DEEP FORK COMMUNITY ACTION
FOUNDATION, INC.
P. O. Box 670
Okmulgee, OK 74447
918/756-2826

Thank you for your interest in the Rental House. Renters to qualify must meet the 60% of Area Median Income or less.

Please complete and sign the attached application. Please be sure to include all members of your family and their information.

Deep Fork Community Action Foundation requires all rental applicants to complete the following:

1. **Rental Application**
2. **60 days of most recent paycheck stubs for anyone that is working. For anyone on Social Security/Disability we will need a CURRENT year benefit letter. Anyone 18 and over not working needs to sign a zero income form.**
3. **Asset information – such as 2 months worth of banking (Checking and Savings if applicable) statements.**
4. **ID's for everyone 18 & older. Social Security Cards for everyone in the home**

Once a home is available, the Housing Director will offer the home to the next person on the waiting list. If that person is interested in renting the home they will need to meet the following qualifications: Income of 3 times the monthly rent (Example: If rent is $500-minimum income must be $1500 or more). Must pass background/credit check, no evictions or owing landlords money in the past 5 years. No violent or drug felonies past 5 years. Credit score of 500 or higher.

FAQ

Can we have pets? **No pets are allowed.**

Are we responsible for our deposits for electric and water? **Yes, you are responsible for deposits and payments on utilities and electric.**

Do we have to mow the yard? **It is the renters responsibility to keep the yard mowed and clean. IF you are unable to mow the yard we have a mowing service that will charge you a fee to mow your yard.**

EQUAL HOUSING OPPORTUNITY

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APPLICATION FOR LEASE

FOR MANAGEMENT USE ONLY
Received _____ Time _____
Date Approved _____ Date Rejected: _____
Unit # Assigned _____

APPLICANTS CURRENT CONTACT #'S
Home: _____
Cell: _____
Work: _____
~~Other~~: _____

Email

General Information

Please print, answer ALL questions, and use ink when completing this application. If a mistake is made DO NOT use white out, simply mark thru and initial corrections.

Applicant Name(s): _____

Address: _____

Number of bedrooms in your current unit? _____ Do you own? _____ or Rent? _____

Check utilities paid by you: ☐Water ☐Electricity ☐Gas ☐Other_____

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): $_____

Bedroom size requested: ☐Two bedroom ☐Three bedroom ☐Handicap

Household Information

List all household members (including yourself) that you anticipate will live with you at least 50% of the time during the next 12 months.

Name Last, First Middle	Relationship to Head of Household	M/F	Date of Birth	Age	Social Security Number (will need a copy of SS cards)	Student Part or Full Time (circle one)
						Y / N
						Y / N
						Y / N
						Y / N
						Y / N
						Y / N
						Y / N
						Y / N

1. Do you expect any additions to the household within the next 12 months? ☐Yes ☐No
   Name and relationship: _____
   Explanation: _____
2. Is there anyone living with you now who won't be living with you at this property? ☐Yes ☐No
   Name and relationship: _____
   Explanation: _____
3. Do you have full custody of your child(ren)? ☐Yes ☐No
   Explanation: _____
4. Are there any absent household member who under normal conditions would live with you? ☐Yes ☐No
   (For example, a household member away in the military.)
   Explanation: _____
5. Will you or any member of the household be enrolled in a higher education institute? ☐Yes ☐No
   (For example, College)
   Name and relationship: _____
6. Will you or any adult household member require a live-in care attendant? ☐Yes ☐No
7. What is the current and past marital status for each ADULT household member?

Status	Adult: HOH	Adult:	Adult:	Adult:	Adult:	Mgmt Use ONLY
Single (Circle One)	Y / N	Y / N	Y / N	Y / N	Y / N	
Married # of times	Y/N | #	Y/N | #	Y/N | #	Y/N | #	Y/N | #	
Divorced # of times	Y/N | #	Y/N | #	Y/N | #	Y/N | #	Y/N | #	Need Divorce Decrees
Separated (Circle)	Y / N	Y / N	Y / N	Y / N	Y / N	411
Widowed (Circle)	Y / N	Y / N	Y / N	Y / N	Y / N	

8. Will your household be receiving Section 8 or rental assistance at time of move in? ☐Yes ☐No
9. Will your household be receiving Section 8 or rental assistance in the next 12 months? ☐Yes ☐No

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, I the income is unearned income such as a grant or benefit, it is counted or all household members including minors.

Include all income anticipated for the next 12 months.
Do YOU or ANYONE in your household receive or expect to receive income from:

Circle One	Source of income	Household Member Name	Gross Monthly Amount	Management Use ONLY
Y / N	Employment wages or salaries? (Include overtime, tips, bonuses, commissions, and payments received in cash.)			
Y / N	Self-employment? Include overtime, tips, bonuses, commissions, and payments received in cash.)			
Y / N	Regular pay as a member of the Armed Forces?			

Circle One	Source of income	Household Member Name	Gross Monthly Amount	Management Use ONLY
Y / N	Unemployment benefits?			
Y / N	Workman's Compensation?			
Y / N	Social Security?			
Y / N	SSI Benefits?			
Y / N	Pension?			
Y / N	Veteran's Benefits?			
Y / N	Tribal Benefits?			
Y / N	Regular Payments from a severance package?			
Y / N	Regular payments from any type of settlement?			
Y / N	Regular gifts or payments from anyone outside off the household? (This includes anyone supplementing your income or paying any of your bills)			
Y / N	Public Assistance? (TANF, Food Stamps, and/or AD.)			
Y / N	Financial Aid? (Grants & scholarships)			
Y / N	Regular payment from lottery winnings or inheritances?			
Y / N	Long term medical care insurance payments?			
Y / N	Are you legally entitled to receive Child Support? (If yes, list the amount you are entitled to receive)			
Y / N	Do you receive child support (If yes, list the amount you receive.)			
Y / N	Are you legally entitled to receive Alimony? (If yes, list the amount your are entitled to receive)			
Y / N	Do you receive Alimony? (If yes, list the amount you receive.)			
Y / N	Other Income			
TOTAL MONTHLY INCOME			$	
TOTAL GROSS ANNUAL INCOME (Based on the total monthly income x 12)			$	

Circle One	Additional Income Information			Management Use ONLY
Y / N	Are you or any other ADULT household member claiming zero income? If yes, explain:			
Y / N	Do you or any other household members expect any changes to your income in the next 12 months? If yes, explain:			

Assets	Cash Value	Income from Assets	Bank Name	Account Number
Cash on Hand	$	NA	NA	NA
Checking Account	$	$		
Savings Account	$	$		
CD's, Money Mkt	$	$		
401K, Pensions	$	$		
Stocks, Bonds, Trust Funds	$	$		
Real Estate	$	NA	NA	NA
Pre-paid Debit Card	$	NA		
Other	$	$		

Have you disposed of any assets for less than fair market value in the past 2 years? YES or NO.

If yes, please explain _____

Additional Information

10. Are you or any other household member currently using an illegal substance? ☐Yes ☐No

Explanation: _____

11. Have you or any household member ever been convicted of drug use or manufacturing of drugs? ☐Yes ☐No

Explanation: _____

12. Do you or any other household member currently have any felony charges? ☐Yes ☐No

Explanation: _____

13. Have you or any household member ever been convicted of a felony? ☐Yes ☐No

Explanation: _____

14. Have you or any household member ever been evicted from any housing? ☐Yes ☐No

Explanation: _____

15. Have you or any household member filed for bankruptcy? ☐Yes ☐No

Explanation: _____

16. Will you take a unit when one is available? ☐Yes ☐No

Explanation: _____

17. Do you have a legal right to be in the United States: (Check the one that applies?)

☐ Yes, because I am a United States Citizen

☐ Yes, because I have a valid documentation from the Bureau of Citizenship and Immigration Services (formerly the Immigration and Naturalization Service)

☐ No

Note: I 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.

For statistical purposes only, we request that you please provide the following:

Designated Ethnicity:

(a.) ☐Hispanic/Latino # of household members _____

(b.) ☐Not Hispanic or Latino # of household members _____

Designated Race:

(1.) ☐African American # of household members _____

(2.) ☐ American Indian/ Alaska Native # of household members _____

(3.) ☐Asian # of household members _____

(4.) ☐Native Hawaiian/ other Pacific-Islander # of household members _____

(5.) ☐ White # of household members _____

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through HUD 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 will not be 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 individual applicants on the basis of visual observation or surname."

Employment History

Head of Household's Current Employment	Employer:			
	Date Hired:		Hourly Rate:	
	Phone #:		Fax Number:	
Head of Household's Prior Employment	Employer:			
	Date Hired:		Hourly Rate:	
	Phone #:		Fax Number:	
Co-Tenant's Current Employment	Employer:			
	Date Hired:		Hourly Rate:	
	Phone #:		Fax Number:	
Co-Tenant's Prior Employment	Employer:			
	Date Hired:		Hourly Rate:	
	Phone #:		Fax Number:	

Reference Information

Current Landlord	Name:			
	Address:			
	Phone #:		Fax Number:	
	Move in Date:		Move out Date:	
	Reason for Leaving:			
Prior Landlord	Name:			
	Address:			
	Phone #:		Fax Number:	
	Move in Date:		Move out Date:	

	Reason for Leaving:	

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Signature Clause

I/we understand that the information collected in this application is to be used to determine my/our eligibility for residency. I/we hereby certify that I/we do/will NOT maintain a separate rental unit in another location. I/we further certify that this will be my/our permanent residence. I/we understand I/we must pay a security deposit prior to occupancy. I/we understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/we certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

_____ _____
Applicant Signature (Head of Household) Date

_____ _____
Applicant Signature (Co-Head of Household) Date

_____ _____
Applicant Signature (Adult Member) Date

_____ _____
Applicant Signature (Adult Member) Date

_____ _____
Other Person Completing the Application and Reason for Assisting Date

Reason: _____

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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 and/or assets to , for purposes of verifying information on my/our rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity; 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 ASKED

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 Housing Agencies)	State Unemployment Agencies	Retirement Systems
Support and Alimony Providers	Social Security Administration	Banks and other Financial Institutions
	Medical and Child Care Providers	

CONDITIONS

I/We agree that a photocopy 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 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.

SIGNATURES

_____	_____	_____
Applicant/Resident	(Print Name)	Date
_____	_____	_____
Co-Applicant/Resident	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED ANDSIGNED SEPARATELY.

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SELF EMPLOYMENT VERIFICATION

Date: _____ Social Security Number: _____

RE: _____

I, _____, Rx for Oklahoma of Northeast Oklahoma Community Action Agency, do hereby certify that the above referenced person stated in my presence that this information is true and correct to the best of his/her knowledge.

_____ _____
Rx for Oklahoma Staff Signature Date

I, _____, do hereby certify that I am self-employed as _____. Itemized herein are my approximate monthly earnings beginning _____, 20_____.

January	$_____	May	$_____	September	$_____
February	$_____	June	$_____	October	$_____
March	$_____	July	$_____	November	$_____
April	$_____	August	$_____	December	$_____

Monthly Average: $_____ Yearly Total: $_____

I further certify that the above is true and correct to the best of my knowledge and belief.

NOTE: Please attach a copy of current income tax return form.

_____ _____
Signature of Applicant/Tenant Date

WARNING: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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EQUAL HOUSING OPPORTUNITY

NON-EMPOLOYED STATUS AFFIDAVIT/CERTIICATION OF ZERO INCOME

Applicant/Tenant Name: _____

Initial and Complete ALL Applicable Paragraphs – Leave Blank if Not Applicable

_____ Initials — I State that I am currently unemployed; I am not under any affirmative obligation to obtain employment compensation or other benefits as a result of my non-employed status; and that I do not anticipate becoming employed within the next twelve months.

_____ Initials — I state that I am currently unemployed but am aware of employment start date of _____ Earning $_____ per _____. (Must be accompanied by 3rd party verification).

_____ Initials — I state that I am currently unemployed. However, I am seeking employment and anticipate becoming employed in the next 12 months. Based upon my prior employment history and education training, I anticipate earning $_____from anticipated employment over the next twelve months. The type of employment that I will be looking or will be _____.

I state that I do not individually receive income from any of the following sources:

_____ Initials

a. Wages from employment(including commissions, tips, bonuses, fees, etc.);
b. Income from operation of a business;
c. Rental income from real or personal property;
d. Interest or dividends from assets;
e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
f. Unemployment or disability payments;
g. Public assistance payments;
h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
j. Any other source not named above.

_____ Initials — I currently have no income of any kind and there is no imminent change expected in my financial status during the next 12 months.

