



**PLEASE BE SURE TO READ
THE FOLLOWING BELOW BEFORE
FILLING OUT APPLICATION!**



Dear Applicant:

In order to fully process your application all applicants are required to submit the following information:

1. Income verification for all members of the household who receive income:

- a. If you earn wages, provide the last Two (2) month’s pay stubs
- b. If you receive an income from social security, retirement benefit, etc., a copy of your most recent award letter.
- c. If you receive income from any other source provide written statement from the source of that income.
- d. If anyone over 18 years of age is a member of the household and does not earn wages a Certification of Zero income must accompany the application.

2. Must provide the last two (2) months bank statement (current and prior month)

3. Provide copies of photo ID’s for any member of the household over 18 years of age.

4. Provide Copies of Social Security Cards for **ALL** household members on the application

5. Certain properties currently under Federal Monitoring do not allow tenants with a recent felony (a deferred sentence is considered a felony) or Meth conviction.

6. All CDSA Properties are located in areas not eligible for sex offender tenancy.

7. Please be sure to fill out all information on the application any non-signed or non-completed applications will slow the process.

8. Complete all areas. If an item does not apply to you, mark “N/A” on the line. If you need to make a change, cross through the answer; make the change, and initial change.

9. All applicants/Co Applicants must sign the application. Full Name.

10. Child Support form is only for the child with the same last name. Please ask for additional forms when bringing in the application.

Note: “One pet under 25lbs with a \$200 non-refundable deposit and reference from prior landlord. Dogs with prior bite history, or the following specific breeds are not allowed. (Chow, Doberman, Pit Bull or Pit Bull Mix, Presa Canario, Rottweiler, Wolf Hybrid or Wolf Dog, Alaskan Malamutes, Siberian Huskies, Akitas, and German Shepherds)”

Your application is being returned because:

_____ You did not complete all areas

_____ You did not sign the application

_____ You did not provide the required social security cards for all household members

Please return your application along with the information that was missing if you want to be considered for housing.

CDSA RENTAL APPLICATION

114 S. Independence, Enid, Oklahoma 73701 (580)242-6131 rentals@cdaok.org

Date Received _____	Approved _____	Disapproved _____
Received By: _____	By: _____	

1. **Applicant's Full Name:** _____ Phone No. _____
Social Security Number: _____ Date of Birth: _____
Driver's License number: _____ State of Issue: _____ Gender (M/F): _____
Current Address (Street, City, State and Zip) _____
Citizenship: US Citizen Documented Alien Undocumented Alien Unknown
Status: Single Married Separated Divorced Widowed Co-Habiting
Do you have a disability Yes No
Race: Native American/Alaska Native Asian Black or African American
(all that apply) Native Hawaiian or Other Pacific Islander White
Ethnicity: Hispanic or Latino Not Hispanic or Latino
I choose not to provide the above information regarding, Race, National Origin and or Gender:
Email Address: _____

2. **Co-Applicant's Full Name:** _____ Phone No. _____
Social Security Number: _____ Date of Birth: _____
Driver's License number: _____ State of Issue: _____ Gender (M/F): _____
Current Address (Street, City, State and Zip) _____
Citizenship: US Citizen Documented Alien Undocumented Alien Unknown
Status: Single Married Separated Divorced Widowed Co-Habiting
Do you have a disability Yes No
Race: Native American/Alaska Native Asian Black or African American
(all that apply) Native Hawaiian or Other Pacific Islander White
Ethnicity: Hispanic or Latino Not Hispanic or Latino
I choose not to provide the above information regarding, Race, National Origin and or Gender:
Email address:: _____

10. ANNUAL INCOME AND ASSETS

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 AND OLDER	TOTAL
Wage or Salary	\$	\$	\$	\$
Overtime	\$	\$	\$	\$
Commissions	\$	\$	\$	\$
Fees, Tips or Bonuses	\$	\$	\$	\$
Alimony, Child Support	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Net Income From Business	\$	\$	\$	\$
Workers Compensation	\$	\$	\$	\$
Pensions, Death Benefits, Disability	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
TOTAL:				\$

ASSETS	CASH VALUE	INCOME FROM	BANK NAME	ACCOUNT NUMBER
Cash on Hand	\$	NA	NA	NA
Checking Account	\$	\$		
Savings Account	\$	\$	\$	
CD's Money Market	\$	\$	\$	
401K Pension	\$	\$	\$	
Stocks, Bonds	\$	\$	\$	
Trust Funds	\$	\$	\$	
Real Estate	\$	NA	NA	NA
Pre-Paid Debit Card	\$	NA		
Other	\$			

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

If Yes Explain _____

REQUIRED DISCLOSURE NOTICE

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the U.S. Dept. of 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 to evaluate your application or to discriminate in any way. However if you choose not to furnish it, we are required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

FAIR HOUSING DISCLOSURE STATEMENT

The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing based on race, color, religion, sex, handicap, familial status, or national origin. Federal Law also prohibits discrimination on the basis of age. Complaints of discrimination may be filed with the Assistant Secretary for Fair Housing and Equal Opportunity, HUD, Washington, DC 20410.

PROVIDE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION

- PHOTO ID FOR EACH HOUSEHOLD MEMBER OVER 18
- EMPLOYMENT VERIFICATION FOR EACH HOUSEHOLD MEMBER OVER 18

2 Months of paystubs
Social Security or disability award letter (Bank statements are not acceptable)
Zero income form for all household members over 18 without income
Veterans Administration Benefits Award letter
Verification of Pension or Retirement Income.
If Self Employed most current 1040

- COPY OF ALL HOUSEHOLD MEMBERS SOCIAL SECURITY CARD.

