



# Opportunity Housing Inc. Of Putnam County

208 N Indiana St • PO Box 581 • Greencastle, In. 46135 • Phone (765) 653-6470 • Fax (765) 653-2085

## RENTAL APPLICATION

### General Info

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

Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

Present Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Housing: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Living with someone and not paying rent

Have you ever been evicted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you previously applied for a subsidized residence? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you currently reside in a subsidized residence? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide requested information for each family member who will occupy the residence.

First Name	Initial	Last Name	Relationship	Gender	Race	DOB	SSN	Full-time Student
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

### Income Info

Applicant Employer: \_\_\_\_\_ Co-Applicant Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Wages: \_\_\_\_\_ / hr \_\_\_\_\_ Hrs / pay Wages: \_\_\_\_\_ / hr \_\_\_\_\_ Hrs / pay





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Please list all additional sources of income

Source	Address	Recipient	Amt. / Mo.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all Family Assets

Account type	Bank Name	Bank Address	Balance
Checking – Applicant	_____	_____	_____
Checking – Co-App.	_____	_____	_____
Savings – Applicant	_____	_____	_____
Savings – Co-App.	_____	_____	_____
COD – Applicant	_____	_____	_____
COD – Co-App.	_____	_____	_____
Retirement – Applicant	_____	_____	_____
Retirement – Co-App.	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Asset	Value	Asset	Value	Asset	Value
Stocks _____		Bonds _____		Land _____	
House _____		Mobile Home _____		Jewelry / Antiques _____	
Other: _____		Other: _____		Other: _____	

Have you disposed of any assets for less than Fair Market Value during the preceding 2 years?  Yes  No

If yes, please list assets: \_\_\_\_\_

Do you carry renter's insurance?  Yes  No Insurance Co: \_\_\_\_\_





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## Medical Info

Do any household members qualify for a medical allowance which is given to elderly (age 62 or older), handicapped, or disabled? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the following information.

Do you have Medicare? \_\_\_\_\_ Yes \_\_\_\_\_ No Medical Assistance through welfare? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have hospitalization insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No Annual premium? \_\_\_\_\_

Name of Insurance company: \_\_\_\_\_

Do any household members receive Medicaid? \_\_\_\_\_ Yes \_\_\_\_\_ No Amount of Spend down: \_\_\_\_\_

Anticipated annual out-of-pocket medical expenses not covered by insurance, Medicare, or Medicaid: \_\_\_\_\_

Are you making monthly payments on medical bills? \_\_\_\_\_ Yes \_\_\_\_\_ No Monthly Pmt: \_\_\_\_\_

Physician: \_\_\_\_\_ Co-pay: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Estimated out-of-pocket expenses: \_\_\_\_\_

## Unusual Expense

Do you pay for child / dependent care or handicap care? \_\_\_\_\_ Yes \_\_\_\_\_ No

Care provider name: \_\_\_\_\_ Monthly amt. paid: \_\_\_\_\_

Care provider address: \_\_\_\_\_ Annual amt. paid: \_\_\_\_\_

Care provider phone: \_\_\_\_\_

## Residence History

Has the family's assistance or residency in a subsidized housing program ever been terminated for fraud, nonpayment of rent, or failure to cooperate with re-certification procedures? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Have you previously leased from Opportunity Housing? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list year: \_\_\_\_\_ Address: \_\_\_\_\_

### Please provide your residence history for the previous 5 years

Address: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Amount of rent paid: \_\_\_\_\_ Length of Occupancy: \_\_\_\_\_ Year: \_\_\_\_\_

Landlord or Mortgagor: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Please supply the name for each utility provider listed below.

Electric: \_\_\_\_\_ Gas: \_\_\_\_\_ Water / Sewer: \_\_\_\_\_

Address: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Amount of rent paid: \_\_\_\_\_ Length of Occupancy: \_\_\_\_\_ Year: \_\_\_\_\_

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Amount of rent paid: \_\_\_\_\_ Length of Occupancy: \_\_\_\_\_ Year: \_\_\_\_\_

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## Emergency Contact Info

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_





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## **Applicant's Consent**

Have you or any co-resident ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Are you or any member of your household currently an illegal user of a controlled substance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you or any member of your household been convicted for the illegal use of a controlled substance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes to any of the above questions, have you successfully completed a controlled substance abuse recovery program or are you currently enrolled in such a program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain: \_\_\_\_\_

## **Authorization**

I hereby authorize the Police or Sheriff's Department to furnish the Owner with any information they have concerning me. I do hereby release the law enforcement agency and Opportunity Housing from any liability for any damage whatsoever incurred in furnishing such information. Applicant hereby certifies that all information contained herein is accurate. Applicant acknowledges that false information herein may constitute grounds for rejection of this application. Applicant understands and agrees that a credit report will be reviewed to establish eligibility for occupancy and their signature below authorizes this investigation.

Applicant: \_\_\_\_\_

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

Co-applicant: \_\_\_\_\_

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

OH Representative: \_\_\_\_\_

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





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## **Right to Verify Information**

I / We \_\_\_\_\_ and \_\_\_\_\_  
Applicant Printed Name Co-applicant Printed Name

Authorize Opportunity Housing, Inc. to verify all information needed to certify the household for rental purposes under the Federal Regulation required by CDGB or HOME Program. Such information may include, but is not limited to: Income, Assets, Credit, Medical, Landlord, Childcare, Section 8 Vouchers with Greencastle Housing Authority, Etc...

We ask for your cooperation in supplying information. This information will be used only to determine the eligibility status and level of benefit of the household.

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

Co-applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please return original to: Opportunity Housing, Inc.  
Po Box 581  
Greencastle, IN 46135

Or bring into our office at: 208 N Indiana St.  
Greencastle, IN 46135

