



## **Rental Application: South Bend Mutual Homes**

South Bend Mutual Homes (SBMH) is an affordable cooperative housing community in the city near west side. The community offers 2, 3, and 4 BR single family homes for persons with incomes at or below 60% AMI level.

A housing cooperative is when residents come together to own and control the housing in which they live. The residents form a board of directors in which they elect one another to represent the cooperative as whole.

The benefit of a housing cooperative is that residents have a voice and make decisions about the housing. Not just their individual home, but all 24 homes in the cooperative.

By submitting this application, I understand I am applying to live in a housing cooperative. Furthermore, I understand that I will be expected to participate in the housing cooperative meetings and events.

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South Bend Heritage Foundation  
803 Lincolnway West  
South Bend, IN 46616  
574-855-1603

## Rental Application

Date of Application \_\_\_\_\_

Desired Move-In Date \_\_\_\_\_

Type & Size Desired: \_\_\_\_\_

Head of Household's Name: \_\_\_\_\_

Would anyone in your Household benefit from the features of a handicap-accessible unit? ☐ Yes ☐ No

Is your household displaced due to a Presidentially Declared Disaster? ☐ Yes ☐ No

Are you or any household member a Veteran? ☐ Yes ☐ No

If yes, who? \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

Are you or any household members including live-in aides, or foster child/adults **subject to a lifetime sex offender registration requirement in any state?** ☐ Yes ☐ No

*List the Head of Household and all other members who will be living in the unit. Give the relationship of each household member to the head. Applicants for admission into this community must provide a complete list of **ALL** states in which any household member has resided.*

Names of Household Members (First, Middle Initial, Last)	Relationship	Birth Date	Age	Sex (optional)	Social Security Number	Previous States Resided (use abbreviation)
	Head					

Home Telephone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Telephone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Are there currently any plans to add anyone to the household? \_\_\_\_\_

If so, Who? \_\_\_\_\_ When? \_\_\_\_\_

Do you hold a Housing Choice Voucher and wish to use it at this community? ☐ Yes ☐ No

### ANIMALS

Will your household have an assistance animal? ☐ Yes ☐ No

Will your household have a pet? ☐ Yes ☐ No

Please give description of the assistance animal or pet? \_\_\_\_\_



This institution is an equal opportunity provider and employer.

**HOUSING INFORMATION:**

Beginning with your current address, list all required information for the last two-years (2). Please attached a separate page explaining any gaps in housing history or additional housing references.

Address	Landlord's Name	Landlord's Complete Address & Phone Number	Rent/Own/Live with Someone	From/To
Current:				From/To
Former:				From/To

Is your household presently homeless and/or fleeing a dangerous situation? ☐ Yes ☐ No

**EMPLOYMENT INCOME:** Is any member of the household employed? ☐ Yes ☐ No

List all family members who are employed, the source of wages or salaries, the address of the employer and total annual amount.

Employed Family Member	Employer	Employer's Address/Phone	Gross Annual Amount

**ADDITIONAL INCOME:**

Does any member of the household receive additional income? ☐ Yes ☐ No

List all other sources of re-occurring income, such as Social Security, SSI, pensions, annuities, disability, alimony, child support, welfare, ADC, regular monetary contributions from outside sources, unemployment benefits, grants/scholarships, lottery, etc.

Persons Who Receive Income	Source of Income	Address/Phone of Income	Gross Annual Amount

Is any member of your household entitled to child support or alimony that he/she is not now receiving? ☐ Yes ☐ No

If YES, then the household must fill out the CHILD (or SPOUSAL) SUPPORT CERTIFICATION.

**ASSETS INFORMATION** Does any member of the household have assets? ☐ Yes ☐ No

List all types of checking and/or savings accounts held by all household members.

Type of Account	Account in Name Of (Interest Paid To)	Account Number	Name of Bank	Address of Bank



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Does any member of the household have a Debit Card in which its sole purpose is have cash benefits deposited? ☐ Yes ☐ No

Name of Debit Card	Cardholder's Name	Account Number (last 4 digits)	Name of Bank	Address of Bank

**OTHER ASSETS:** Does any member of the household have other assets? ☐ Yes ☐ No

List all other assets: stocks, bonds, savings bonds, money market, IRAs, pensions, mutual funds, trust accounts, money in safety deposit boxes, whole or universal life insurance policies, cash savings on hand, personal property held as investment and all other assets.

Type of Asset/Owned By:	Source Name and Address	Value	Annual Income Received

Do you own a home or other real estate? ☐ Yes ☐ No

If yes, what is the value of this home or real estate? \$ \_\_\_\_\_

Have you disposed, sold or given away real property or other assets in the past 2 years? ☐ Yes ☐ No

If yes, what is the current market value of the asset? \$ \_\_\_\_\_ Date Disposed: \_\_\_\_\_

Description: \_\_\_\_\_

#### EDUCATION:

Are there any students (full or part-time) that are currently or projected to attend an institution of higher education within the next year? ☐ Yes ☐ No If yes, please complete the following:

Name	Name of School	Phone/Address of School

#### APPLICANT CERTIFICATION

I/we understand that the above information is being used to determine my/our eligibility for this community. I/we authorize the agent to verify all information provided on this application and to contact previous or current landlords or other sources including the police records department, credit and verification information with the appropriate Federal, State, or local agencies. I/we certify that the statements made on this application are true and complete to the best of my/our knowledge and belief. I/we further 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. In addition, I/we have fully disclosed all wage and benefit income being received in my/our household and understand that verification processes may be used with federal/state wage and benefit records. I/we understand that false statements and/or information are punishable by Federal law. The undersigned is the person(s) named above and hereby authorizes the release to conduct a search of any criminal records, police records, housing history, and sex offender checks for the purpose of determining housing suitability. Additionally, I authorize all companies and law enforcement agencies to release such information, and release them from any liability and responsibility from doing so.

Signature of Head of Household \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Spouse/Co-Tenant of Household \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Property Manager \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Section 504 Coordinator ~ 574-289-1066 ext 1211 ~TTY: 711



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## Student Status Self-Certification For Rental Housing Tax Credit Program

\*A separate form must be completed by each adult member of the household.

Name: \_\_\_\_\_

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

A. \_\_\_\_\_ Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.

B. \_\_\_\_\_ Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a part-time student(s). Documentation of part-time student status is required for at least one member of the household.

C. \_\_\_\_\_ Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, answer the questions below:

1-5, below must be circled **(ONLY IF "C" IS CHECKED ABOVE):**

1. Is at least one student receiving assistance under Title IV of the Social Security Act?  
Yes / No
2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation) Yes / No
3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation) Yes / No
4. Household consists entirely of single parent(s) with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent?  
Yes / No
5. Are the students married and entitled to file a joint tax return? Yes / No

*Households composed entirely of full-time student that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.*

Tenant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Tenant Printed Name: \_\_\_\_\_



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



# COVER SHEET / FAX TRANS.

## AUTHORIZATION TO RELEASE INFORMATION

Date: \_\_\_\_\_

Number of pages including cover sheet: \_\_\_\_\_

To be completed by property management office:

The undersigned individual(s) has applied for residency at \_\_\_\_\_. The property is operated under federal affordable housing regulations, which require that we obtain written confirmation of the eligibility of all applicants and household members. In order to comply with federal regulations, please complete the following form in full and return it to the sender at your earliest convenience.

Verifications and inquiries that may be requested include, but are not limited to:

Credit and Criminal Activity	Identity and Marital Status	Previous Residences and Rental Activity
Employment, Income, and Assets	Medical Allowances	Student Status

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include, but are not limited to:

Courts and Post Offices	Past and Present Employers	Utility Companies
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers and Bureaus
Medical Providers	Veterans Administration	Welfare Agencies
Retirement Systems	Social Security Administration	Internal Revenue Service
Banks and Other Financial Institutions	Previous Landlords (Including PHA's)	

To be completed by applicant/resident

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original signed copy of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/we understand that I/we have a right to review my/our file and correct any information that can be proven incorrect. The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the federal affordable housing program.

Applicant/Resident Name (Printed): _____
Last 4 Digits of Social Security Number: _____
Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____
Last 4 Digits of Social Security Number: _____
Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____
Last 4 Digits of Social Security Number: _____
Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____
Last 4 Digits of Social Security Number: _____
Authorizing Signature: _____



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