



BETHANY HOUSING APPLICATION

Date: _____ Name of Applicant: _____

Application for Housing at property address: _____ # of Bedrooms: _____

Please list all persons who will be living in the home (Please Print)

Table with 5 columns: Name, DOB, Sex, Full SS#, Relationship. Row 1: Self

Phone #: _____ Alternate #: _____

Address: _____ City: _____ Zip: _____

Email: _____

How did you hear about this property?: _____

Do you currently have a Section 8 voucher?: _____

RENTAL HISTORY

1. PRESENT HOUSING

Type of Housing: [] Private [] Subsidized [] Own [] Homeless Dates of Residence: _____

If subsidized: [] Public Housing [] Section 8 Voucher [] Other _____

City/State of Residence: _____

Rent: \$ _____ Who pays rent? _____

Are you on the lease? [] Yes [] No [] Don't Know

Reason for Leaving: _____

Name of Landlord/Housing Authority: _____ Phone#: _____

2. PREVIOUS HOUSING

Type of Housing: [] Private [] Subsidized [] Own [] Homeless Dates of Residence: _____

If subsidized: [] Public Housing [] Section 8 Voucher [] Other _____

City/State of Residence: _____

Rent: \$ _____ Who paid rent? _____

Were you on the lease? [] Yes [] No [] Don't Know

Reason for Leaving: _____

Name of Landlord/Housing Authority: _____ Phone#: _____



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INCOME AND ASSETS

Our housing program follows defined published guidelines to determine income eligibility. In order to establish eligibility, please provide the following information. Documentation will be required before a lease is signed.

Have you and/or the children who are coming into this program with you received money from any of the following sources in the last month? And if so, what amount did you receive from each cash source? *(Read each income source and check all that apply.)*

X	Source of Income	Family Members	Amount
	Earned Income		\$
	Unemployment Income		\$
	Supplemental Security Income or SSI		\$
	Social Security Disability Income (SSDI)		\$
	A Veteran's Disability Payment		\$
	Private Disability Payment		\$
	Worker's Compensation		\$
	Temporary Assistance for Needy Families (TANF or FIP grant)		\$
	State Disability Assistance (SDA)		\$
	Retirement Income from Social Security		\$
	Veteran's Pension		\$
	Pension from a former Job		\$
	Child Support		\$
	Alimony or Other Spousal Support		\$
	Other Sources including Gifts from Friends and Family		\$
	No Financial Resources		\$
	Total Monthly Income Reported		\$

List all checking and savings accounts, IRA's Keoughs, and Certificates of Deposit

Family Member	Bank Name	Account #	Balance
			\$
			\$
			\$

Sources of Non-Cash Benefits

Do you or any family member receive any of the following benefits? (Check all that apply)

- Food stamps or money for food on a benefits card
- MEDICAID health insurance program
- MEDICARE health insurance program
- State Children's Health Insurance Program
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Veteran's Administration (VA) Medical Services
- TANF Child Care Services
- TANF Transportation Services
- Other TANF-funded services
- Section 8, public housing, or other rental assistance
- Other sources:



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Debt

Table with 5 columns: Origin of Debt, Yes, No, Amount, Contact Info. Rows include Landlord, Gas Company, Electric, Telephone, Child Support, IRS, Car (Loan/Ticket), Student Loans, Storage, Credit Cards, Justice System, Street, Other, and TOTAL.

Are wages currently being garnished? [] Yes [] No If so, how much? \$ _____

What type of credit history do you have?
[] Good [] Fair [] Poor [] No Credit History [] Don't Know

Employment

Applicant

Are you currently employed? [] No [] Yes How Long?:
(If yes, as the following questions):
How many hours did you work last week? _____ hours
[] Permanent [] Part-time [] Temporary [] Seasonal
Current Employer Name: _____ Position: _____
Address: _____ Phone: _____ Supervisor: _____

Co-Applicant

Are you currently employed? [] No [] Yes How Long?:
(If yes, as the following questions):
How many hours did you work last week? _____ hours
[] Permanent [] Part-time [] Temporary [] Seasonal
Current Employer Name: _____ Position: _____
Address: _____ Phone: _____ Supervisor: _____



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PERSONAL REFERENCES

Name: _____ Relationship: _____
Address: _____ City: _____ ST: _____ ZIP: _____
Telephone: _____ Email: _____

Name: _____ Relationship: _____
Address: _____ City: _____ ST: _____ ZIP: _____
Telephone: _____ Email: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____
Address: _____ City: _____ ST: _____ ZIP: _____
Telephone: _____ Email: _____

APPLICANT CERTIFICATION

- 1. The information provided in this application is correct to the best of my knowledge.
2. I understand this is a preliminary application and does not guarantee housing.
3. Additional verification may be needed to determine eligibility.
4. I give Community enCompass authorization to verify the information provided in this application.
5. WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the US as to any matter within its jurisdiction. It is a criminal offense to make willfully false statements or misrepresentations on this application and may be grounds for denying residency.

APPLICANT'S SIGNATURE _____ DATE _____ CO-APPLICANT'S SIGNATURE _____
DATE

Please answer the following "Getting to Know You" questions:

What activities that make you a "good neighbor" are you currently doing in your neighborhood/community?

In what ways would you like to be involved using your talents our gifts in the neighborhood?

Why do you want to be a resident in one of Community enCompass's Bethany Housing properties?



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For Office Use Only

- Copy of Pay Stub Reviewed by Property Manager
- Copy of State ID

Family size: Income: %AMI: Subsidy:

Application Updated:

Comments:

ELIGIBILITY STATUS (if applicable)

The following information may need to be verified prior to lease signing. Please check all that apply:

- Living in substandard housing or homeless;
- Have been or will be within 6 months displaced without permanent replacement housing;
- Paying 50% or more of income for rent and utilities – How much for rent? Utilities?

Meets Income Requirements: Yes _____ No _____



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**Community enCompass
City of Muskegon C.H.D.O.
Client Card**

Check Box	Address	Bedrooms	Purchase Price	Appraisal Price	Rehab Date
	38 Diana	3	0	\$36,000	2007
	1440 Clinton	5	\$24,500	\$35,000	2004
	1515 Hoyt # 1	Studio	\$36,000	\$69,000	2010
	1515 Hoyt #2	1			
	1515 Hoyt #3	1			
	1515 Hoyt #4	2			
	1439 Terrace #1	3	10,000	\$42,200	2009
	1439 Terrace #2	2			
	1676 Wood	3	0	\$30,000	2010
	1684 Wood	4	\$17,000	\$33,800	2004
	1270 5 th Street	2+	\$7,000	\$45,000	2012
	1274 5 th Street	2+			
	1126 Holt	2	0	\$	2012

Client Age:

Client Sex:

Client Contribution:

Is Client Head of Household?

in Household:

Is Client a Minority?

If Yes, What Group?

Is Client Disabled?

Monthly Rent?

Family Income \$

Last Name/First Initial:

Previous Assistance:

Section 8

Social Services

Other

Please refer to area median income chart for percentages

0 – 30%

31 – 50%

51 – 80%