4 5

If renting, how much is your monthly rent payment? _____

Are you currently on Section 8? _____ YES _____ NO

Current Landlord's Name: _____

Landlord's Telephone Number: _____

(NOTE: SCCAP may call your current landlord to get information needed to determine your suitability as a tenant)

What is the physical condition of the home you are now living in?

Excellent _____ Good _____ Fair _____ Poor _____

Explain: _____

SCCAP requires first month's rent and a security deposit equal to one full month of rent, due and payable at signing. How much money do you have available to pay these amounts?

\$ _____

Financial Information:

Is anyone in your household a full time student? _____ YES _____ NO

Is anyone in your household a part time student? _____ YES _____ NO

For each working member of your household, please give the following information:

	Name	Employer	Length of Employment	Weekly Gross Income
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Does any member of your household receive overtime? _____ YES _____ NO

If YES, Name(s) of family members who receive overtime: _____

Does any member of your household anticipate receiving overtime in the next 12 months? _____ YES _____ NO

If YES, Name(s) of family members who anticipate receiving overtime: _____

Please list all other income: Include TANF, SS, SSI, Disability, Retirement, and Child Support.

NAME	TYPE OF INCOME	AMOUNT
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Does any member of your household anticipate receiving court ordered child support? YES NO
 IF YES, what is the anticipated amount? _____
 WHEN will household member start receiving court ordered child support? _____

List assets of each household member (checking and savings accounts, CD's, IRA's, stocks, bonds, property etc.)

Name of Account Holder	Cash Value	Account Number	Name of Bank/Institution	Full Address of Bank/Institution
Checking Account(s)				
	\$			
	\$			
	\$			
Savings Account(s)				
	\$			
	\$			
	\$			
CD's				
	\$			
	\$			
Stocks/Bonds/Mutual Funds				
	\$			
	\$			
Retirement Accounts/Pensions				
	\$			
	\$			
Other (example: rental property)				
	\$			
	\$			
	\$			

Has anyone in the household sold or otherwise disposed of ("cashed in") any assets within the last two years?

YES NO

If YES, please explain: _____

To whom does your household owe money:
(Credit Cards, Bank Loans, Car Loans, Personal Loans, Student Loans, Medical & Attorney Bills, etc.)

Company	Purpose	Monthly Payment	Balance Due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are all payments current? If not, explain. _____

Have you ever filed bankruptcy? _____ If so, When? _____

Please give two personal references (not relatives).

NAME	ADDRESS	TELEPHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____

CERTIFICATION AND ACKNOWLEDGEMENT

I certify that I have been given a copy of the Fair Housing Brochure "You May Be a Victim Of..." I understand that if I have any questions regarding this brochure, I may call the South Central Community Action Program at (812)335-3611 Press 1 or the Indiana Civil Rights Commission at 1-800-628-2909.

I certify that I have been given a copy of the following brochure - "Protect Your Family From Lead in Your Home." I understand that if I have any questions regarding this brochure, I may call the South Central Community Action Program at (812)335-3611 Press 1.

I certify that all information contained in this application is true and correct and that giving false or incorrect data may constitute grounds for denial of assistance.

I authorize SCCAP to contact my past or present employers, landlords, and references in order to verify any information I put down in this application, as well as to get from them any information SCCAP thinks it needs to determine my suitability as a tenant.

Applicant

Co-Applicant

Date

Date



SOUTH CENTRAL COMMUNITY ACTION PROGRAM, INC.

Monroe County (Main Office): 1500 W. 15th St., Bloomington, IN 47404 812/339-3447

FAX: 812/334-8366

South Central Community Action Program, Inc

This form protects your rights to privacy as an applicant for the Affordable Rental Housing Program. It shows that we will not collect or release information without your permission. We will handle this information in a responsible and private way.

By signing this form, I give permission to the South Central Community Action Program to complete a credit report and a criminal record search. The information received will be private and confidential. South Central Community Action Program will only use the information obtained from such reports in compliance with the Fair Credit Reporting Act (FCRA) to screen for prospective tenants of our Rental properties.

_____ Social Security # _____
Applicant's Signature
Date: _____

_____ Social Security # _____
Co-applicant's signature
Date: _____

_____ Social Security # _____
Date: _____

_____ Social Security # _____
Other household member age 18 or over
Date: _____

_____ Social Security # _____
Date: _____

MORGAN COUNTY:
70 W. Washington St.
Martinsville, IN 46151
PH: 765/342-1518
FAX: 765/342-3460



BROWN COUNTY:
P.O. Box 730
E. Gould St.
Nashville, IN 47448
PH: 812/988-6636
FAX: 812/988-8586



OWEN COUNTY:
4 W. Market St.
Spencer, IN 47460
PH: 812/829-2279
FAX: 812/829-2505