

Homes of Hope Rental Application
What you need to know prior to applying for a Rental Property

Homes of Hope provides affordable housing for individuals and/or families with low-to-moderate income. We have 2-4 bedroom homes throughout the Upstate. Applications are accepted in the Rock Hill office monthly.

- Things to note:
- On average less than 20 units (depending on the area) become vacant annually
 - Waiting lists can consist of 100+ applicants
 - If approved, your name will go on the waiting list for a period of one year (12 months)
 - **HOUSING IS NOT GUARANTEED**
 - Please continue seeking housing outside of Homes of Hope

There is a \$40 NON-REFUNDABLE application fee per adult (age 18+), payable only in the form of cash or a money order/cashier's check. This fee covers a credit and criminal background check.

We operate in accordance with State Housing income procedures. We serve income ranges from 30-120% Area Media Incomes (AMI). The percentage amount depends on the Federal Grant guidelines per housing development. **Low Rent** is considered anything 50% and below. **High Rent** is considered anything above 50%. This amount is based on TOTAL GROSS household income, including but not limited to: wages, child support, SSI, unemployment, pension, alimony. Should something become available to meet your needs, you will be notified.

We do not discriminate in rental housing for factors including, but not limited to: Race, Color, Sex, National Origin, Handicap, Family Status, Marital Status, Seeing/Hearing Eye Dog, or Religion.

RENT is due on the 1st of the month but you have until the 5th of the month to pay. If your application is accepted and the lease agreement starts after the 5th of the month, the rent will be prorated (rent will only be charged for the number of days living in the unit for that month).

NON-SMOKING: All of our rental properties are non-smoking. Units will be assessed at the time of "move out" and housing clients will be charged for repairs to restore the unit to smoke free condition.

Pet Breeds not allowed at any of our properties: Pit Bulls/Staffordshire Terriers, Doberman Pinschers, Rottweilers, German Shepherds, Chows and Great Danes (including all pets mixed with these breeds). Pets cannot weigh more than 20 pounds. There is a Nonrefundable Pet Fee, per pet, per unit, of \$300.00 (2 pets maximum). A picture of your pet and/or Vet records may be requested for your pet.

Please be advised that any inaccurate information provided, or failure to disclose proper income or household members, your rental application may result in the denial of your application for lack of truthfulness and transparency. Please note that the application fee is non-refundable regardless of the application outcome. Any applicants found to have intentionally misrepresented information are ineligible to reapply for a period of six months from the date of denial.

Name _____ Date _____

Name _____ Date _____



Below are the required documents that need to be submitted with a completed application and application fee. All required documents must accompany the application at the time of submission. Emailed, screenshots or pictures **will not** be accepted.

- Copies of 6 months of most recent bank statements for checking account, 1 month of most recent statement for savings account. Bank statements include but are not limited to Bank (Bank of America, Wells Fargo, First Citizens etc.) Credit Union (Founders, Family Trust, Arrowood, Patriot etc.) Pay Cards for Direct deposit Cash App, Zell, Venmo, other money /funds transferring methods Chime, Skyla, Credit Karma - Statements from all that apply above would need to be submitted as “bank statements”
- Verification of Employment document signed and dated- ***TOP PORTION ONLY DO NOT GIVE THIS PAGE TO YOUR EMPLOYER***
- 2 months of most recent paycheck stubs (consecutive -can't skip a week and or pay period) (if paid weekly -11 paycheck stubs; if bi-weekly -7 paycheck stubs) Including but not limited to Door Dash, Lyft, Uber Eats etc.
- If child support is awarded (whether received or NOT), a 1 year print out from Family Court is required **AND** a court stamped award letter or divorce decree. If child support is not awarded, the prospective client must sign the included affidavit stating they aren't awarded child support, or they receive it voluntarily, whichever the case may be. ****Child support printout must be stamped by the clerk. We cannot accept any documentation if it is not stamped. ****
- We will NOT accept any proof of income that is more than 3 months old. This includes social security/ disability/ unemployment print outs.
- Copy of Driver's License/ State issued ID for each adult
- Social Security cards for each individual in the household
- Homes of Hope, Inc. asks that tenants provide a copy of a renter's insurance policy before lease signing.

EMAILED, SCREENSHOTS or PICTURE OF ANY OF THE ABOVE DOCUMENTATION **WILL NOT** BE ACCEPTED.

Please be advised that any inaccurate information provided on your rental application may result in the denial of your application for lack of truthfulness and transparency. Please note that the application fee is non-refundable regardless of the application outcome. Any applicants found to have intentionally misrepresented information are ineligible to reapply for a period of six months from the date of denial.

Thank you,

First Choice Property Management, Inc.



