

ROW HOUSE CDC



P.O. Box 1011 · Houston, Texas 77251-1011
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PLEASE NOTE THE FOLLOWING:

- This intake application will be used to determine if you are eligible to apply for rental housing with the Row House Community Development Corporation (RHCDC).
- All applicants must be 18 years and older.
- Fully completed and signed intake applications along with the acknowledgement page of the RHCDC Resident Selection and Screening Plan may place an applicant on the waiting list.
- After review of the completed Intake Application by RHCDC, you may be contacted for follow up questions and/ or to apply for rental housing with RHCDC.
- Provide complete information and answers to all questions. For information and questions that do not apply please mark N/A (non-applicable).

FOR OFFICE USE ONLY

Property Name: Row House Community Development Corporation (RHCDC)

Date Application Received _____

Date & initials when entered on wait list: _____

Time Application Received _____

Remove: _____

Received By (Initials) _____

Applicant Name:
Co Applicant's Name:
Current Address:
City, State, Zip:
Best Contact Telephone Number(s):
Email: *This is typically the initial contact method. If you prefer to only be called, please fill in N/A
<p>1. Will anyone else be residing with you within the next year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Are there any household members temporarily absent from the home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you have any unresolved judgments, evictions, felonies, or misdemeanors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify felony or misdemeanor and provide month & year _____</p> <p>4. What exact month, date, and year does your current lease expire? _____</p> <p>5. How many late rent payments have you had in the past two years (If first time renter, write in first time renter)? _____</p> <p>6. How did you hear about us? _____</p> <p>7. I am interested in leasing a: (Please circle answer all that apply) 2BR apt 3BR apt Single Family House</p>

HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List the Head of Household and all other persons who will be living in the unit. Indicate the relationship of each member to the Head of Household. All household members, 18 years and older, must complete a separate intake application. (Please up the back if more space is needed to list household members)

Household Member Name	Relationship	Date of Birth (mm/dd/yy)	Sex (M/F)	Age	Last 4 digits of Social Security Number
	Head of Household				
Household Member Name	Relationship	Date of Birth (mm/dd/yy)	Sex (M/F)	Age	Last 4 digits of Social Security Number

SPECIAL NEEDS:
 Persons in this household are elderly or disabled.
 Persons in this household have special needs.

INCOME INFORMATION: Please include, wages, salary, tips, bonuses, child support, part-time income, temporary income, Social Security, Supplemental Security Income (SSI), TANF (not including food stamps), unemployment, other income.

Household Member	Full Time Student (Yes/No)	Source of Income: job, SSI, child support (use additional lines if one person has many income sources)	Name of Income Provider	Phone Number of Income Provider	What is the amount paid to you each month from the source of income? <small>[PLEASE NOTE: monthly income needs to be \$1392 BEFORE TAXES TO BE ELIGIBLE FOR MOST RHCDC APTS]</small>
Head of Household					

ASSETS:
 Do you own real estate? Yes No If yes, what is the current market value? _____
 If you have a mortgage on the property, how much is the current balance owed? _____

Household Member	Type of Asset: checking, savings account, etc.)	Cash Value of Asset	Annual Income from Asset
Head of Household			

EXPENSES:Does your household pay for childcare? Yes No If yes, how much? _____Does your household have medical expenses? Yes No If yes, how much? _____Does your household pay a care attendant for a disabled household member? Yes No If yes, how much? _____

SIGNATURES I understand that the information requested above is to determine if I am eligible/not eligible to apply for the HOME program. My completion of this pre-leasing application may place me on the waiting list for housing with RHCDC.

Signature of Applicant_____
Date_____
Signature of Applicant_____
Date

**Row House Community Development Corporation
Resident Selection and Screening Plan
Acknowledgement**

I HAVE RECEIVED, READ, AND UNDERSTAND THE RHCDC RESIDENT SELECTION AND SCREENING PLAN.

Applicant_____
Date_____
Co-applicant_____
Date**FOR OFFICE USE ONLY**

Priorities		Household Sz/Bedroom Sz/ Unit(s) Eligible for	
Rental History/ Current lease end date		Criminal History	
Est. Monthly Income/ Est. Yearly Income/ Monthly Min/Unit Type Eligibility		Est. Yearly Income/ AFMI	

Action/ Notes: