



Thank you for your interest in Catholic Charities of the Texas Panhandle Affordable Housing Program. The following requirements to qualify for housing may help you make your decision.

Page One: Rental Application for Residents and Occupants

- Fill out page one in its entirety, be sure to sign and date at the bottom

Page Two: Contemplated Lease Contract Information

- List all residents who will sign the lease
- All those listed must sign and date at the bottom

Page Three: Supplemental Rental Application for Units

- Read instructions carefully and fill out completely. Sign and Date at the bottom

Page Four: Employment Verification

- This page must be completed by your employer before submitting your application. If you currently receive Social Security, Disability, or Veterans Benefits, your current year award letter must be attached to your application
- If you are currently employed please attach your last 5 paycheck stubs

Page Five: Request for Rental Information

- This page requires the name and contact information for your last landlord. Catholic Charities of the Texas Panhandle requires that you have a rental history to be eligible for housing. Provide your most current landlord's name and contact information then sign and date the bottom

Page Six: Property Care and Conduct

- Please read the entire document carefully, then sign and date at the bottom.

Page Seven: Rental Rehabilitation Program-Tenant Application

- Fill out as much information as possible and sign/date at the bottom

There will be a \$50.00 application fee for every adult over the age of 18 that is due when your application is submitted. All applications must submit a copy of their ID and proof of income with their application

Catholic Charities of the Texas Panhandle will:

1. Complete a criminal background check
2. Complete a credit history check
3. Complete a rental history check
4. Criminal convictions for any applicant or occupants, including but not limited to: Sex crimes, violent crimes, theft, forgery or drug related crimes
5. Poor rental profile of any applicant (rental history reports are obtained), including but not limited to: non-payment or late payment of rent, eviction, poor housekeeping, drug use, poor supervision of children, destructive or disruptive behavior by applicant, occupant or any guest
6. Not falling within income limits (see table below)

Number in Family	Extremely low income (30%)		Very Low Income (50%)		Low Income (60%)		Low Income 80%	
	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly
1	\$13,750	\$1,146	\$22,900	\$1,908	\$27,480	\$2,290	\$36,600	\$3,050
2	\$16,240	\$1,353	\$26,150	\$2,179	\$31,380	\$2,615	\$41,800	\$3,483
3	\$20,420	\$1,702	\$29,400	\$2,450	\$35,280	\$2,940	\$47,050	\$3,921
4	\$24,600	\$2,050	\$32,650	\$2,721	\$39,180	\$3,265	\$52,250	\$4,354
5	\$28,780	\$2,398	\$35,300	\$2,942	\$42,360	\$3,530	\$56,450	\$4,704
6	\$32,960	\$2,747	\$37,900	\$3,158	\$45,480	\$3,790	\$60,650	\$5,054
7	\$37,140	\$3,095	\$40,500	\$3,375	\$48,600	\$4,050	\$64,800	\$5,400
8 plus	\$41,320	\$3,443	\$43,100	\$3,592	\$51,720	\$4,310	\$69,000	\$5,750

NO PETS ALLOWED! Exceptions for certified service animals only.

Catholic Charities of the Texas Panhandle does not discriminate on the basis of race, color, creed, religion, gender, national origin

Office Use Only

Date Received _____ **Reviewed by** _____

Approved _____ **Pending** _____ **Denied** _____



Rental Application for Residents and Occupants

TEXAS APARTMENT ASSOCIATION Each co-resident and each occupant over 18 must submit a separate application. Spouses may submit a joint application.

M E M B E R

Date when filled out: _____

ABOUT YOU

Full name (exactly as on driver's license or gov't ID card): _____
 Your street address (as shown on your driver's license or gov't ID card): _____
 Driver's license # and state: _____
 OR gov't photo ID card #: _____
 Former last names (maiden and married): _____
 Social Security #: _____ Birthdate: _____
 Ht.: _____ Wt.: _____ Sex: _____ Eye color: _____ Hair: _____
 Marital Status: single married divorced widowed separated
 U.S. citizen? Yes No Do you or any occupant smoke? Yes No
 Will you or any occupant have an animal? Yes No
 Kind, weight, breed, age: _____

Current home address (where you now live): _____ Apt. # _____
 City/State/Zip: _____
 Home/cell phone: (____) _____ Current rent: \$ _____
 E-mail address: _____
 Apartment name: _____
 Name of owner or manager: _____
 Their phone: _____ Date moved in: _____
 Why are you leaving your current residence? _____

Previous home address (most recent): _____
 City/State/Zip: _____ Apt. # _____
 Apartment name: _____
 Name of owner or manager: _____
 Their phone: _____ Previous monthly rent: \$ _____
 Date you moved in: _____ Date you moved out: _____

