

## APPLICATION FOR OCCUPANCY

In submitting this application, it is important to understand owner and resident obligations. As the owner, Blue River Housing is obligated to rent to households whose income is less than average, and to charge rents that are less than average. Specific paperwork is required to satisfy this commitment; thus our requests are driven by this obligation. The resident is expected to provide all requested paperwork at move in and each year thereafter. Income qualification will take the number of household members into consideration, therefore, the applicant is expected to declare all household members at the time of application, and once a resident, to abide by the occupancy rules in order to comply. Additionally, residents need to be made aware of the fact that we will have periodic physical inspections by our funders, consequently, Blue River Housing will require entrance to all units for routine inspections and pest control and for those inspections by funders.

### Application Instructions

- **All questions must be answered. LEAVE NO BLANKS.** Where you cannot answer “yes” or “no”, write N/A if you have no information that applies.
- Do not use white out. If you need to make a correction, DRAW A SINGLE LINE through the incorrect information, then write the correct information above the error and initial the change.
- COMPLETE ADDRESSES are required when asked for an address. ➤ All adults must complete a separate application.

### Application Process

- Once an application is submitted, preliminary qualifications are checked. A conversation may be necessary, in person or via phone, to clarify the application. Those clearly not meeting the Tenant Selection Criteria will not be placed on the waiting list and will be notified of such. Those applicants going on the waiting list are asked to contact our office should there be changes in contact information, income, assets or household composition after the application is submitted.
- When an apartment comes available, applicants from the waiting list which meet the applicable type of the available unit, are contacted to confirm current interest and to verbally verify that information on the application is still current. Applicants will be given 24 hours to respond to the call. Applicants that do not respond in 24 hours will be removed from the waiting list. Applicants with failed contact numbers will be removed from the list immediately. Applicants that respond will be granted an interview and will be asked to bring identifications, income verifications and asset verifications to the interview. After the interview, 3rd party verifications will be addressed in order to confirm that which is stated in the application. The applicant, which meets all Tenant Selection Criteria will be offered the apartment. If more than one applicant meets the criteria, we will go in order of submitted application, unless the applicant has a priority. A letter will be sent to those applicants that are denied. Applicants that qualify, but are not selected, will remain on the waiting list for future possibilities.

### Leasing Requirements

If an applicant is offered a lease, the following will be required:

- \$400 security deposit
- \$25 Application Fee Per Adult Household Member
- Prorated rent for the month of move in
- Proof that the gas and/or electric utilities have been transferred to the tenant's name.

For Indiana Utilities Corp. 812-738-3235; REMC 812-738-4115; Duke 800-521-2232. Please provide documentation to prove transfer.

Please call Blue River Housing at 812-738-8016 with any questions.

#### For Office Use Only:

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

List items applicant was instructed to bring to the interview below:

\_\_\_\_\_  
\_\_\_\_\_

After the interview, the applicant has one week to return with any outstanding items.



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## Questionnaire for Tenant Application

Check the complexes and bedrooms you would like to apply for (you may choose more than one) and we allow 2 persons per bedroom.

1	2	3	4	<b>CORYDON</b>		
				Oakview Apartments	<b>Multifamily Housing</b> located on Cruse Loop in Corydon, IN.	
				Harrison Center Apartments	<b>Multifamily Housing</b> located on N. Capital Avenue in Corydon, IN.	
				Autumn Ridge Apartments	<b>Multifamily Housing</b> located on Autumn Ridge Drive in Corydon, IN.	
				Autumn Ridge II Apartments	<b>Multifamily Housing</b> located on Autumn Ridge Drive in Corydon, IN.	
				Stepping Stone Apartments	<b>Multifamily Housing available April 1<sup>st</sup>, 2021</b> – Summit View Drive, Corydon, IN.	