NON-REFUNDABLE Application Fee
 \$40.00 per Adult (18 years or older)

Money Order Only: ___ Yes or ___ No

PLEASE PRINT:

APPLICANT:

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____ VETERAN: YES NO

SOCIAL SECURITY # _____ DATE OF BIRTH _____ E-MAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE HOME () _____ CELL () _____ WORK () _____

CO-APPLICANT:

NAME _____ SOCIAL SECURITY # _____ DOB _____ VETERAN: Y N

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE HOME () _____ CELL () _____ E-MAIL _____

LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD:

NAME	RELATIONSHIP TO APPLICANT	AGE	DATE OF BIRTH	SEX	RACE	SSN	EMPLOYED?

NAME OF CURRENT LANDLORD: _____ PHONE: _____

ADDRESS OF CURRENT LANDLORD _____

MONTHLY RENT PAYMENT \$ _____ # OF TIMES LATE WITHIN THE LAST 12 MONTHS? _____

TIME LIVED AT ABOVE ADDRESS _____ IF LESS THAN TWO YEARS, PREVIOUS

ADDRESS _____ NUMBER OF CARS IN HOUSEHOLD _____

INCOME:

DO YOU HAVE A SECTION 8 VOUCHER? _____ AMOUNT \$ _____

SECTION 8 COUNSELOR & PHONE NUMBER _____

APPLICANT'S INCOME

HOUR \$ _____ WEEK \$ _____ MONTH \$ _____ ANNUAL \$ _____

EMPLOYER _____

ADDRESS _____ PHONE _____

HOURS PER WEEK _____ LENGTH OF TIME AT CURRENT EMPLOYMENT _____

PREVIOUS EMPLOYER: _____ ADDRESS: _____

HOURLY \$ _____ HOURS PER WEEK _____ LENGTH OF EMPLOYMENT _____

PENSION/DISABILITY/SOCIAL SECURITY _____

SPOUSE'S/CO-APPLICANT INCOME:

HOURLY \$ _____ ANNUAL \$ _____ HOURS PER WEEK _____ LENGTH OF EMPLOYMENT _____

EMPLOYER _____ ADDRESS _____

PENSION/DISABILITY/SOCIAL SECURITY _____

CHILD SUPPORT RECEIVED MONTHLY \$ _____ IS IT COURT-ORDERED? _____

ADDITIONAL INCOME: SOURCE _____ \$ _____

TOTAL INCOME PER MONTH FROM ALL SOURCES \$ _____

RENTAL/CREDIT REFERENCES/CREDIT ACCOUNTS (List all mortgages, open charge account, finance company loans, automobile loans, etc.)

ACCOUNTS	ACCOUNT #	BALANCE	PAYMENT
DAY CARE EXPENSES			

CERTIFICATION BY APPLICANT(S):

I certify that the information given is complete and correct. The Landlord or his agent is hereby authorized to verify the accuracy and correctness of these statements, to communicate with my present and former employers, creditors and landlords, and to procure such other information which the Landlord may require to evaluate this application. I understand that additional resources may be used to verify this application and I release all parties from liability for damages for issuing such information in good faith.

*I (we) authorize Homes of Hope, Inc. to conduct a credit check and hereby deposit an application fee which I (we) understand is **NOT REFUNDABLE**. Also please be aware that submitting an application with Homes of Hope, Inc. **DOES NOT** guarantee immediate housing **NOR** placement into our program. Upon approval only, you will be placed on our waiting list in the hope that a home becomes available meeting your specific needs. Your credit report will reflect an inquiry from Rentfacts, A First Point Resource, and our credit service contractor. I (we) further authorize Homes of Hope, Inc. to verify my household income annually, and agree to vacate premises and terminate lease upon failure to qualify under income guidelines determined by Homes of Hope, Inc.*

Applicant's Signature

Date

Spouse's/Co-Applicant Signature

Date

TELL US ABOUT YOUR SITUATION:

WHICH AREA/DEVELOPMENT WOULD YOU PREFER? _____



**HOMES OF HOPE, INC.
RELEASE AND CONSENT OF INFORMATION**

I, _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability regarding employment, income, assets, verifications, etc., to Homes of Hope, Inc. for the purpose of verifying information on my rental application and continued residency.

I understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to, personal identity, employment, income and assets and full-time student status. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued residency as a qualified resident.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief as may be appropriate against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S. C 408(f), (g) and (h).

HUD (Department of Housing & Urban Development), the IRS Low Income Housing Tax Credit Guidelines (Section 42 of the Internal Revenue Service Code) and the South Carolina State Housing Finance & Development Authority (Housing Trust Fund Program) require this community to verify this information for the above referenced applicant.

