

**Self-Screening Questionnaire for applicants to  
New Level Community Development Corporation's  
Affordable Rental Housing Program**

**To all prospective Applicants:**

Please read carefully the information below and answer the questions. If you answered **NO** to the questions below, then you are **ELIGIBLE** to submit an application and be considered for our affordable housing rental program.

1. Have you been evicted from Federally-assisted housing for drug-related criminal activity in the last 3 years? yes no
  
2. Have you or any other member of your household been convicted of a violent criminal activity in the past 3 years? yes no
  
3. Are you or any member of your household subject to a lifetime registration requirement or currently registered under a state sex offender registration program? yes no

## Application Checklist

***Submit application along with all required documents and application fee. Incomplete applications will not be processed.***

Please ensure you submit all required documents and forms with your application.

\_\_\_\_\_ Signed completed application form (pages 1

\_\_\_\_\_ \$35.00 Non-refundable application fee. PLEASE PAY ONLINE AT OUR WEBSITE.

\_\_\_\_\_ Tenant income questionnaire

\_\_\_\_\_ Copy of Section 8 Voucher approval documentation, if applicable

\_\_\_\_\_ Signed authorization to release information

\_\_\_\_\_ Signed student status form, if applicable

\_\_\_\_\_ Copies of Social Security or applicable resident cards for each member of your household

\_\_\_\_\_ Applicable income verification:

- a. Employer salary/wage documentation from the last 3 months
- b. W-2, 1099 (if applicable) and/or tax return
- c. Copies of the last 3 months financial statements for checking, savings and or investment accounts for every member of household
- d. Income statements from Social Security, VA, or SS, if applicable
- e. Child support documents- copy of order including the case number and stating what the amount is each pay period if applicable

**A nonrefundable \$35.00 application processing fee must be paid when application and required documentation is submitted.**

***1) Things to know:***

***2) New Level CDC does not have an ADA-compliant single family unit at this time.***

***3) All Adults over 18 that will be living in the homes must submit an application, along with income information and sign the lease.***

***4) Tenants are responsible for paying all utilities and mowing the grass.***

***5) New Level CDC has a no smoking policy for all of its homes.***

***6) No firearms are allowed.***

***7) No pets are allowed. Service Animals must be documented with medical forms.***

# New Level Community Development Corporation Rental Application

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

Address \_\_\_\_\_ Rent \_\_\_\_\_ Deposit \_\_\_\_\_

## Personal Information

Applicant \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email \_\_\_\_\_

**All applicants 18 year of age and older, not related by blood, marriage or adoption, must complete their own application.**

**Please fill out for all occupants ages 17 and younger.**

Persons occupying unit			Relationship to applicant	Social Security Number	Date of Birth	Student	
Last	First	M.I.				Y	N

1. Do you own a car?  Yes  No Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
 Registration # \_\_\_\_\_ State \_\_\_\_\_ Driver's License # \_\_\_\_\_

2. Have you ever filed bankruptcy?  Yes  No If yes, please explain (including dates) \_\_\_\_\_

3. Have you ever been convicted of a felony?  Yes  No If yes, please explain: \_\_\_\_\_

4. Have you ever been evicted from an apartment for any reason?  Yes  No  
 If yes, please explain \_\_\_\_\_

5. Marital Status:  Single  Married  Divorced  Widowed

6. Do you have a Section 8 voucher?  Yes  No  
If yes, how much is the current voucher amount? \_\_\_\_\_  
How many bedrooms are you approved for? \_\_\_\_\_  
How much is your portion of your current rent? \_\_\_\_\_

7. Are you or anyone in your household disabled?  Yes  No, if yes, please state the condition and any special needs \_\_\_\_\_  
\_\_\_\_\_

**B. Housing Reference** (List all residences and applicable landlord reference in the last three years)

1. Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Landlord \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Landlord Phone # \_\_\_\_\_ Rent per month \_\_\_\_\_

2. Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Landlord \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Landlord Phone # \_\_\_\_\_ Rent per month \_\_\_\_\_

**C. Personal References**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
How long have you know this individual? \_\_\_\_\_  months  years

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
How long have you know this individual? \_\_\_\_\_  months  years

By signing below, applicant hereby authorizes New Level CDC to obtain Landlord references, credit reports and criminal reports on the applicants listed.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

**D.) Income Questionnaire: All persons that receive income and will live in the home must provide income information. Use separate forms for each person earning income.**

Identify each source and amount of income currently received by the household or that is anticipated to be received in the next twelve months. DO NOT leave any item unanswered. If the question does not apply to you, check no.

Do not leave any question unanswered, please mark N/A for areas which are not applicable.

Applicant \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

1.) Do you work?  Full-time  Part-time  Not working

**Attach the last 3 MONTHS of your pay documentation**

Employer Name	Phone	Date of Hire	How often are you paid?	Gross pay

2.) Other income  Pension  Social Security  SSI  VA  AFDC  Unemployment  Other \_\_\_\_\_

**Attach current benefits statement**

Type of Benefit	How often paid	Amount	Does this benefit expire?

3.) Do you receive child support, alimony or regular gifts of money? \_\_\_ **Attach court order**

Type of Support	How often paid	Amount	Do you expect to continue this benefit for the next 12 months?

4.) Please list checking account, savings account, retirement, investments, real estate property, or other assets.

**Attach 3 months of financial statements from your banking institution.**

Type of asset	Name of bank/company	Current value	

**List all current debts including any loans and credit cards**

Company/ Lender	Amount Owed	Payment Amount	Frequency- Weekly, Monthly, Annually	Are you currently paying on this debt?

Under Penalties of Perjury, I/We certify that the information presented on this form is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of the application or termination of the lease agreement and may subject me/us to criminal penalties. I/We further authorize disclosure of all information, which will verify my/our income and assets. Subject to approval this will be my/our primary residence. I/We hereby authorize New Level CDC, screening agent to verify all information on this application, including Landlord references, if applicable, and credit and criminal reports on the applicants listed.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Co-applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Rep.

\_\_\_\_\_  
Date

