

SUNSHINE OF WARREN/TRUMBULL AREA, INC.

333 Harmon Ave. NW
Warren, OH 44483

Phone: (330) 393-5775 ~ Fax: (330) 841-2738

HOUSING APPLICATION

<input type="checkbox"/> Driver's License/Photo ID- Head(S) of Household	< BRING IN COPIES	Will be completed by Sunshine>	<input type="checkbox"/> Landlord Verification	<input type="checkbox"/> Waived
<input type="checkbox"/> Social Security Card(s)-ENTIRE FAMILY	< BRING IN COPIES	Will be completed by Sunshine>	<input type="checkbox"/> Security Deposit(s)	
<input type="checkbox"/> Birth Certificate(s)-ENTIRE FAMILY	< BRING IN COPIES	Will be completed by Sunshine>	<input type="checkbox"/> Lead Based Paint Form	
<input type="checkbox"/> Proof of TOTAL household income) -ENTIRE FAMILY (not older than 90 days old)	< BRING IN COPIES	Will be completed by Sunshine>	<input type="checkbox"/> Utility Slip	<input type="checkbox"/> Verified
<input type="checkbox"/> FREE Police Report-Household members 18 yrs. or older	< BRING IN COPIES	Will be completed by Sunshine>	<input type="checkbox"/> House Inspection	<input type="checkbox"/> Waived
<input type="checkbox"/> Application Fee Paid \$15.00 (Money Order)	< MONEY ORDER	Will be completed by Sunshine>	<input type="checkbox"/> Credit Report(s) Credit Score	

DATE: _____

Applicant _____

Social Security # _____

Driver's License # _____

DOB: _____

Address: _____

City/ST/Zip _____

Co-Applicant/Spouse _____

Social Security # _____

Driver's License # _____

DOB: _____

Address: _____

City/ST/Zip _____

Home Telephone Number _____

Work/Contact/Other Telephone _____

Email Address _____

How did you hear about Sunshine? Newspaper Drive by Other Referral, by whom _____

- Are you **CURRENTLY** on the Section 8 Voucher Program? Yes No **NOTE: (This does not include being on a waiting list)**
- Have you ever applied for housing with Sunshine before? No Yes (If yes, when? _____)
- Have you ever rented a Sunshine house? No Yes (If yes, when? _____)
- Have you ever been evicted from ANY residence? No Yes (If yes, when? _____)
- Do you have any pets? No Yes (if yes please describe) _____
- Are you or anyone else in the household expecting? No Yes. If yes, who _____ when _____
- Have you or any member of your household ever committed a felony? No Yes
(If yes, please specify) _____
- Have you or any member of your household ever committed a sex crime? No Yes
(If yes, please specify) _____
- Have you or any member of your household had any experience with recent drug use, sale or possession? No Yes
(If yes, please specify) _____
- Are you unable to live in your current house because of natural disaster (fire, flood, etc.)? No Yes (If yes, please explain _____)

~PLEASE BE SURE TO ANSWER EVERY QUESTION~ Check NA, if it does not apply~

- 11) Has your current home been condemned by the Building Department, Health Department, or Fire Department?
 No Yes. If yes, please explain _____
- 12) Have you left your home because of any threats from a family member, or are you under any threats? No Yes
 (If yes, Please specify) _____
- 13) Are you currently living in a temporary shelter operated by a social service agency? No Yes
 (If yes, Please specify) _____
 Agency Name, Complete Address & Telephone Number
- 14) When would you like to move? _____
 a. Reason for moving? _____
- 15) Name of your **current** landlord? _____ **telephone number** _____
Fax Number _____ and **complete** street **address** _____ **City/ST/Zip** _____ NA
- 16) How long have you lived at your current address? _____ Weeks Months Years?
- 17) When does your lease expire? _____ NA
- 18) What is your **TOTAL** monthly rent? _____ How much of the rent do **YOU** pay? \$ _____
 a. Are you current on your rent? Yes No **If no explain below**
 (Please explain _____)
 b. If your rent is **NOT CURRENT**, what is your unpaid balance? \$ _____ (Include any balances owed to the Housing Authority)
- 19) Are your utilities included in your rent? No Yes NA (if you answered **NA**, skip to b)
 a. How much do you pay on average each month for utilities? Gas \$ _____ Electricity \$ _____ Water \$ _____
 b. Would you have a problem transferring utilities into your own name? No Yes **[all utilizes must be in your name]** NA
- 20) How many people live in your current residence? _____
- 21) How many bedrooms are there in your current unit? _____

Please list all family members WHO WILL BE LIVING WITH YOU

FULL NAME	RELATIONSHIP	BIRTH DATE (MONTH/DAY/YEAR)	SEX (M or F)	SOCIAL SECURITY NUMBER	DISABLED (YES OR NO)	FULL TIME STUDENT	
						Yes	No
	SELF					<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

~PLEASE BE SURE TO ANSWER EVERY QUESTION~ Check NA, if it does not apply~

PLEASE READ THE NEXT SECTION COMPLETELY

Before completing this next section, it is imperative that you include **ALL** of your **TOTAL INCOME** the **FIRST** time. **NOTE:** You will be required to provide proof of your income, [not older than 90 days old.] There is a possibility that you could be under or over income. If you are denied because you are under income and then provide additional income that you failed to include initially, **YOUR APPLICATION WILL BE DENIED.** If you are still interested you will need to re-apply no earlier than (6 months) from the date of this application.

