



INTERFAITH HOUSING &
COMMUNITY SERVICES, INC.

Helping hands helping people.

Dear Applicant,

Thank you for your interest in our Special Needs Rental Program. As a nonprofit corporation, our mission at *Interfaith Housing & Community Services, Inc.* is to alleviate poverty and build community through housing assistance, financial education and individual empowerment. We envision communities where people have the knowledge and tools to achieve financial self-sufficiency, and access to housing that is affordable to their level of income, accessible to their level of need — where they can live in safety with dignity. As such, *Interfaith* is an Equal Opportunity Housing provider with different criteria than traditional landlords. Our target population is households with income at or below 60% of the HUD Area Median Income based on household size. Due to various State and Federal funding sources, (including but not limited to: HUD, USDA Rural Development, Section 42 of the IRS (LIHTC), and CHDO/HOME) program specific guidelines may apply and supersede any and all other criteria; however, in general, priority is based on the following criteria:

Being on a waiting list does not guarantee priority over this ranking.)

1. Individuals or families transitioning from homelessness, or involuntary displacement
2. Individuals or families with special accessibility needs
3. Elderly generally over 55 or 62, as defined by funding source
4. General Population

Before you begin the application process we wish to make you aware of the following disqualifying factors:

1. **False statements (verbal or written), misrepresentation, and non-disclosure of pertinent information**
2. **Incomplete Rental History**
3. **History of Evictions/Abandonment**
4. **History of Property Damage**
5. **Any criminal conviction within the past 3 years without treatment or a verifiable support structure**
6. **Under the age of 18 unless an emancipated minor**

You **must** demonstrate an ability to pay rent including:

1. Having verifiable income
2. An income of at least 60% greater than proposed rent
3. An income to debt ratio not greater than 40%

For verification purposes, each member of the household 18 years of age or older **must** submit a valid copy of their driver's license or photo ID and social security card with completed application for





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screening purposes. If a member of the household is a minor and does not have a driver's license or photo ID, then a copy of their birth certificate is required, along with a copy of their social security card.

If circumstances prevent leasing from a traditional landlord, then assistance is still possible from *IHS*. Please accurately complete the Rental Application. All information is verified; therefore, complete disclosure is crucial. Incomplete or inaccurate applications cannot be processed. Application submission represents your agreement with the terms outlined herein. If you need assistance, then please seek aid in completing this application.

Sincerely,

Lisa Janzen
Rental Property Manager



INTERFAITH HOUSING SERVICES, INC.

Rental Application



Desired Property Name/Address:			Unit Number:	
Size of Rental Unit Needed?:		Desired Rent Amt:	Utility Allowance:	

HOUSEHOLD COMPOSITION

Directions to Applicant: Please complete the table below for each member of your household whether or not those members are related. Include all members anticipated to live within Unit at least 50% of the time during the next 12 months. (A full time student is any adult enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

1.	Name <u>ALL</u> People to Occupy Unit LAST NAME, MI FIRST	DOB	Age	Sex	Relationship to Head of Household	Social Security #	Student? "Yes" or "No"	If "Yes" PT or FT
					HEAD			

Current Contact Number:		Alternate Contact Number:	
Current Address:			
Email address:			

Tenant	Source of Income	Amount (\$)

*Total Gross Annual Income from above: \$ _____
If you have more sources of income, then please include on a separate page.

Please answer the following questions:

