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## **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.



If you have a disability which requires special assistance, please contact Edward Pate at (812) 339-3447 ext. 237 or FAX (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
<b>Checking Account(s)</b>				
	\$			
	\$			
	\$			
<b>Savings Account(s)</b>				
	\$			
	\$			
	\$			
<b>CD's</b>				
	\$			
	\$			
<b>Stocks/Bonds/Mutual Funds</b>				
	\$			
	\$			
<b>Retirement Accounts/Pensions</b>				
	\$			
	\$			
<b>Other (example: rental property)</b>				
	\$			
	\$			
	\$			

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**

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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