OUR FAMILY RECEIVES INCOME FROM THE FOLLOWING SOURCES :(must be permanently employed more than 90 days)

- 22) **APPLICANT: Do you receive wages or a salary from work?** Yes No NA
- a. Employer _____
- b. Pay per hour \$_____ How many hrs. per week? _____ Shift worked? _____
- c. How often are you paid? Wkly Bi-wkly Monthly Twice a Month (1st & 15th or 15th & 30th)
- d. When did you start working for this employer? (Month & Year) _____
- 23) **CO-APPLICANT: Receives wages or a salary from work?** Yes No NA
- a. Employer _____
- b. Pay per hour \$_____ How many hrs. per week? _____ Shift worked? _____
- c. How often are you paid? Wkly Bi-wkly Monthly Twice a Month (1st & 15th or 15th & 30th)
- d. When did you start working for this employer? (Month & Year) _____
- 24) **OTHER HOUSEHOLD MEMBERS: WHO?** _____ Do you receive wages or a salary from work? Yes No NA
- a. Employer _____
- b. Pay per hour \$_____ How many hrs. per week? _____ Shift worked? _____
- c. How often are you paid? Wkly Bi-wkly Monthly Twice a Month (1st & 15th or 15th & 30th)
- d. When did you start working for this employer? (Month & Year) _____
- 25) **Do you or any one in your family receive Social Security or Disability?** Yes No NA
- a) If yes, for whom? _____ Amount? \$_____ How often? Wkly Bi-wkly Mthly
- b) If yes, for whom? _____ Amount? \$_____ How often? Wkly Bi-wkly Mthly
- c. If yes, for whom? _____ Amount? \$_____ How often? Wkly Bi-wkly Mthly
- 26) **Do you or anyone in your family receive ADC? CASH ASSISTANCE ONLY** Yes No NA
- If yes, Cash assistance Amount? \$_____ How often? Wkly Bi-wkly Mthly
- 27) **Do you or anyone in your family receive Child Support?** Yes No NA
- a. If yes, for whom? _____ Amount? \$_____ How often? Wkly Bi-wkly Mthly
- b. If yes, for whom? _____ Amount? \$_____ How often? Wkly Bi-wkly Mthly

~PLEASE BE SURE TO ANSWER EVERY QUESTION~ Check NA, if it does not apply~

28) Do you or anyone in your family receive Asset Income? Yes No NA

If yes, for whom? _____ Amount? \$ _____ How often? Wkly Bi-wkly Mthly

29) Do you or anyone in your family receive any other Income not mentioned above? Yes No NA

If yes, for whom? _____ Amount? \$ _____ How often? Wkly Bi-wkly Mthly

30) Do you or anyone in your family have a bank account? Yes No NA

If yes, for whom? _____ Name of Bank? _____

Address of Bank _____ Account Balance \$ _____

List your previous landlords of the past five (5) years: NA

Name	ADDRESS	Telephone Number	Fax Number

List three (3 COMPANIES that can verify you make on time payments :)

Name	Telephone Number



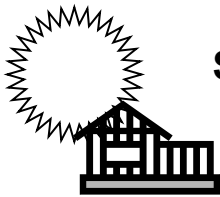
**CHECK APPLICATION (BEFORE SUBMITTING)
THAT YOU HAVE ANSWERED EVERY QUESTION!**

NOTE

**YOU MUST PROVIDE UTILITES, STOVE & REFRIGERATOR
NOTE: SUNSHINE REQUIRES ALL UTILITIES ON AND IN YOUR NAME PRIOR TO RECEIVING KEYS**

NOTE
APPLICATION PROCESSING TAKES APPORXIMATELY 10 DAYS.
YOU WILL BE NOTIFIED UPON COMPLETION.

~PLEASE BE SURE TO ANSWER EVERY QUESTION~ Check NA, if it does not apply~



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APPLICANT

Stop

~SIGN & DATE, THE BOTTOM OF THE PAGE~

LANDLORD VERIFICATION/CREDIT CHECK AUTHORIZATION

DATE: _____

NAME: _____

ADDRESS: _____

SS#: _____ - _____ - _____

The person(s) has applied for, or is recertifying eligibility for, affordable housing, with Sunshine under a program of the U. S. Department of Housing and Urban Development (HUD) which requires the housing owner to verify all information that is used in determining this person(s) eligibility or level of assistance, initially as well as annually. Therefore, were asking your cooperation in providing this information and returning it to us as soon as possible. Your prompt return of this information will help to assure timely processing of the application for assistance. The household member has consented to this release of information as shown below. Enclosed is a self-address, stamped envelope for this purpose or you may return by fax 330.393.5777. If you have any questions regarding this questionnaire you may contact Sunshine between the hours of 8:30 am and 4:00 pm Monday thru Friday.

I/We authorized **Sunshine of Warren/Trumbull Area, Inc.** to obtain a copy of my/our consumer credit report and verify other credit information and references, including past/present landlord and mortgage references. I/We further understand that there will be a non-refundable charge to obtain the credit reports and to process the application). I/we further authorize Sunshine to verify my/our past and present employment, earnings, any income stream [PAYROLL, SSI/DISABILITY, ADC, CHILD SUPPORT, ETC.] view bank accounts, stock holdings and any other asset balances that are needed to process this application and or re-determination. I/We further hereby authorize the release of the above requested information for the purpose of determining eligibility for housing.

This authorization shall not expire, until it is revoked by me/us in writing. I/We are aware of my/our responsibilities to report completely and fully all facts that bear upon my eligibility for affordable housing.

Thank you.

Authorized Signature, Head of Household

Date

Authorized Signature of Co-Applicant/Spouse

Date

Sunshine Inc. Representative

Date

Landlord Signature

Date