1. Maiden Name (if applicable):
2. Do you have any pets or assistive animals? Yes No
3. Do you expect any changes in the household composition in the next 12 months? Yes No
If yes, then please explain:
4. Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? Yes No
If yes, then please explain:
5. Do all of the above household members reside in the household 100% of the time? Yes No
If no, then please list the household members that do not live in the household 100% of the time:
6. Current Marital Status: Single ; Married (date:); Divorced (date:); Separated (date:);
Widowed (date:)
7. Do you pay for child care or the full time care of a disabled person while a family member is employed? Yes No
If yes, then please list amount paid for care each month. \$
Please give provider's name, address, and phone number.
8. Do you anticipate medical expenses in the next 12 months not covered by insurance (in excess of 3% of your gross annual income)? (Health insurance premiums, dental expenses, eyeglasses, hearing aids and batteries, cost of a live-in assistant, accumulated major medical bill payments. Include portion of the spouse's and/or children's nursing home costs paid from applicant's family income.) Yes No
If yes, then please list amount. \$
9. SPECIAL HOUSING ACCOMODATION:
"Elderly" for USDA guidelines is defined as being 62 years old or older.
"Elderly" for LIHTC properties is defined as 55 or older OR disabled.
Under federal law, an individual is disabled, if: he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. The term physical or mental impairment includes (but is not limited to) such diseases and conditions as, orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, mental retardation, emotional illness, drug addiction and alcoholism. This does not include an addict currently using illegal drugs or alcohol (24 CFR Part 8.3 and HUD Handbook 4350.3, Exhibit 2-2).
 - a. Elderly households may qualify for an adjustment to income when calculating the rent payment, receiving an accessible unit, or both. Do you meet the "elderly" definition? Yes No
Do you need an accessible unit? Yes No
 - b. The tenant selection policy grants a priority to those applicants holding a "Letter of Priority Entitlement" issued by the US Department of Housing and Urban Development or USDA RD. In addition, those households displaced due to housing being rendered uninhabitable.
Do you hold a "Letter of Priority Entitlement"? Yes No
Are you living in (or moving from) a unit determined to be uninhabitable? Yes No
If yes, then please explain:
10. Have you ever received housing assistance from HUD or USDA Rural Development (formerly FmHA)? Yes No
11. Has your housing assistance or tenancy ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures? Yes No

BACKGROUND INFORMATION

1. Do you have full custody of your child(ren)? Explain the custody arrangements: Yes No N/A
2. Would you or any members of your household benefit from a handicapped-accessible unit? Yes No
If yes, then please explain:
3. Have you ever been convicted of a felony? Yes No
If yes, then please explain:
4. Do you currently have (or had in the past 5 years) a criminal action taken against you? Yes No
If yes, then please describe situation and name applicant this is regarding:
5. Do you currently have an outstanding felony charge that has not yet been settled in a Court of Law? Yes No
If yes, then please explain:
6. Have you ever filed Bankruptcy? Yes No
If yes, then please explain:
7. Have you ever been evicted from another apartment/housing complex before? Yes No
If yes, then please explain:
8. Have you ever left another apartment/housing complex still owing rent or money for damages? Yes No
If yes, then please explain:
9. Have you ever lived in this complex before? Yes No
If yes, then please list dates of residency:
10. Will this be your only place of residence? Yes No
If no, then please explain:
11. Current Residence: Rent , Own , Other ?
12. Why are you moving from current residence?
13. What is the condition of your current housing? Standard ; Unsafe or Unhealthy ; Living with Parents ;
No Indoor Plumbing / Kitchen ; Currently without Housing
14. Do you understand this organization is governed by specific rules of the Internal Revenue Service, the USDA RD and the State of Kansas? (These regulations may affect your ability to qualify for housing.) Yes No
15. Are you prepared to complete a tenant income certification for your household and have the information verified by a third party? Yes No
16. Do you have a legal right to be in the United States? (check one that applies)
 Yes, because I am a United States Citizen.
 Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services.
(Formerly the Immigration and Naturalization Service).
 No

If you answered "Yes" because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a Non-Citizen with eligible immigration status.

HOUSEHOLD INCOME

Please indicate the amount of anticipated income for all household members listed on page 1 (for minors, unearned income amounts only) during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask management personnel for assistance.

1. Wages or salaries (include overtime, tips, bonuses, commissions and payments received in cash)	\$
2. Child support (include child support you are entitled to but may not be receiving)	\$
3. Alimony (include alimony you are entitled to but may not be receiving)	\$
4. Social Security	\$
5. Supplemental Security Income (SSI)	\$
6. Public Assistance - ADC, TANF, and/or Aid to Families w/Dependent Children (AFDC)	\$
7. Veterans Administration Benefits	\$
8. Pensions and/or Annuities	\$
9. Unemployment Compensation	\$
10. Disability, Death Benefits and/or Life Insurance Dividends	\$
11. Workers' Compensation	\$
12. Severance Pay	\$
13. Net Income from a Business	\$
(Self Employment, including rental property, land contracts or other forms of real estate)	
14. Income from Assets	\$
15. Regular Contributions and/or Gifts from Person not residing at unit	\$
16. Lottery Winnings or Inheritances (paid as an annuity)	\$
17. All regular pay paid to members of the Armed Forces (Military Pay)	\$
18. Education Grants, Scholarships or Other Student Benefits (including other sources i.e. parents)	\$
19. Long Term Medical Care Insurance Payments in excess of \$180.00 per day	\$
20. Other Income	\$
21. TOTAL	\$
Total Gross Annual Income from Previous Year	\$

ASSETS & INCOME FROM ASSETS

CURRENT ASSETS - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs in selling or converting the asset to cash.

YES	NO	ACCOUNT	#CASH VALUE	LOCATION
DO YOU OR ANYONE IN YOUR HOUSEHOLD HAVE ANY:				
1. <input type="checkbox"/>	<input type="checkbox"/>	Checking Accounts?	\$	Bank
2. <input type="checkbox"/>	<input type="checkbox"/>	Savings Accounts?	\$	Bank
3. <input type="checkbox"/>	<input type="checkbox"/>	Certificate of Deposits?	\$	Bank
4. <input type="checkbox"/>	<input type="checkbox"/>	Safety Deposit Boxes?	\$	Bank
5. <input type="checkbox"/>	<input type="checkbox"/>	Trust Accounts?	\$	Bank
6. <input type="checkbox"/>	<input type="checkbox"/>	Stock or Securities?	\$	Bank
7. <input type="checkbox"/>	<input type="checkbox"/>	Treasury Bills?	\$	Bank
8. <input type="checkbox"/>	<input type="checkbox"/>	Retirement Funds?	\$	Bank
9. <input type="checkbox"/>	<input type="checkbox"/>	Mutual Funds?	\$	Bank
10. <input type="checkbox"/>	<input type="checkbox"/>	Saving Bonds?	\$	Bank
11. <input type="checkbox"/>	<input type="checkbox"/>	Money Market Accounts?	\$	Bank

ASSETS CONTINUED

1. Do you (or anyone in your household) have any Whole or Universal Life Insurance Policies? Yes No
If yes, then list the company who holds this policy.

2. Do you or anyone in your household have any Personal Property held as an investment? Yes No
(This includes paintings, artwork, collector cars, jewelry, antiques, and coin or stamp collections)
If yes, then list the cash value. \$

3. Do you or anyone in your household receive, or expect to receive any Lump Sum Receipts? Yes No
(Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)
If yes, then: When? Cash Value? \$

Where are the funds held?

4. Do you or anyone in your household own equity in real estate, rental property, land contract/contract for deeds, or other real estate holdings or other capital investments? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes, time shares, and commercial property) Yes No
If yes, then please list: (Please list additional properties on a separate page)

Type of Property:

Location of Property:

Appraised Market Value:

Mortgage or Outstanding loans balance due:

Amount of Annual Insurance Premium:

Amount of most recent tax bill:

5. Have you or anyone in your household sold or disposed of any property in the last two years? Yes No
If yes, then please list:

Type of Property:

Market Value:

Amount Sold or Disposed:

Date of Transaction:

6. Have you or anyone in your household sold or disposed of any other assets in the last two years? Yes No
If yes, then please list:

Type of Property:

Market Value:

Amount Sold or Disposed:

Date of Transaction:

7. Do you have any other assets not listed above (excluding personal property)? Yes No
If yes, then please list:

Character Verifications:

(List 3 references you have known at least one year; please list your emergency contact first. Emergency contact will receive access to your Unit in case of Emergency in order to retrieve belongings etc.)