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

- | | | |
|---------------------------------------|---------------------------|--------------------------------|
| Alimony Providers/Family Courts | Law Enforcement Agencies | Social Security Administration |
| Banking Institutions | Past or Present Employers | State Unemployment Agencies |
| Child Support Providers/Family Courts | Previous Landlords | Veteran Administration |
| Courts | Retirement Systems | Welfare Agencies |
| Credit Bureaus | Schools and Colleges | |

I agree that a photocopy or fax of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for as long as I am a resident of this property. I understand that I have a right to review this file and correct any information that is incorrect.

SIGNATURE:

Applicant/Resident Signature

Printed Name

Date

Each adult (18 yrs+) applying for residency must complete a Resident Release and Consent Form. Return completed verifications to: First Choice Property Mgmt., Inc. 527 North Avenue, Rock Hill, SC 29732, Attn: Client Development.

3 Dunean Street
Greenville, SC 29611
(864)269-4663
FAX (864)269-6235
E-mail: Homesofhope.org



RELEASE OF PHOTOGRAPHIC PRIVILEGES

I give my permission for Homes of Hope, Inc. and/or any of its outreach departments to use photographs of:

- Myself
- My property
- My child
- My children
- My family

in printed materials, web sites, and/or audio-video presentations for the purpose of ministry awareness and/or fundraising to help individuals and families who are homeless or in a crisis situation.

I understand that my/my children(ren)'s photograph may be used for future projects as needed by Homes of Hope. Services routinely provided by Homes of Hope are in no way contingent upon my willingness or unwillingness to be photographed, interviewed, or videotaped for ministry purposes; nor participation in any Homes of Hope housing refurbishing project.

Please provide your name and address for Homes of Hope to contact you, if necessary.

NAME _____ PHONE _____

ADDRESS _____

CITY/ST/ZIP _____

E-MAIL ADDRESS _____

Signature

Date

Signature

Date



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of hope**

Client Affidavit of Child Support

Name: _____

Address: _____

() I am court ordered to receive child support for minor child and or children,

() weekly () bi-weekly () Monthly in the amount of _____ .

* The following court ordered child support documentations are required as proof:
Court stamped award letter print out from Family Court **AND** Court stamped divorce

() I am NOT court ordered to receive child support for the minor child and or children,

() Although I'm not court ordered to receive child support, I receive financial support for minor child and or children, _____, () weekly () bi-weekly () monthly in the amount of \$_____ from the non-custodial parent.

** If financial support is voluntarily given from non-custodial parent, he/she will need to provide a signed and notarized documentation including his/her name, address, contact number, minor child/childrens names, amount given and frequency of payments.

Client's Signature

Date

Notary Expiration

Expiration

Date



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AFFIDAVIT OF BANK ACCOUNT

I, _____, declare that I **DO** have a checking or savings account with a financial institution. I further understand that I must provide six (6) months of bank statements and one (1) month savings statement.

I, _____, declare that I **DO NOT** have a checking or savings account with a financial institution.

Client Signature

Printed Name

Date

Notary

Expiration

Date



M-19B Verification of Assets

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.com

RE: _____
Applicant's Name Name of Banking Institution

I hereby authorize release of my information.

Signature of Applicant _____ Date _____

OR copy of the attached executed release form which authorizes the information requested

Federal regulations require verification of assets for all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. Your prompt response is greatly appreciated.

RETURN FORM TO: _____ Fax #: _____ Email: _____

THIS SECTION TO BE COMPLETED BY BANKING INSTITUTION

<u>Checking Account #</u>		<u>Avg 6 Month Balance</u>	<u>Current % Rate</u>	
1		\$	%	
2		\$	%	
<u>Savings Account #</u>		<u>Current Balance</u>	<u>Current % Rate</u>	
1		\$	%	
2		\$	%	
<u>Money Market Account #</u>		<u>Avg 6 Month Balance</u>	<u>Current % Rate</u>	
1		\$	%	
2		\$	%	
<u>Cert of Deposit Account #</u>		<u>Current Balance</u>	<u>Current % Rate</u>	<u>Withdrawal Penalty</u>
1		\$	%	
2		\$	%	
<u>Retirement Savings (IRS, Keogh, 401(k))</u>		<u>Current Balance</u>	<u>Current % Rate</u>	<u>Withdrawal Penalty</u>
1		\$	%	
2		\$	%	

If the "6 month average" requested above is unavailable, explain why (i.e. account open for four months, system only allows for three month averages, etc...)

Additional remarks: _____

Authorized Signature _____ Printed Name _____ Date _____

Title _____ Address _____

Phone # _____ Fax # _____ E-mail _____

NOTE: Section 1001 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willing making false or fraudulent statements to any department of the United States Government.



M-19D Verification of Employment

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.com

RE: _____
Applicant Name

Address

I hereby authorize release of my employment information.

Signature of Employee _____ Date _____

OR copy of the attached executed release form which authorizes the information requested.

Federal regulations require verification of income for all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. Your prompt response is greatly appreciated.

RETURN FORM TO: _____ Fax #: _____ Email: _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name _____

Job Title _____ Date of Hire ____/____/____

Current Salary/Wages \$ _____ Hourly Weekly Bi-weekly Monthly Annual Salary

Average # regular hours per week: _____

Overtime rate: \$ _____ per hour Average # of overtime hours per week: _____

Commission: \$ _____ Hourly Weekly Bi-weekly Semi-weekly Monthly Yearly

Bonus: \$ _____ Hourly Weekly Bi-weekly Semi-weekly Monthly Yearly

Tips: \$ _____ Hourly Weekly Bi-weekly Semi-weekly Monthly Yearly

Other: \$ _____ Hourly Weekly Bi-weekly Semi-weekly Monthly Yearly

Does the employee have access to a retirement account? Yes No If yes, what amount \$ _____

and rate of interest _____. Does the account have withdrawal penalties? Amount \$ _____

Employer's Signature Employer's Printed Name Date

Employer Title Employer (Company) Name and Address

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Each individual (adults and children) must have a completed M-19P Form. Guardians must complete a form for each minor child living in the home. Return completed verifications to: First Choice Property Mgmt., Inc. 527 North Avenue, Rock Hill, SC 29732, Attn:Client Development.



M-19P Declaration of Citizenship Status

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.com

Notice: Federal Regulations prohibit providing housing assistance to persons other than United States citizens, nationals or certain other categories of eligible noncitizens.

Each family member, regardless of age, is required to submit a declaration of citizenship status. Please read the declaration carefully and feel free to consult with an immigration attorney or other immigration expert of your choice.

I, _____, certify, under penalty of perjury--(1), that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

___ I am a citizen, naturalized citizen or national of the U.S.

___ I have eligible immigration status and I am 62 year of age or older. Attach evidence of proof of age (2).

___ I have eligible immigration status as checked below (see second page of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

___ Immigrant status under Section 101(a)(15) or 101(a)(20) of the INA (3)

___ Permanent residence under Section 249 of INA (4)

___ Refugee, asylum, or conditional entry status under Sections 207, 208 or 203 of the INA (5)

___ Parole status under Section 212(d)(C5) of the INA (6)

___ Threat to life or freedom under the Section 243(h) of the INA (7)

___ Amnesty under Section 245A of the INA (8).

Signature of Adult Family Member

Date

Note: Section 101 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willing making false or fraudulent statements to any department of the United States Government.

INSTRUCTIONS TO ADULT FAMILY MEMBER (18 AND OVER) FOR COMPLETING FORM: Print or type first name, middle initial(s), and last name. Place an "X" in the appropriate box(es). Sign and date form.

INSTRUCTIONS FOR COMPLETING FORM FOR MINORS (17 AND UNDER): Print or type first name, middle initial(s), and last name of minor. Place an "X" in the appropriate box(es). The form must be signed by the adult residing in the unit, who is responsible for the minor.

- (1) Warning: 18 U.S.C. 1001 provides, among other things, that whoever, knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, or imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- (2) Eligible immigration status and 62 years of age or older. For noncitizens who are 62 year of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must provide proof of age. No further documentation of eligible immigration status is required.

- (3) Immigrant status under Section 101(a)(15) or 101(a)(20) of INA. A noncitizen lawfully admitted for permanent resident, as defined by Section 1019(a)(20) of the Immigration and Nationality Act (INA), as an Immigrant, as defined by Section 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15)), respectively [immigrant status]. This category includes a noncitizen admitted under Section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.

- (4) Permanent residence under Section 249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

- (5) Refugee, asylum or conditional entry status under Section 207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to admission under Section 207 of the INA (8 U.S.C. 1157) [refugee status], pursuant to the granting of asylum (which has not been terminated) under Section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under Section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

- (6) Parole status under Section 212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under Section 212(d)(5) of INA (8 U.S.C. 1182(d)(5)) [parole status].

- (7) Threat to life or freedom under Section 243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under Section 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

- (8) Amnesty under Section 245A of the INA. A noncitizen lawfully admitted for temporary or permanent residence under Section 254A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].



Tenant Vehicle Registration

I, _____, certify that the vehicle information provided below is true and accurate.

Vehicle 1:

Make: _____

Model: _____

Year: _____

Color: _____

Vehicle Number (VIN): _____

Tag #: _____

Insurance Company: _____

Vehicle 2:

Make: _____

Model: _____

Year: _____

Color: _____

Vehicle Number (VIN): _____

Tag #: _____

Insurance Company: _____

Tenant's signature

Date

It is the responsibility of the tenant to notify Homes of Hope, Inc. of vehicle changes.