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.
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 Presidential 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.

<table>
<thead>
<tr>
<th>Names of Household Members (First, Middle Initial, Last)</th>
<th>Relationship</th>
<th>Birth Date</th>
<th>Age</th>
<th>Sex (optional)</th>
<th>Social Security Number</th>
<th>Previous States Resided (use abbreviation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td></td>
<td></td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Address</th>
<th>Landlord’s Name</th>
<th>Landlord’s Complete Address &amp; Phone Number</th>
<th>Rent/Own/Live with Someone</th>
<th>From/To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current:</td>
<td></td>
<td></td>
<td></td>
<td>From/To</td>
</tr>
<tr>
<td>Former:</td>
<td></td>
<td></td>
<td></td>
<td>From/To</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Employed Family Member</th>
<th>Employer</th>
<th>Employer’s Address/Phone</th>
<th>Gross Annual Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Persons Who Receive Income</th>
<th>Source of Income</th>
<th>Address/Phone of Income</th>
<th>Gross Annual Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>Account in Name Of (Interest Paid To)</th>
<th>Account Number</th>
<th>Name of Bank</th>
<th>Address of Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This institution is an equal opportunity provider and employer.
Yes, please complete the following:

<table>
<thead>
<tr>
<th>Name</th>
<th>Name of School</th>
<th>Phone/Address of School</th>
</tr>
</thead>
</table>

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

This institution is an equal opportunity provider and employer.
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.

IHCDA Compliance Form #35

Revised 2/1/15
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:

<table>
<thead>
<tr>
<th>Credit and Criminal Activity</th>
<th>Identity and Marital Status</th>
<th>Previous Residences and Rental Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment, Income, and Assets</td>
<td>Medical Allowances</td>
<td>Student Status</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Courts and Post Offices</th>
<th>Past and Present Employers</th>
<th>Utility Companies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law Enforcement Agencies</td>
<td>State Unemployment Agencies</td>
<td>Credit Providers and Bureaus</td>
</tr>
<tr>
<td>Medical Providers</td>
<td>Veterans Administration</td>
<td>Welfare Agencies</td>
</tr>
<tr>
<td>Retirement Systems</td>
<td>Social Security Administration</td>
<td>Internal Revenue Service</td>
</tr>
<tr>
<td>Banks and Other Financial Institutions</td>
<td>Previous Landlords (Including PHA’s)</td>
<td></td>
</tr>
</tbody>
</table>

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: ________________

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.

IHCDA Compliance Form #17

Revised 2/1/15