



Find A Way Home, Inc.

CLIENT APPLICATION INFORMATION

Instructions:

1. Review the attached **Eligibility Requirements**.
2. Complete the attached **Affordable Rental Application**.
3. You must include with your application copies of the following documents for each adult listed on the application:
 - Valid driver's license or other government-issued ID
 - Most recent W-2 statements
 - Last two pay stubs
 - Child support documentation (if you are including child support as a source of income on your application)
 - Proof of any additional income
4. Submit your application and supporting documents in one of the following ways:
 - E-mail: applications@findawayhome.org
 - Fax: (267) 630-7624
 - Mail: Find A Way Home
89 Grove Way, Suite 101
Roswell, GA 30075
5. Questions? E-mail us at contact@findawayhome.org or call us at (770) 645-0050.

***Thank you for your interest in Find A Way Home!
We look forward to receiving your application.***





Find A Way Home, Inc.

FIND A WAY HOME RENTAL HOUSING ELIGIBILITY GUIDELINES

Eligible clients are families whose household income falls within the 50% to 80% median income bracket for North Fulton County. The families will be accepted into the FAWH rental program for an initial period of 18 to 24 months. The ultimate goal of the program is for the client to secure permanent housing through homeownership or market rate rental.

Participants are required to work with a mentor to develop a personal action plan with self-sufficiency goals, including taking necessary steps to improve credit scores, creating and living within a budget, and establishing savings. Working with a mentor and adherence to the action plan are mandatory, and non-compliance is grounds for dismissal from the rental program.

Find A Way Home clients must also be willing to actively and fully participate in off-site budgeting and money management workshops, such as Dave Ramsey's Financial Peace University. In addition, clients participate in educational programs that provide pre-purchase counseling to first-time homebuyers.

Clients admitted to the Find A Way Home rental program pay affordable program and rental fees at a rate of 30% of their adjusted gross income, based upon HUD Guidelines (24 C.F.R. § 583.315) and in accordance with the McKinney Act (42 U.S.C. § 11301). This sliding-scale fee, based on the client's adjusted gross income, is determined upon entry into the program. As the client progresses through the program, rent will increase as income increases.

Eligibility Determinations and Criteria

1. Clients may be referred to Find A Way Home by a transitional housing or supportive housing agency and must have achieved satisfactory completion of that program.
2. Clients must be employed and provide a verifiable source of income.
3. Clients must be DRUG AND ALCOHOL FREE and must consent to random drug and alcohol testing.
4. Clients must consent to a BACKGROUND INVESTIGATION. Individuals with a history of crimes involving sex, children, or violence will not be admitted to the program.
5. Clients must pay a security deposit equal to one month's rent (amount varies per tenant).

6. Clients must comply with the Find A Way Home educational program requirements and must be willing to actively participate in the program.
7. Clients must provide proof of a paid renter's insurance policy.
8. Clients must be eligible to have utilities services connected in their name.
9. Clients must meet the definition of family (all adults in the household must either be married or members of the immediate family: parent, child, sister or brother).

Additional Eligibility Criteria

All Households Must:

- Meet income guidelines.
- Be a U.S. citizen or have INS documentation of eligible immigration status.
- Not owe debt to any housing or rental agency (or have a repayment plan that is current).
- Have no immediate family member with a history of violent or drug-related criminal activity in the past 5 years.
- Have proof of satisfactory residential history.

Current Income Guidelines (FY 2012)

| Family Size | 50% of Median | 80% of Median |
|-------------|---------------|---------------|
| 2 | \$27,750 | \$44,400 |
| 3 | \$31,200 | \$49,950 |
| 4 | \$34,650 | \$55,450 |
| 5 | \$37,450 | \$59,900 |
| 6 | \$40,200 | \$64,350 |

Who Is Ineligible?

- Households with bad rental history, including but not limited to unpaid rent, damages, or disturbances.
- Household members with a history of violent criminal and/or drug activity.
- Household members that have been evicted or been terminated from a housing program.
- Households that owe a debt to a federal housing agency.
- Anyone who provides false or misleading information on the FAWH rental application.