1	2	3	4	<b>NEW SALISBURY</b>		
				Apple Orchard I Apartments	<b>Multifamily Housing available Fall 2021</b>	
				Apple Orchard II Apartments	<b>Multifamily Housing available Fall 2021</b>	

1	2	3	4	<b>PALMYRA SENIOR HOUSING</b>		
				Country Trace Apartments	<b>Senior Housing</b> (55+ or persons with disabilities) located on Hwy 135	
				Country Trace II Apartments	<b>Senior Housing</b> (62+ or persons with disabilities) located on Hwy 135	
				Country Trace III Apartments	<b>Senior Housing</b> (62+ or persons with disabilities) located on Hwy 135	

1	2	3	4	<b>SALEM SENIOR HOUSING</b>		
				Jackson Court	<b>Senior Housing</b> (55+ or persons with disabilities) located at Westminster and Allen Ct	
				Grandview Manor South** Grandview Manor North**	<b>Senior Housing</b> (62+ or persons with disabilities) located on Grandview Drive	

\*\*Please see BRS Staff for Grandview Manor South and North Applications

## Household Composition

List all Household members, including co-applicants, who are 18 years and older, that are completing a separate application.

Full Name	Birth Date	Sex	Relationship	Social Security #	Employed	Full Time Student
		M / F	Head of Household		Y / N	Y / N
		M / F			Y / N	Y / N
		M / F			Y / N	Y / N
		M / F			Y / N	Y / N
		M / F			Y / N	Y / N
		M / F			Y / N	Y / N
		M / F			Y / N	Y / N
		M / F			Y / N	Y / N



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## Residential History for the Past Five (5) Years

(List where you have lived for the past 5 years, even if it was not a rental)

1. Current Address: \_\_\_\_\_  
Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_  
County of Address: \_\_\_\_\_ Rental? Y / N Lease agreement? Y / N  
Name of Landlord/Owner (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_
2. Address: \_\_\_\_\_  
Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_  
County of Address: \_\_\_\_\_ Rental? Y / N Lease agreement? Y / N  
Name of Landlord/Owner (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_
3. Address: \_\_\_\_\_  
Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_  
County of Address: \_\_\_\_\_ Rental? Y / N Lease agreement? Y / N  
Name of Landlord/Owner (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_
4. Address: \_\_\_\_\_  
Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_  
County of Address: \_\_\_\_\_ Rental? Y / N Lease agreement? Y / N  
Name of Landlord/Owner (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_
5. Address: \_\_\_\_\_  
Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_  
County of Address: \_\_\_\_\_ Rental? Y / N Lease agreement? Y / N  
Name of Landlord/Owner (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_
6. Address: \_\_\_\_\_  
Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_  
County of Address: \_\_\_\_\_ Rental? Y / N Lease agreement? Y / N  
Name of Landlord/Owner (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_
7. Address: \_\_\_\_\_  
Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_  
County of Address: \_\_\_\_\_ Rental? Y / N Lease agreement? Y / N  
Name of Landlord/Owner (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_



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## Background and Residential History Questionnaire

Y	N	Are you eligible to reside in the United States for the next <u>12 Months</u> ?
Y	N	Do all adult household members have a legal right to enter into a lease? If no, explain:
Y	N	Is there anyone residing with you now who won't be residing with you in the apartment? If yes, explain:
Y	N	Are there any absent household members who under normal conditions would live with you? (Military, rehabilitation, etc.) If yes, explain:
Y	N	Does anyone not listed in the household composition on page one plan to live with you in the next 12 months? If yes, explain:
Y	N	Does the adult(s) household member have primary physical custody of any children listed in the household composition? If not, explain:
Y	N	Do all persons listed on page one under Household composition plan to reside in the unit at least 50% of the time?
Y	N	Are any household members currently going through eviction or ever been evicted from any type of rental housing? If yes, explain, with dates:
Y	N	Do all household members understand that positive references, the ability to pay rent and to maintain an apartment in a safe, clean sanitary manner will be required for eligibility?
Y	N	Does any adult household member have any outstanding debt with past landlords or utility companies? If yes, list below under Creditors.
Y	N	Has anyone in the household ever been convicted of a felony? If yes, explain, with dates:
Y	N	Has anyone in the household ever been arrested/convicted of a drug/alcohol related activity or violent crime? If yes, explain, with dates:
Y	N	Is any household member listed on any state's sex offender's registry?
Y	N	Has any household member ever committed fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? If yes, explain:
Y	N	Does anyone in the household have special needs and require a live in aid? If yes, explain:
Y	N	Does anyone in the household smoke?
Y	N	Does anyone in the household own a pet or service animal?
How did you hear about our apartments? Friend, family, newspaper, another agency, other? If other please list:		

Creditors Owed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## INCOME CERTIFICATION QUESTIONNAIRE

(\*NOTE: A separate questionnaire must be completed by each adult member of the household)

Name: \_\_\_\_\_

Initial Certification     Recertification     Addition of Household Member

YES    NO

1. <input type="checkbox"/>	<input type="checkbox"/>	I receive Section 8 rental assistance. If yes, list the housing authority below. _____	Amount of monthly rental assistance \$ _____
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**INCOME INFORMATION** Include all income sources, including unearned income of minors.

