



RENTAL ASSISTANCE DOCUMENT LIST

Please be sure to collect ALL of the documents listed below. Failure to provide all of the required documents will prevent CHN from moving forward with your application process.

- Photo ID's (Everyone 18 yrs. of age and older)**
- Social Security Card(s) (Everyone in household)**
- Verification of dependents (birth certificates for everyone UNDER 18 years of age)**
- Proof of Enrollment (school summary/report card)**
- Income (to include any of the below)**
 - ◇ **Pay stubs (2 months' worth)**
 - ◇ **Child support statements (current)**
 - ◇ **Pension award letters**
 - ◇ **Social security award letter (for present year)**
 - ◇ **Food stamps award letter**
 - ◇ **Unemployment award letters & payout summary**
 - ◇ **Self-employed (3 months of profit & loss statements-business and/or rental income)**
 - ◇ **Short/long term disability**
 - ◇ **Worker's compensation**
- Federal Tax Return for most current year (all schedules & W-2's & 1099's)**
- Bank Statements (2 months worth for all accounts, all pages, most current)**
- Utility Bills (gas, electric, water/sewer if applicable)**
- Any eviction related court documents**
- Documentation to support Hardship (medical bills, unemployment, separation letter, etc....)**
- Owner/Landlord name and phone number**

Appt. With _____

Date _____ Time _____

Client: _____
 HUD: _____
 Funding Source: _____



PLEASE PRINT CLEARLY

Last Name:	First Name:	Middle Initial:	Social Security Number: _____-_____-_____
Address:		City, State, & Zip Code:	
Home Phone:	Email:	Cell Phone:	

Demographics

Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	US Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Prefer not to Answer		Education Level: <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Two Year College <input type="checkbox"/> Vocational/Technical <input type="checkbox"/> Four Year Degree <input type="checkbox"/> Graduate Degree		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race (select all that apply): <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other multiple race <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Chose not to respond <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian			

Household

Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No	Homebuyer Type (select if applicable): <input type="checkbox"/> First time Homebuyer <input type="checkbox"/> First generation Homebuyer	Language Spoken in Home:		
Household Size _____ Number of Dependents _____	Name/s of other household members	DOB	Disabled Y/N	Relationship
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Additional household members may be listed on back or on a separate sheet.				
Does anyone in your household need special accommodations with regards to counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Household Type: <input type="checkbox"/> Female-headed Single Parent Household <input type="checkbox"/> Male-headed Single Parent Household <input type="checkbox"/> Married with Children <input type="checkbox"/> Single Adult <input type="checkbox"/> Married without Children <input type="checkbox"/> Two or more Adults				

Employment and Other Household Income Information

Employment Status: <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Stay at home Parent <input type="checkbox"/> Student <input type="checkbox"/> Temporary/Permanently Disabled <input type="checkbox"/> Unemployed <input type="checkbox"/> Other	Employment Income: Rate of Pay (\$/hr): _____ Average Hrs/wk: _____ How often do you get paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly Average Take-home Salary per Pay Period: _____ Social Security Retirement: _____/Monthly Private Pension: _____/Monthly Social Security Disability: _____/Monthly SNAP (Food Stamps): _____/Monthly Social Security Dependent: _____/Monthly Self-employment: _____/Monthly Child Support: _____/Monthly Other: _____
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Consent & Authorization:

I certify that all provided information is correct to the best of my knowledge and have received a copy of CHN Housing Partner's Privacy Policy. I authorize CHN Housing Partners to check and verify my credit report and all information contained on this form.

Signature of Applicant

Date

EMPLOYMENT INFORMATION

PRIMARY EMPLOYER:		SECONDARY/CO-APPLICANT EMPLOYER:	
TITLE:		TITLE:	
Hire Date:	Years in Field:	Hire Date:	Years in Field:
Annual Salary: \$		Annual Salary: \$	
How do you get paid: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit		How do you get paid: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit	

ACCOUNTS, SAVINGS, INVESTMENTS

TYPE OF ACCOUNT	I have this	Current Value	Account Opened (date)	Have you filed bankruptcy in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Ch. 7, <input type="checkbox"/> Ch. 13 Date of discharge: _____
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Life Insurance (cash value)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Retirement (401k, IRA, PERS)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Prepaid Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			

If you **don't have an account**, why not? (select all that apply)

- Fee structure is complicated
 Prefer to not deal with banks
 Have Judgments/Liens
 Past negative banking experience
 Do not have ID
 Other

General Questionnaire

Do you have health insurance? Yes No Do you have internet at home? Yes No

What is your primary method of transportation? Own Car Public Transit Ride with Friends/Family

Where did you prepare your taxes last year?
 Did my own Taxes
 Paid someone
 Paid National Chain
 Visited Free Tax Clinic Someone did for free Not required to file