FIND A WAY HOME AFFORDABLE RENTAL APPLICATION

FAMILY INFORMATION

Name: _____ Phone: _____ Date: _____

E-Mail Address: _____

| <u>Family Members</u> (include self) | <u>Relationship</u> | <u>Date of Birth</u> | <u>Social Security #</u> | <u>School Attending/Grade</u> |
|---|---------------------|----------------------|--------------------------|-------------------------------|
|---|---------------------|----------------------|--------------------------|-------------------------------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Single _____ Never Married _____ Date Married _____ Separated _____ Date Divorced _____

Referred by _____

HOUSING INFORMATION

Present (or last) Address: _____ City _____ State _____ Zip _____

Length of time at this address? _____ Living with? _____

Date of end of lease _____

Date of eviction or date you must vacate _____ Reason _____

Former residences starting with most recent:

| | <u>Address</u> | <u>City</u> | <u>State</u> | <u>How long?</u> | <u>Reason for moving</u> |
|----|----------------|-------------|--------------|------------------|--------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |



EMPLOYMENT INFORMATION

For ADULT #1

| <u>Current Employer</u> | <u>Phone No.</u> | <u>City</u> | <u>Date Employed</u> | <u>Hours per week</u> | <u>Rate of pay</u> |
|-------------------------|------------------|-------------|----------------------|-----------------------|--------------------|
| 1. _____ | | | | | |
| 2. _____ | | | | | |

| <u>Past Employer</u> | <u>Phone No.</u> | <u>City</u> | <u>Dates Employed</u> | <u>Hours per week</u> | <u>Rate of pay</u> |
|----------------------|------------------|-------------|-----------------------|-----------------------|--------------------|
| 1. _____ | | | | | |
| 2. _____ | | | | | |

For ADULT #2

| <u>Current Employer</u> | <u>Phone No.</u> | <u>City</u> | <u>Date Employed</u> | <u>Hours per week</u> | <u>Rate of pay</u> |
|-------------------------|------------------|-------------|----------------------|-----------------------|--------------------|
| 1. _____ | | | | | |
| 2. _____ | | | | | |

| <u>Past Employer</u> | <u>Phone No.</u> | <u>City</u> | <u>Dates Employed</u> | <u>Hours per week</u> | <u>Rate of pay</u> |
|----------------------|------------------|-------------|-----------------------|-----------------------|--------------------|
| 1. _____ | | | | | |
| 2. _____ | | | | | |

EDUCATION INFORMATION

ADULT 1: High school attended: _____ Grade Completed: _____ GED _____
College?/Tech? _____ Years completed or degree earned _____

ADULT 2: High school attended: _____ Grade Completed: _____ GED _____
College?/Tech? _____ Years completed or degree earned _____



FINANCIAL INFORMATION

AMOUNTS AND SOURCES OF INCOME (after taxes)

| | | | |
|--------------------------------|-----------------|----------------|-----------------|
| Employment (take home pay) | \$ _____ | Workmen's Comp | \$ _____ |
| AFDC | \$ _____ | Unemployment | \$ _____ |
| SSI | \$ _____ | Alimony | \$ _____ |
| Social Security | \$ _____ | Food Stamps | \$ _____ |
| Support from Friends/Relatives | \$ _____ | Other | \$ _____ |
| TOTAL MONTHLY INCOME | \$ _____ | SAVINGS | \$ _____ |

MONTHLY EXPENSES

AMOUNT

AMOUNT OWED

PAYMENT

| | | | |
|----------------------|-------|-------|-------|
| Rent | _____ | _____ | _____ |
| Gas | _____ | _____ | _____ |
| Electricity | _____ | _____ | _____ |
| Water | _____ | _____ | _____ |
| Telephone/cell phone | _____ | _____ | _____ |
| Food | _____ | _____ | _____ |
| Childcare | _____ | _____ | _____ |
| Car Note | _____ | _____ | _____ |
| Car Insurance | _____ | _____ | _____ |
| Car Maintenance | _____ | _____ | _____ |
| Clothing | _____ | _____ | _____ |
| Toiletries/misc. | _____ | _____ | _____ |
| TV Internet (cable) | _____ | _____ | _____ |
| Storage | _____ | _____ | _____ |