If the above documents are not included with the application it will not be processed.

APPLICATION MUST BE UPDATED EVERY SIX (6) MONTHS, IF NOT IT WILL BE DISCARDED

BEFORE YOU SIGN THIS APPLICATION MAKE SURE THAT YOU HAVE READ THE STATEMENTS ON THIS PAGE AND PROVIDED THE REQUIRED DOCUMENTS. THE INFORMATION PROVIDED WILL BE USED TO DETERMINE WHETHER YOU MAY QUALIFY AS A TENANT, IT WILL NOT BE DISCLOSED WITHOUT YOUR CONSENT EXCEPT TO YOUR EMPLOYER(S) FOR VERIFICATION OF INCOME AND TO FINANCIAL INSTITUTIONS FOR VERIFICATION OF ASSETS, AND AS REQUIRED AND PERMITTED BY LAW. YOU DO NOT HAVE TO PROVIDE THE INFORMATION, BUT IF YOU DO NOT YOUR APPLICATION MAY BE DELAYED OR DENIED.

11. _____
 Signature of Applicant Date

12. _____
 Signature of Co-Applicant Date

Tenant Release and Consent

I/We _____, The undersigned hereby authorize _____, to release without liability, information regarding my /our employment, income, and/or assets to _____ for purposes of verifying information provided as part of my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to personal identity; employment, income, and assets; medical or childcare 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 group or individuals that may be asked to release the above information includes, but are not limited to:

- | | | |
|-------------------------------|--------------------------------|-------------------------|
| Past and Present Employers | Welfare Agencies | Veterans Administration |
| Previous Landlords | State Unemployment Agency | Retirement Systems |
| Public Housing Agencies | Social Security Administration | Banks and Others |
| Support and Alimony Providers | Medical/Child Care Providers | Financial Institutions |

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 on file for one 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 I/We can prove is incorrect.

SIGNATURES

Head of Household (Print Name) Date

Spouse (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 TAX FORM" MUST BE PREPARED AND SIGNED SEPERATLY.



RENTAL APPLICANT REFERENCE FORM

- This form is used to obtain information regarding the rental history of Applicants for rental housing. The information provided by the current or former Owner/Agent may be used solely for the purpose of evaluating the application for rental housing.
- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 2: Copies of this form and of the Applicant's signature are acceptable.
- The Applicant may be contacted to verify the authenticity of this request.

1. Person requesting the rental reference

Name of Owner/Agent: CDSA (Community Development Support Association, Inc.)

Address: 114 S. Independence City: Enid State OK Zip: 73701

Phone Number: (580) 242-6131 Fax Number: (580) 234-3554 Email: Rentals@cdsaok.org

2. Authorization by rental Application for the release of information:

I hereby authorize the release of the information requested on this Rental Applicant Reference Request to the Owner/Agent listed above. I hereby acknowledge that the Owner/Agent can make copies of the executed page in order to obtain the information requested.

Name _____ Phone Number (____) _____

Signature _____ Date _____

3. Applicant's rental information

Name of rental community (if any) _____

Address of rental unit _____ Unit # _____

City _____ State _____ Zip Code _____

Name of Owner/Agent _____

Phone Number (____) _____ Fax Number (____) _____

Move in Date: Month _____ Year _____ Move-out date: Month _____ Year _____ / or Current ____

4. Rental reference information provided by former or current Owner/Agent

Did Applicant live at your property during the period indicated above? _____ Yes or No _____

If no, what were the dates of occupancy: From (month/year) _____ / _____ To (month/year) _____

How many times during the past 12 months did Applicant pay the rent late? _____

Was any check from the Applicant returned due to non-sufficient funds (NSF) __ Yes or No _____

Did you ever file for an unlawful detainer against Applicant for unpaid rent? ____ Yes or No _____

If yes, what was the result? _____

Does the Applicant own any pets? Yes or NO and How many? _____ What type? _____

Information provided by: Name _____ Phone Number (____) _____

Information obtained by: Phone _____ Mail _____ or Fax _____ Email _____

Please mail or fax this form to the person listed in section 1 as soon as possible (within 24 to 48 hours)

CHILD SUPPORT / ALIMONY VERIFICATION

Unit # _____

Has applicant / resident ever been awarded court-ordered child support or alimony?

PLEASE CIRCLE ANSWER BELOW:

CHILD SUPPORT: YES OR NO

ALIMONY: YES OR NO

If yes to either question above, please obtain a copy of the order / decree.

.....
CHILD SUPPORT:

I do hereby swear and affirm that: **I DO NOT RECEIVE** (*but legal attempts to collect have been made*) / **DO RECEIVE** (*circle one*)\$ _____ per month child support for the support of my children whose names are:

NOTE: If the resident/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.

.....
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 child support and alimony 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 Applicant/Resident

Date

Printed Name of Applicant/Resident

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 at to any matter within its jurisdiction.

EMPLOYMENT VERIFICATION

TO: (Name & address of employer)

Date: _____

RE: _____

Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:

CDSA
114 S. Independence
Enid, OK 73701
P: 580-242-6131
F: 580-234-3554

THE FOLLOWING SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title _____

Presently Employed: Yes ___ Date Employed _____ No ___ Last Day of Employment _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ GROSS Year-to-date earnings: \$ _____ from ___/___/___ thru ___/___/___.

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

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer [Company] Name and Address

Phone #

Fax #

E-mail

NOTE: Section 1001 of Title 18 of 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.