YOUR WORK

Current employer: _____
 Address: _____
 City/State/Zip: _____
 Work phone: (____) _____
 Position: _____
 Your gross monthly income is over: \$ _____
 Date you began this job: _____
 Supervisor's name and phone: _____

Previous employer (most recent): _____
 Address: _____
 City/State/Zip: _____
 Work phone: (____) _____
 Position: _____
 Gross monthly income was over: \$ _____
 Dates you began and ended this job: _____
 Previous supervisor's name and phone: _____

YOUR CREDIT HISTORY

Your bank's name: _____
 City/State/Zip: _____
 List major credit cards: _____
 Other non-work income you want considered. Please explain: _____
 Past credit problems you want to explain. (Use separate page)

YOUR RENTAL/CRIMINAL HISTORY

You must check if applicable.
 Have you, your spouse, or any occupant listed in this application ever:
 been evicted or asked to move out?
 moved out of a dwelling before the end of the lease term without the owner's consent?
 declared bankruptcy?
 been sued for rent?
 been sued for property damage?
 been convicted or received probation for a felony or sex crime?
 Please indicate below the year, location, and type of each felony or sex crime for which you were convicted or received probation. We may need to discuss more facts before making a decision.

YOUR SPOUSE

Full name: _____
 Former last names (maiden and married): _____
 Social Security #: _____
 Driver's license # and state: _____
 OR gov't photo ID card #: _____
 Birthdate: _____
 Ht.: _____ Wt.: _____ Sex: _____ Eye color: _____ Hair: _____
 Are you a U.S. citizen? Yes No
 Current employer: _____
 Address: _____
 City/State/Zip: _____
 Work phone: (____) _____ Cell phone: (____) _____
 Position: _____
 E-mail address: _____
 Date began job: _____ Gross monthly income is over: \$ _____
 Supervisor's name and phone: _____

OTHER OCCUPANTS

Names of all people who will occupy the unit without signing the lease. Continue on separate page if more than three.
 Name: _____ Relationship: _____
 Sex: _____ DL or gov't ID card# and state: _____ Social Security #: _____
 Birthdate: _____
 Name: _____ Relationship: _____
 Sex: _____ DL or gov't ID card# and state: _____ Social Security #: _____
 Birthdate: _____
 Name: _____ Relationship: _____
 Sex: _____ DL or gov't ID card# and state: _____ Social Security #: _____
 Birthdate: _____

YOUR VEHICLES

List all vehicles (cars, trucks, motorcycles, trailers, etc.) owned or operated by you, your spouse, or any occupant. Continue on separate page if more than three.
 1. Make, model, and color: _____ License #: _____ State: _____
 Year: _____
 2. Make, model, and color: _____ License #: _____ State: _____
 Year: _____
 3. Make, model, and color: _____ License #: _____ State: _____
 Year: _____

WHY YOU WANT TO RENT HERE

Were you referred? Yes No If yes, by whom? _____
 Name of locator or rental agency: _____
 Name of individual locator or agent: _____
 Name of friend or other person: _____
 Did you find us on your own? Yes No If yes, fill in information below:
 Internet site: _____
 Rental publication: _____
 Newspaper: _____
 Other: _____
 Stopped by _____

EMERGENCY

Emergency contact person over 18 who will not be living with you.
 Name: _____
 Address: _____
 City/State/Zip: _____
 Work phone: (____) _____ Home phone: (____) _____
 Cell phone: (____) _____ Relationship: _____
 If you die or are seriously ill, missing, or incarcerated according to an affidavit of (check one or more) the above person, your spouse, or your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We're not legally obligated to do so.

AUTHORIZATION

I or we authorize (owner's name) **Catholic Charities of the Texas Panhandle**
 to: (1) share the information above with the owner's electric provider; and
 (2) verify the information above by all available means, including reports from consumer-reporting agencies before, during, and after tenancy on matters relating to my lease, as well as income history and other information reported by employers to any state employment-security agency (e.g., Texas Workforce Commission). Work-history information may be used only for this Rental Application. Authority to obtain work-history information expires 365 days from the date of this application.
 Applicant's signature _____
 Spouse's signature _____

Contemplated Lease Contract Information

To be filled in only if the Lease Contract is not signed by the resident or residents at the time of application for rental.