Please explain the source of funds you will be using to make your rent payments:_____

_____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. false, misleading or incomplete information my result in the termination of a lease agreement.

Signature of Applicant/Tenant_____Date_____
Signature of Applicant/Tenant_____Date_____

Deep Fork Community Action Foundation

Child Support/ Alimony Verification

CHILD SUPPORT:

YES or NO 1. Is there a court order or legal agreement for child support? (If YES, a copy must be provided)

NOTE: If the parent/guardian is divorced or legally separated, obtain a copy of the legal document, If the applicant states that child support is not being received although court ordered, it is necessary that you verify through a third party source (District Attorney's office, Lawyer, Child Support Enforcement Unit) that the child support is not being received and that all legal attempts have been made to collect amounts due, otherwise the amount must be included as income.

I, _____, do hereby swear and affirm that:
I am DIVORCED/ LEGALLY SEPARATED/ SEPARATED/ NEVER MARRIED (circle one) and that, I DO NOT RECEIVE/ DO RECEIVE (circle one) $_____per month child support for the support of my children whose names are:

_____ _____

_____ _____

ALIMONY:

I, _____, do hereby swear and affirm that:
I DO NOT RECEIVE/ DO RECEIVE (circle one) $_____per month in Alimony Payments from: _____

I understand that all statements concerning previous marriages, alimony and child support must be verified to properly process my/our application and determine eligibility. I have no objection to inquiry being made for the purpose of verification.

_____ _____

Signature of Parent/Guardian Date

_____

Printed Name of the Parent/Guardian

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LANDLORD REFERENCE VERIFICATION

Landlord: _____ Applicant/Resident_____

_____ _____

_____ _____

I am applying for residence or am currently residing in housing that requires satisfactory reference from previous Landlords. I hereby authorize and request that you furnish the following information that is necessary in determining eligibility for affordable housing.

Applicant's Signature: _____

THE FOLLOWING SECTION TO BE COMPLETED BY LANDDORD

1. How long did the resident live at this property? _____
2. How many bedrooms? _____ How many persons lived in the unit?_____
3. What was the monthly rent? _____ Were utilities included in the rent? ☐ Yes ☐ No
4. Did the resident pay rent on time? ☐ Yes ☐ No Did they leave owing rent? ☐ Yes ☐ No
5. Did resident cause damage to the property? ☐ Yes ☐ No Did they leave owing for damages? ☐ Yes ☐ No
6. Was housekeeping acceptable? (safe & sanitary) ☐ Yes ☐ No
7. Did the resident give notice when they left? ☐ Yes ☐ No
8. Would you rent to this person again? ☐ Yes ☐ No

Comments: _____

_____

Note: Section 1010 of Title 18 f the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

_____ _____
DFCAF Housing Staff Date

To be completed by Management Staff only:

☐ This reference was provided by phone conversation with the above listed person.

_____ _____
DFCAF Housing Staff Date

STUDENT STATUS AFFIDAVIT
FOR HOME UNITS

Must Fill Out!

HOME requires this student question to be asked for ALL activities.

Household Name: _____

Address/Unit #: _____

The HOME student rule excludes certain students from participating independently in the HOME program.

Answer Yes or No	Yes	No
Is any occupant attending an institution of higher education?		

If the answer above is YES, please answer the following; one exception must be met.

Name of household member attending institution: _____

Answer Yes or No	Yes	No
Are you over the age of 23?		
Are you a veteran of the US military?		
Are you married? (Same sex marriage should be recognized)		
Do you have dependent children?		
Do you have disabilities? (Were you receiving Section 8 assistance as of 11/30/05)		
Will you reside with and are a dependent of a household member in this unit?		

Under penalties of perjury, I certify the above information is true and correct as of this date. I understand that I must notify management if the above circumstances change.

_____ _____

Signature of Applicant/Resident Date

Warning: Section 1001 of the Title 18 U. S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

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BIOLOGICAL PARENTS AFFIDAVIT

Applicant/Resident _____ Applicant/Resident _____

We are the biological parent of the following minors who are listed as household member on our paperwork.

Minor's Name	Social Security Number	Date of Birth

Under penalty of perjury, I/We certify that the information in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

_____ _____
Signature of Applicant/Tenant Date

_____ _____
Signature of Applicant/Tenant Date