DEBT

Back Rent _____ Where? _____ Utilities _____

Credit Cards _____ Medical _____



Have you ever declared bankruptcy? _____ When? _____

Do you have a bank account? _____ Name of Bank _____

Do you have health insurance? _____ Carrier _____ Who is covered? _____

BACKGROUND INFORMATION

Please list and describe any health or emotional problems. _____

Does anyone in your family have a history of mental illness? Taking medications? _____

Does anyone in your family have a disability? _____

Please list any arrests or convictions (dates) _____

Does anyone in your family have a history of drug use? (Dates) _____

Treatment Status _____

Does anyone in your family use alcohol? _____ How often? _____

Have there been incidents of abuse in your family? _____ When? _____

Charges filed? _____ Outcome _____

Is any adult in your family a veteran? _____ Who _____

Please list any agencies involved with you and your family either in the past or at present (e.g. church, DFCS, counseling agency).

Please add any other information that you would like us to know on the back of this form

PERSONAL REFERENCES

Name: _____ Relationship: _____ Tel. #: _____

Name: _____ Relationship: _____ Tel. #: _____

Name: _____ Relationship: _____ Tel. #: _____



I certify that the above information is true to the best of my knowledge. I understand that giving false information may result in my application for the Find A Way Home affordable rental program being disqualified.

Signature Adult 1 _____ Date _____

Signature Adult 2 _____ Date _____

CONSENTS

RELEASE AND CONSENT TO CRIMINAL BACKGROUND, CREDIT AND DRUG SCREENINGS

I/We hereby authorize Find A Way Home, Inc. to obtain a standard credit report, to contact references, to do drug screening and obtain results, and to obtain a criminal background check for the purpose of determining eligibility for the affordable housing rental program.

Applicant Printed Name: _____

Social Security #: _____ Date of Birth: _____ Driver's License #: _____ State: _____

Last address on credit report: _____

Applicant Signature: _____ Date: _____

Co-Applicant Printed Name: _____

Social Security #: _____ Date of Birth: _____ Driver's License #: _____ State: _____

Last address on credit report: _____

Co-Applicant Signature: _____ Date: _____



RELEASE AND CONSENT TO RELEASE INFORMATION FOR VERIFICATION PURPOSES

I/We _____, hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to, for purposes of verifying information on my/our application for the Find A Way Home affordable rental program.

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 child care 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 client in the Find A Way Home affordable rental program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Past and Present Employers
- Welfare Agencies
- Veterans Administration
- Previous Landlords (including Public Housing Agencies)
- State Unemployment Agencies
- Retirement Systems
- Social Security Administration
- Banks and other Financial Institutions
- Child Support and Alimony Providers
- Medical and Child Care Providers

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 in effect for a 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 is incorrect.

Applicant Signature (Print Name) Date

Co-Applicant Signature (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 SEPARATELY.



PATHWAYS COMMUNITY NETWORK CLIENT AUTHORIZATION FORM

Client ID: _____

| | | |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
|------------|-------------|-----------|

I understand that Find A Way Home. Inc is part of the Pathway Community Network, a computer network designed to reduce the amount of time and effort it takes for me to obtain social services that I needs.

Find A Way Home has permission to:

1. Review information about me in the Pathways System.
2. Enter information into the system concerning my situation and the need for assistance.

I understand that:

1. Agencies in the Pathways system will keep this information confidential.
2. Other agencies will be able to look at this information only if I give each of these agencies my permission.
3. Staff at each agency receives regular training on client confidentiality.
4. The Pathways system uses passwords and computerized codes to protect my privacy.
5. Shared information may include my name, age gender, marital status, veteran status, address, housing status and basic information about my goals and the services I receive.

| | | |
|---------------------|--------------|------|
| Applicant Signature | (Print Name) | Date |
|---------------------|--------------|------|

| | | |
|------------------------|--------------|------|
| Co-Applicant Signature | (Print Name) | Date |
|------------------------|--------------|------|