How do you normally pay your rent?
 Cash Check Money Order Online Bill Pay Other

Do you want to buy your home?
 Yes No Unsure Why? _____

Hardship Letter

Applicant		Co-Applicant	
I was terminated	<input type="checkbox"/> Yes <input type="checkbox"/> No	I was terminated	<input type="checkbox"/> Yes <input type="checkbox"/> No
I received unemployment benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	I received unemployment benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployed due to:		Unemployed due to:	
<input type="checkbox"/> Lay off <input type="checkbox"/> Medical		<input type="checkbox"/> Lay off <input type="checkbox"/> Medical	
I experienced loss of income due to:		I experienced loss of income due to:	
<input type="checkbox"/> Loss of hours or wages <input type="checkbox"/> Death of household wage earner <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Temporary Disability or Illness <input type="checkbox"/> Loss of secondary employment		<input type="checkbox"/> Loss of hours or wages <input type="checkbox"/> Death of household wage earner <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Temporary Disability or Illness <input type="checkbox"/> Loss of secondary employment	
I incurred unexpected significant out of pocket expenses (<i>please explain</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	I incurred unexpected significant out of pocket expenses (<i>please explain</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I want to stay in my current residence	<input type="checkbox"/> Yes <input type="checkbox"/> No	I want to stay in my current residence	<input type="checkbox"/> Yes <input type="checkbox"/> No
I experienced a hardship that is not listed here (<i>please explain below</i>)			

Applicant Signature

Date

Co-Applicant Signature

Date

Privacy Policy

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or assessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

CHN Housing Partners (CHN) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal consideration. Additionally, we want you to understand how we use the personal information we collect. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does CHN collect about you and from what sources?

- Information that you provide on applications, forms, emails, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages) Federal, State, and nonprofit partners for program review, monitoring auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency, such as bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that may personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law or when required by a governmental authority.

How is your personal information secured?

We restrict access to your nonpublic personal information to CHN employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting out of certain disclosures

You may direct CHN to *not* disclose your nonpublic, personal information to third partners (other than disclosures made to project partners, those permitted by law or required by governmental authorities). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit CHN's ability to provide services such as foreclosure prevention counseling. If you choose to opt out, please call 216.881.8443 and advise that you wish to opt out of certain disclosures.

RELEASE: I hereby authorize CHN to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices.

Name 1 Signature

Date

Name 2 Signature

Date

Program Disclosure Form

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or assessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: The mission of CHN Housing Partners (CHN) is to build strong families and vibrant neighborhoods through quality affordable housing and strengthened financial stability. CHN is a nonprofit, HUD-approved housing counseling agency. We provide free housing counseling and education services, including Mortgage Delinquency & Default Resolution Counseling, Pre-purchase Counseling, Rental Housing Counseling, as well as Financial, Budgeting, & Credit Repair and Pre-purchase Homebuyer Education Workshops. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.**

Client and Counselor Roles and Responsibilities:

Counselor's Roles & Responsibilities	Client's Roles & Responsibilities
<ul style="list-style-type: none"> • Reviewing your housing goal and your finances • Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal. • Preparing a household budget. • Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal. • Neither your counselor nor CHN employees, agents, or directors may provide legal advice. 	<ul style="list-style-type: none"> • Completing the steps assigned to you in your Client Action Plan. • Providing accurate information about your income, debts, expenses, credit, and employment. • Attending meetings, returning calls, providing requested paperwork in a timely manner. • Notifying CHN or your counselor when changing a housing goal. • Attending educational workshops as recommended. • Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
<p>Termination of Services: Failure to work cooperatively with housing counselor and/or CHN will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.</p> <p>INITIALS: _____ / _____</p>	

Agency Conduct: No CHN employee, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationship: CHN has financial affiliation with HUD, United Way of Greater Cleveland, the State of Ohio, Cuyahoga County, the City of Cleveland, and banks including Third Federal, KeyBank, and JP Morgan Chase. As a housing counseling program participant, you are not obligated to use the products and services of CHN or our industry partners.

Project Reinvest: Financial Capability (PRFC) Counseling: By signing this form, clients seen under the PRFC grant agree to (1) CHN submitting client-level information to the Data Collection System for the PRFC grant, (2) for PRFC to open files to be reviewed for program monitoring and compliance purposes, and (3) for PRFC to conduct follow-up with the client related to program evaluation.

Alternative Services, Programs, and Products & Client Freedom of Choice: In the interest of full disclosure, CHN also provides utility services with partnerships through: Dominion East Ohio, Illuminating Company, Cleveland Public Power, Division of Water, NEO Regional Sewer District, and U.S. Department of Energy, Health, and Human Services. CHN also provides tax preparation through a partnership with Enterprise Community Partners and the IRS VITA program. As a housing counseling client, you are not obligated to participate in any of these services. You are entitled to choose whatever services and/or products best meet your needs.