YES    NO

2. <input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (List nature of self-employment). This includes but not limited to: Rideshare companies such as Uber/Lyft, multi-level marketing companies such as Mary Kay, Total Life Changes, 1099-contractors, etc. _____	(use <u>net</u> income from business) \$ _____
3. <input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you:  <div style="text-align: center;"> <u>Name of Employer</u>                      1) _____ \$ _____                      2) _____ \$ _____                 </div>	
4. <input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts, including but not limited to: rent, utility payments, cell phone, transportation, etc. on an ongoing basis from persons not living with me.	\$ _____
5. <input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
6. <input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
7. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments or Supplemental Social Security Income (SSI).	\$ _____
8. <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.).	\$ _____
9. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payment from lottery winnings.	\$ _____
10. <input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
11. <input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC) <b>DO NOT INCLUDE FOOD STAMPS</b>	\$ _____
12. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments through court order or other agreement. If yes, how many orders/agreements do you have? _____  If yes, from how many persons do you receive support? _____  List the amount received if not receiving the full agreement amount	\$ _____ (amount ordered)  \$ _____ (amount received)
13. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive alimony/spousal maintenance payments	\$ _____
14. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, lottery winnings, or donation banks (such as plasma donations). If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____



15. <input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
16. <input type="checkbox"/> <input type="checkbox"/>	I receive student financial assistance (grants, scholarships, etc.) not including loans *NOTE: Count as income only if household receives Section 8 rental assistance.	\$ _____ per semester
17. <input type="checkbox"/> <input type="checkbox"/>	I am claiming zero income.	

**ASSET INFORMATION**

Include all asset sources, including assets of minors.

YES	NO		INTEREST RATE	CASH VALUE
18. <input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). # of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	6 MONTH AVERAGE BALANCE \$ _____ \$ _____ \$ _____
19. <input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). # of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20. <input type="checkbox"/>	<input type="checkbox"/>	I have a pay card for direct deposit of benefits, or prepaid debit card (s). # of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
22. <input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		\$ _____
23. <input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
24. <input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or MoneyMarket Account(s). # of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
25. <input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
26. <input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____



27. <input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____
28. <input type="checkbox"/>	<input type="checkbox"/>	I have received lottery winnings paid in one payment (not reoccurring periodic payments).		
28. <input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
29. <input type="checkbox"/>	<input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____		\$ _____
30. <input type="checkbox"/>	<input type="checkbox"/>	I have other personal property held as an investment, other income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

**UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.**

_____	_____	_____
<b>PRINTED NAME OF APPLICANT/TENANT</b>	<b>SIGNATURE OF APPLICANT/TENANT</b>	<b>DATE</b>
_____		_____
<b>WITNESSED BY: (SIGNATURE OF OWNER/REPRESENTATIVE)</b>		<b>DATE</b>







**Ethnic Information**

The information regarding race, national origin and sex designation is requested in order to assure the Federal Government, acting through HUD that Federal Laws prohibiting discrimination against applicants on the basis of race, color, religion, sex, national origin, familial status, age, disability, sexual orientation or gender identity, are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation of your application or to discriminate against you. Please check the origin of each household member.

Categories	Head of Household	Occupant #2	Occupant #3	Occupant #4	Occupant #5	Occupant #6	Occupant #7
<b>ETHNICITY</b>							
Hispanic or Latino							
Not-Hispanic or Latino							
<b>RACE</b>							
American Indian or Alaska Native							
Asian							
Black or African American							
Native Hawaiian or Other Pacific Islander							
White							

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I hereby certify that I will/do not maintain a separate subsidized rental unit in another location. I further certify that this will be my/our only permanent residence. I understand I must pay a security deposit and the first month's rent, as well as move the electric and/or gas utility into my name prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by the tenant selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

By my signature below, I certify that I have read and understand the above listed information regarding my application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



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