The TAA Lease Contract to be used must be the latest version of **(check one)**: the Apartment Lease, the Residential Lease, or the Condominium/Townhome Lease, unless an earlier version is initiated by resident(s) and attached to this application. The blanks in the contract will contain the following information:

- Names of all residents who will sign the Lease Contract _____
- Late charges due if rent is not paid on or before 5th
Initial late charge \$ 25.00 Daily late charge \$ 5.00
- Returned-check charge \$ 25.00 Initial \$ 0.00 Daily \$ 0.00
- Animal-rules-violation charges: Initial \$ 0.00 unfurnished.
- The dwelling is to be furnished **OR** unfurnished.
- Utilities paid by owner **(check all that apply)**: electricity, gas, water, wastewater, trash/recycling, cable/satellite, master antenna, Internet, stormwater/drainage, other _____
- Utility-connection charge \$ _____
- You are **(check one)**: required to buy insurance, not required to buy insurance.
- Agreed retelling charge \$ _____
- Security-deposit refund check will be by **(check one)**:
 - one check payable and mailed to _____
 - one check jointly payable to all residents **(default)**, **OR** _____
- Your move-out notice will terminate Lease Contract on **(check one)**:
 - last day of the month, **OR** exact day designated in your move-out notice.
- If the dwelling unit is a house or duplex, owner will be responsible under paragraph 12.2 of the Lease Contract for lawn/plant maintenance,
 - lawn/plant watering, lawn/plant fertilization,
 - picking up trash from grounds, trash receptacles.
- You will be responsible for anything not checked here.
- You will be responsible for the first \$ _____ of each repair.
- Special provisions regarding parking, storage, etc. **(see attached page, if necessary)**: _____

Application Agreement

retain all application deposits as liquidated damages, and the parties will then have no further obligation to each other.

8. Completed Application. An application will not be considered completed and will not be processed until all of the following have been provided to us **(unless not checked)**: a separate application has been fully filled out and signed by you and each co-applicant; an application fee has been paid to us; an application deposit has been paid to us. If no item is checked, all are necessary for the application to be considered completed.

9. Nonapproval in Seven Days. We will notify you whether you've been approved within seven days after the date we receive a completed application. Your application will be considered disapproved if we fail to notify you of your approval within seven days; after we have received a completed application. Notification may be in person, by mail, or by telephone unless you have specified that notification be by mail. You must not assume approval until you receive actual notice of approval.

10. Refund After Nonapproval. If you or any co-applicant is disapproved or deemed disapproved under paragraph 9, we'll refund all application deposits required by law to be refunded within _____ days **(not to exceed 30 days; 30 days if left blank)** of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.

11. Extension of Deadlines. If the deadline for signing, approving, or refunding under paragraphs 6, 9, or 10 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day.

12. Notice to or from Co-applicants. Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.

13. Keys or Access Devices. We'll furnish keys and access devices only after: (1) all parties have signed the contemplated Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.

14. Receipt. Application fee **(may or may not be refundable)**: \$ 50.00
Administrative fee **(refundable only if not approved)**: \$ _____
Total of above fees and application deposit: \$ 50.00
Total amount of money we've received to this date: \$ 50.00

15. Signature. Our representative's signature indicates our acceptance only of the above application agreement. It does not bind us to approve your application or to sign the proposed Lease Contract.

16. If You Fail to Sign Lease After Approval. Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within three days after we give you our approval in person, by telephone, or by email, or within five days after we mail you our approval. If you or any co-applicant fails to sign as required, we may keep the application deposit as liquidated damages and terminate all further obligations under this agreement.

17. If You Withdraw Before Approval. You and any co-applicants may not withdraw your application or the application deposit. If, before signing the Lease Contract, you or any co-applicant withdraws an application or notifies us that you've changed your mind about renting the dwelling unit, we'll be entitled to

if you are seriously ill or injured, what doctor may we notify? (We are not responsible for providing medical information to doctors or emergency personnel.) _____

Name: _____

Phone: (_____) _____

Important medical information in emergency: _____

Acknowledgment. You declare that all your statements on the first page of this application are true and complete. You authorize us to verify your information through any means, including consumer-reporting agencies and other rental-housing owners. **You acknowledge that you had an opportunity to review our rental-selection criteria, which include reasons your application may be denied, such as criminal history, credit history, current income, and rental history. You understand that if you do not meet our rental-selection criteria or if you fail to answer any question or give false information, we may reject the application, retain all application fees, administrative fees, and deposits as liquidated damages for our time and expense, and terminate your right of occupancy.** Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover from the non-prevailing party all attorney's fees and litigation costs. We may at any time furnish information to consumer-reporting agencies and other rental-housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations. Fax or electronic signatures are legally binding. You acknowledge that our privacy policy is available to you.

