

Warren Homes Rental Application

Date:

Head of Household's Name

Current Address

City

State

Zip

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Social Security #

Date of Birth

--	--

Home Phone #

Work #

--	--

Cell Phone #

Email Address

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How many people will be living with you, including yourself?

Size of unit you wish to rent (Number of bedrooms)

***ONLY** list below the individuals moving in with you

Full Name	Relationship	Birthdate	Age	Social Security #

Have you ever been evicted? Yes _____ No _____

Are you being evicted? Yes _____ No _____ If so, from where and why? _____

How long have you resided at your current address? _____

Present Landlord _____ Phone# _____

Are you currently receiving Section 8 assistance? Yes _____ No _____

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Please fill out completely

Income Information

Employer: _____

Address: _____

Phone Number: _____

Employed since what date: _____

Hourly Wage or Salary: _____

Hours work per week: _____

Commission, Tips or Bonuses: _____

Supervisor's Name: _____

Signature: _____

*If you work a second job, please include that information here:

Employment Income(Total monthly amount before taxes)_____	\$
Pensions Source(s)_____	\$
Monthly Amount_____	\$
General Assistance (Total Monthly Amount)_____	\$
Social Security/SSI/SSD(Total Monthly Assistance)_____	\$
Veteran's Benefits (Total Monthly Amount)_____	\$
Unemployment Benefits (Total Monthly Amount)_____	\$
Alimony/Child Support: _____ Yes _____ No _____	\$
Is there a court order for Child Support? ___ Yes _____ No _____	\$
Grants or Scholarships: _____ Yes _____ No _____	\$
Other: _____	\$
Other: _____	\$
Other: _____	\$
Other: _____	\$
Other: _____	\$

Total Montly Income: \$

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PLEASE FILL OUT COMPLETELY

Do you currently receive assistance with your housing payment? Yes _____ No _____

Agency Name: _____

Do you have any assets such as real property, stocks, bonds, certificates of deposit, coin or stamp collections, inheritances, bank checking or savings accounts or other type of accounts?

Yes _____ No _____

If Yes, List all assets and amounts:

Name of Bank: _____

Checking: _____ \$ _____

Savings: _____ \$ _____

Other Accounts: _____ \$ _____

Do you own a car? Yes _____ No _____ Make _____

Model _____ Drivers License # _____

How were you referred to us? Newspaper _____ Friend _____ Other _____

Who do we notify in case of emergency? _____

Phone Number: _____ Cell Phone: _____

Name of nearest Relative: _____

Phone Number: _____

Personal Reference: _____

Address: _____

City: _____ State: _____ Zip _____

Phone #: _____ Cell #: _____

Relationship: _____

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Have you or a member of your household been arrested/convicted of a crime within the past ten (10) years? Yes _____ No _____ Explain: _____

Have you or a member of your family been arrested/convicted of a sex crime?

Yes _____ No _____

Have you or a member of your household been arrested/convicted of drug use, sale or possession, or manufacturing of drugs within the past ten (10) years?

Yes _____ No _____ If yes Explain: _____

I hereby CERTIFY that the information stated above is true, correct and complete to the best of my knowledge. I understand and agree that if any of the information I have provided in this application is found to be incomplete, incorrect or false, it will be grounds for denial of this application or termination of my tenancy. I also hereby authorize the owner and/or owner's agent to certify the forgoing income, employment and asset information, to conduct a credit check and check for prior evictions, to call current landlord, to call personal references, and to verify any other information I have provided to this application. I further understand that this application does not guarantee housing.

Applicant Signature

Date

Co - Applicant Signature

Date

Warren Homes Rental Office

333 Harmon Ave. NW

Warren, OH 44483

Phone: 330-898-1840 Fax: 330-841-2738

PURPOSE

The U.S. Department Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it to administer and enforce program rules and policies.

AUTHORIZATION

I authorize to release of any information (including) documentation and other materials pertinent to eligibility for or participation under any of the following programs:

- Low-Income Rental Indian Housing
- Low-Income Rental Public Housing
- Mutual Help Income Ownership Opportunity Program
- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Program
- Section 23 and 10 D Leased Housing
- Section 23 Housing Assistance Payments
- Section 202
- Section 221 (d) (3) Below Market Interest Rate

I authorize the above-named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD and Indian Housing Authority or a Public Housing Agency to obtain information on wages or unemployment Compensation for State Employment Securities Agencies.

Information Covered inquires may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions and Assets
- Federal, State, Tribal or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residence and Rental History

Date: _____

Printed Name: _____ Signature Name: _____

Address: _____ City _____ State _____ Zip Code _____

Originals retained by the requesting organization
HUD-045 revised 1-2011

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

Any individual or organization including any government organization may be asked to release information. For example, information may be requested from:

- Banks and other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords
- Providers of
 - Alimony
 - Child Care
 - Child Support
 - Credit
 - Handicapped Assistance
 - Medicare
 - Pension Agencies
 - School and Colleges
 - U.S. Social Security Administration
 - U.S. Department of Veterans Affairs
 - Utility Companies
 - Welfare Agencies

COMPUTER MATCH NOTICE AND CONSENT

I agree that a Public Housing Agency, Indian Housing Agency or HUD may conduct computer-matching programs with the government agencies including Federal, State and Tribal of Social Agencies. The government agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

CONDITIONS

I agree that photocopies of this authorization may be used for the purposes stated above.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.