Name	Address	Phone
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Name	Address	Phone
------	---------	-------

Name	Address	Phone
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Landlord Verification:

(Applicant **MUST** include five years of verifiable residency)

--Current Landlord – May we contact current landlord? YES NO

Name	Address	Phone
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When did you move into this address? _____

--Previous Landlord – (If less than five years at present address)

Name	Address	Phone
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When did you move into this address? _____

--Previous Landlord – (If less than five years at present address)

Name	Address	Phone
------	---------	-------

When did you move into this address? _____

--Previous Landlord – (If less than five years at present address)

Name	Address	Phone
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Applicant Statements:

CHDO/LIHTC Recertification:

By signing this income certification, I/We understand that in accordance with Section 42 regulations regarding recertification, I/We will be required to complete another certification within the next 12 months and within each 12 month period thereafter, and failure to do so will jeopardize my/our ability to continuing living at this housing development.

CHDO/LIHTC Certification:

I/We certify under penalty of perjury that all information I/We provided for the purpose of completing this form is true and complete to the best of my/our knowledge and belief. I/We understand that willful misrepresentation of any information provided herein constitutes fraud and may be dealt with in a Court of Law.

USDA Rural Development:

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

_____	_____	_____	_____
Tenant Signature	Date	Co-Tenant Signature	Date
_____	_____	_____	_____
Co-Tenant Signature	Date	Co-Tenant Signature	Date

Please return completed application to:
Interfaith Housing Services, Inc.
PO Box 1987
Hutchinson, KS 67504-1987

TO BE COMPLETED BY AGENT:

Agent's Statement: Based on the representations herein and upon the proof and documentation obtained, the household named in this Application/Certification is eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, to live in a unit in the development. Based on the representations herein and upon the proofs and documentation obtained, the household constitutes a low-income resident who's anticipated annual income for the next twelve months does not exceed:

For Initial Application/Certification/Re-certification:
\$ _____ (Income Limit for Household Size); % OF AMI.

Authorized Representative: _____ Date _____

IHS complies with the Fair Housing Act and does not discriminate based upon Race, Color, National Origin, Disability, Familial Status, Religion, or Sex.

The requested information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applications on the basis of Race, Color, National Origin, Religion, Sex, Familial Status, Age, and Disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information is not used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of each individual applicant on the basis of visual observation or surname.

ETHNICITY: (PLEASE CHECK ONE OF THE FOLLOWING FOR EACH MEMBER OF HOUSEHOLD IN ORDER OF HOUSEHOLD COMPOSITION ON PAGE 1.)

- | | | | | | | |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. HISPANIC OR LATINO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. NOT HISPANIC OR LATINO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RACE: (PLEASE CHECK ONE OF THE FOLLOWING)

- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. AMERICAN INDIAN/ALASKA NATIVE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ASIAN | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. BLACK OR AFRICAN AMERICAN | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. WHITE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | | | | | |
|----------------|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| GENDER: | FEMALE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | MALE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
-

MANAGEMENT USE ONLY:

Date Application Received:

Date Application Reviewed:

Application Reviewed By:

Income Qualifies? Yes No

Application Qualifies? Yes No

If no, then list reason for disqualification:

TENANT RELEASE AND CONSENT

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release without liability, information regarding: employment, income, previous tenancy, background information, and/or assets to Interfaith Housing Services, Inc., for purposes of verifying information on my/our housing rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity and character, employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies
Veterans Administration	Previous Landlords (including Public
State Unemployment Agencies	Housing Agencies)
Retirement Systems	Social Security Administration
Banks/Other Financial Institutions	Support and Alimony Providers
Medical and Child Care Providers	Law Enforcement Agencies
Credit Bureaus	Character References

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

Applicant/Tenant Signature	Date	Applicant/Tenant Signature	Date
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Applicant/Tenant Signature	Date	Applicant/Tenant Signature	Date
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Management Signature	Date
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