Right to Review the Lease. Before you submit an application or pay any fees or deposits, you have the right to review the Rental Application and Lease Contract, as well as any community rules or policies we have. You may also consult an attorney. These documents are binding legal documents when signed. We will not take a particular dwelling off the market until we receive a completed application and any other required information or monies to rent that dwelling. Additional provisions or changes may be made in the Lease Contract if agreed to in writing by all parties. You are entitled to a copy of the Lease Contract after it is fully signed.

Applicant's Signature: _____

Date: _____

Signature of Spouse: _____

Date: _____

Signature of Owner's Representative: _____

Date: _____

FOR OFFICE USE ONLY

1. Apt. name or dwelling address (street, city): Catholic Charities of the Texas

2. Person accepting application: _____

Unit # or type: _____

3. Person processing application: _____

Phone: (_____) _____

4. Date that the applicant or co-applicant was notified by telephone, by letter, or in person or nonacceptance: _____

5. Name of person or persons notified **(if there are more than one applicant, at least one of them must be notified)**: _____

6. Name of owner's representative who notified the applicant: _____

Supplemental Rental Application for Units Under Government Regulated Affordable Housing Programs

Date when filled out: _____

1. **Supplemental Information.** The purpose of this Supplemental Rental Application is to determine whether you qualify for affordable rental housing under a government regulated affordable housing program. It is very important that you answer all questions fully and accurately.

2. **Employment Update.** Present employer: _____

Address: _____ City, State, ZIP: _____

Work Phone: _____ Position: _____

3. **Household Composition.** List all persons, including yourself, who will be living in your household.

Number of Persons	Full Name	Relationship	Age	Student Status
1 (Head of Household)				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
2				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
3				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
4				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
5				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
6				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A

Does anyone live with you now who is not listed above? Yes No. Does anyone plan to live with you in the future who is not listed above? Yes No. If you answered "Yes" to any question, please explain: _____

Are any of the household members listed above: Foster children? Yes No Live-in attendants? Yes No

Were any of the names listed above students in the year this application was completed? Yes No. Do any of them plan to be students in the year this application is completed? Yes No. If you answered "Yes" to either question, please explain: _____

4. **Income.** List all income of all adults and persons in your household, including those under 18 (except for income earned from employment by persons under the age of 18 who are dependents of another household member).

Gross Monthly Income Source: <small>Indicate whether anyone in your household receives income from the following</small>	Applicant	Co-Applicant	Other Household Members	Total
Salary <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Commissions and Fees <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Interest and/or Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Income from Business <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Social Security, Supplemental Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Pensions, Retirement Funds, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Support from Parents or Relatives <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Workers' Compensation, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Sources of Child Support: • Court-ordered (regardless if paid) • Voluntary payments • Anticipated payments	\$	\$	\$	\$
AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Student Financial Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	\$	\$	\$	\$
TOTAL \$				

5. **Assets.** List all assets of all adults and persons in your household, including those under the age of 18.

Listing of All Assets	Cash Value	Annual Interest, Dividends or Rent from Assets	Name of Financial Institution or Description of Asset	Account Number
Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Credit Union Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Stocks, Bonds or Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Real Estate or Home <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
IRA/Keough Account <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Retirement Fund (401(k), 457, 403(b), etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Pension Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Trust Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Whole Life Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Cash Value Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	\$	\$		

6. **Rental Assistance.** Do you receive any type of federal, state, or local government rental assistance? Yes No. If yes, please explain: _____

7. **Certification.** By signing this Supplemental Rental Application, you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept. You certify that you have not disposed of any assets for less than fair market value in the last two years preceding the date of this application.

8. **Recertification.** If this form is being used for recertification and you have changed employment during the past year, you must complete the "Your Work" section of the TAA Rental Application.

Applicant

Date of Signing Application

Co-Applicant

Date of Signing Application

Catholic Charities of the Texas Panhandle
Housing Division Program
Employment Verification

(Print Name) _____ (Social Security Number)

I, the above named, hereby authorize you to release information regarding my income and employment to Catholic Charities.

(Applicant Signature) _____ (Date)

(This section to be filled out by Employer)

The above applicant has applied to rent, lease or buy property from us through our Housing Development Program. To determine eligibility for the family we are required to verify all earnings. The information requested is for the purpose of determining eligibility and will be kept in strict confidence.

The above named individual ___ is/___ is not employed by me.

Employee's Address: _____

Date Hired: _____ Date Terminated: _____

How often is the employee paid? Daily Weekly Biweekly Monthly

Number of withholding allowances on W-4 form: _____

Do you anticipate any changes in the employee's pay or employment status during the next several months? Yes No If yes, please explain:

Does this employee regularly work overtime? Yes No
If yes, number of hours per week _____ Rate per hour _____

Any additional pay (bonuses, tips, etc.) if any: _____

Current Hourly Rate _____ Avg. Hours per Week _____

Company or Employer Name _____ Phone Number

Mailing Address City State Zip

Printed Name of Person Providing Information

Signature _____ Date



**Catholic Charities of the Texas Panhandle
Request for Rental Information**

Fax to: _____ **Fax #:** _____

From: _____

Applicant Name: _____

Applicant Address: _____

We are in the process of verifying information on a rental application submitted by the above named applicant (see authorization signature below). Please complete the following information and fax this form back to us at your earliest convenience. Our fax number is (806)-345-7911. Thank you!

Name of Landlord: _____

Phone Number: _____

Name of Person Completing This Form: _____

Lease Start Date: _____

Lease End Date: _____

Did applicant give proper notice to vacate? Yes No
Was rent paid on time? Yes No

If no, number of late payments _____
Were there complaints reported or any problems with the conduct of this applicant? Yes No
If so, what types? _____

How would you rate the general condition/cleanliness of the apartment?

Excellent Good Fair Poor

Would you rent to this applicant again? Yes No
If no, why? _____

Any of other information you would like to share with us:

(Applicant: Do Not Write Above This Line)

I hereby give permission to release any and all information pertaining to my occupancy or rental history.

Signature: _____ **Date:** _____

Addendum to Catholic Charities of the Texas Panhandle Rental Contract Property Care and Conduct

The following addendum is to help you understand and be responsible for what is expected during your tenancy at our property.

Property Care

The following items will be considered negligence and will be paid for by the resident:

- Cracked/Damaged Electrical Outlets
- Stained/Torn Carpet
- Door/Wall Damage
- Smoke Detectors – Removal of detector or removal of battery.
- General Housekeeping – Keep your apartment thoroughly clean.
- Damaged window/storm door screens
- Items put down sink/bathtub drains that clog up drain (grease, hair, paper towels, feminine napkins, etc.

If you are responsible for paying for any damages, it will be due with your following month's rent payment.

Exterior Policies

- Household furniture is NOT allowed on your front porch (No couches, love seats, or any other furniture meant to be indoors)
- NO CLUTTER
- Keep trash picked up from in front of your apartment (cigarette butts, cups, paper, etc.)

Conduct/Behavior

- CATHOLIC CHARITIES HAS A ZERO TOLERANCE POLICY FOR ANY DRUG ACTIVITY.
- Any suspected drug use or involvement will result in immediate eviction and a police report.
- Catholic Charities does not tolerate public drunkenness. The police will be involved if deemed necessary.
- Quiet Hours are from 10 p.m. to 8 a.m. – Keep televisions, stereos, etc. to a minimum during these hours. Be considerate of your neighbors.

Catholic Charities is striving to provide a safe and decent community for our residents. Please help us in doing so. We APPRECIATE your cooperation!

Resident Signature

Date

RENTAL REHABILITATION PROGRAM - TENANT APPLICATION

Property Owner _____
 Property Address _____ Apt.# _____ # of Bedrooms _____

TENANT INFORMATION

Applicant Name	
Present Address:	
Telephone	
Social Security #	
Date of birth	

LIST EACH MEMBER OF THE HOUSEHOLD, BEGINNING WITH HEAD OF HOUSEHOLD:

#	Name	Date of Birth	Sex	Relationship
1				Head of Household
2				
3				
4				
5				
6				

LIST WHERE YOU OR MEMBERS OF YOUR HOUSEHOLD WORK:

#	NAME	PLACE OF EMPLOYMENT
1		
2		
3		

PLEASE SHOW ALL SOURCES OF INCOME AND THE GROSS AMOUNT EARNED:

SOURCE	MONTHLY	ANNUALLY
Wages		
Social Security or SSI		
TANF		
Food Stamps		
Unemployment		
Veterans Benefits		
Retirement		
Child Support		

Ethnicity (please circle one): Hispanic or Non Hispanic

Race (please circle one):

- | | | |
|---|---|--------------------------------|
| Black/African American | American Indian or Alaskan Native | Asian |
| White & African American | Native Hawaiian or Other Pacific Islander | White |
| White & American Indian or Alaskan Native | White & Asian | White & Black/African American |
| Black & American Indian or Alaska Native | Other Multi-Racial | |

Signature of Applicant _____ Date _____

NOTICE: Discrimination in housing based on race, color, sex, religion, national origin, family status or disability is unlawful. If you feel you have encountered discrimination in your search for housing, you should report this to the Community Development Department of the City of Amarillo. The telephone number is 378-4203.