

WARREN FOREST ECONOMIC OPPORTUNITY COUNCIL, INC.

1209 Pennsylvania Avenue West, Warren, Pennsylvania 16365

Supportive Housing Rental Application for EOC Properties:

Units in Warren PA

619 4th Avenue / 117-119 Seneca Street / 309 Laurel Street / 709 Lexington Street
1201 Pennsylvania Avenue / 6 Schantz Street / 2 Cottage Place / 4 Cottage PLace

Units in Tionesta PA

405 Elm Street

Date: _____

Name(s): _____

Current Address: _____

City: _____ State: _____ Zip: _____

Month and year of Move In: _____

Phone Number: _____

Apartment Size and Type Requested: 1BR__ 2BR__ 3BR__ Accessible Apt.:__

List **all** persons (INCLUDING YOU) who will be residing in the apartment:

NAME	RELATIONSHIP	DOB	SEX	SS#	Veteran
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

REFERENCES AND GENERAL INFORMATION

Current Landlord: _____ Phone: _____

Current Rent Amount: \$ _____

What utilities are you responsible for? _____

Why are you leaving? _____

Previous Address: _____

Dates you resided at this address? _____

Previous Landlord: _____ Phone: _____

Past Rent Amount: \$ _____

Have you ever been late paying your rent? Yes _____ No _____

If yes, explain:

Have you ever been evicted from any housing? Yes _____ No _____

If yes, please explain:

Have you ever been convicted of a crime? Yes _____ No _____

INCOME AND EXPENSE INFORMATION – List all sources

Household Member Name	Monthly Amount	Annual Amount
Social Security _____	\$	\$
Social Security _____	\$	\$
SSI Benefits _____	\$	\$
Pensions _____	\$	\$
VA Benefits _____	\$	\$
Wages _____	\$	\$
Welfare Benefits _____	\$	\$
Other Income _____	\$	\$
TOTAL of ANNUAL GROSS INCOME: \$		

Do you expect any changes in your income in the next 12 months? Yes ____ No ____

Names and phone numbers of your support services:

Agency Name	Contact Person	Phone Number
Agency Name	Contact Person	Phone Number
Agency Name	Contact Person	Phone Number

Who referred you to EOC Housing? _____

AUTHORIZATION

I/We do hereby authorize Warren Forest EOC to contact any agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in the Warren Forest EOC. I/We understand that this report may include information about my character, general reputation, personal characteristics, and/or mode of living and credit standing. I/we understand that I/we can request the name of the reporting agency providing this information.

Signatures

Applicant	Date
Co-Applicant	Date

CERTIFICATION

I/we hereby certify that I/we do not maintain a separate rental unit at another location. I/we further certify that this will be my/our permanent and primary residence. I/we understand that I/we must pay a security deposit for this apartment prior to occupancy unless other arrangements have been made in writing. I/we understand that my/our eligibility for housing will be based on income and occupancy limits established by Warren Forest EOC selection. I/we understand that the maximum income for eligibility is 880% of the area median income as published annually by the U.S. Department of Housing and Urban Development and that I/we will be required to be recertified at least annually for continued occupancy. 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.

Signatures

Applicant	Date
Co-Applicant	Date

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. 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, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity:

Hispanic or Latino _____

Non Hispanic or Latino _____

Race: (Mark one or more)

White _____ Black or African American _____ American Indian/Alaska Native _____

Asian _____ Native Hawaiian or Other Pacific Islander _____

Gender: Male _____ Female _____

Co-Applicant

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. 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, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity:

Hispanic or Latino _____

Non Hispanic or Latino _____

Race: (Mark one or more)

White _____ Black or African American _____ American Indian/Alaska Native _____

Asian _____ Native Hawaiian or Other Pacific Islander _____

Gender: Male _____ Female _____

Warren Forest Counties Economic Opportunity Council
Housing Program
Release of Information

Name: _____

Social Security Number: _____

I, _____ authorize and request the disclosure from **Forest Warren Human Services to Housing Program/Warren Forest Counties Economic Opportunity Council** and from **Housing Program/ Warren Forest Counties Economic Opportunity Council to Forest Warren Human Services**, any information that may be requested concerning housing that may include the following: my age, residence history, family history, employment, income, disability, medical diagnosis, housing or other pertinent information to be used for purposes of eligibility, coordination of services, and documentation needed for my application to or residency in Warren Forest EOC's Housing Program.

This release will remain in effect for a period of up to 12 months from the date below or until I am no longer receiving Housing Program services.

Client Signature

Housing Case Manager
Warren-Forest Co. EOC

Date

Date

Warren Forest Counties Economic Opportunity Council
Housing Program
Release of Information

Name: _____

Social Security Number: _____

I, _____ authorize and request the disclosure from **Beacon Light to Housing Program/Warren Forest Counties Economic Opportunity Council** and from **Housing Program/ Warren Forest Counties Economic Opportunity Council to Beacon Light**, any information that may be requested concerning housing at the Faith Inn that may include the following: my age, residence history, family history, employment, income, disability, medical diagnosis, housing or other pertinent information to be used for purposes of eligibility, coordination of services, and documentation needed for my application to or residency in Warren Forest EOC's Housing Program.

This release will remain in effect for a period of up to 12 months from the date below or until I am no longer receiving Housing Program services.

Client Signature

Housing Case Manager
Warren-Forest Co. EOC

Date

Date