**NEIGHBORHOOD HOUSING SERVICES OF DAVENPORT, INC.**

**710 CHARLOTTE STREET,**

**DAVENPORT, IOWA 52803**

# PHONE: (563) 324-1556

# FAX: (563) 324-3540

**Neighborhood Affordable Rental Program**

In Order to participate in Neighborhood Housing Services of Davenport, Inc. programs:

* You will be required to provide and disclose **all** household income earned by **all** Household members over the age of 18. **All income will be verified.**
* Every line Item on the form must be answered completely to the best of your ability.
* NHS may require a credit report and a background check on anyone residing in the property. Fees for these items must be paid in full before the signing of the Lease.
* An attempt to withhold any of the above information will result in a denial of this application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Date

NEIGHBORHOOD AFFORDABLE RENTAL PROGRAM

# PERSONAL PROFILE INTAKE FORM

## Applicant:

##### Name: Are you at least 18?

*First MI Last*

*Marital Status (please circle):* Married Un-Married

##### Present Address: How long at this address

##### Home (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

*\_\_\_\_\_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Social Security Number

*Current rent amount: $ per month per week every 2 weeks*

*Have you ever been evicted or have defaulted on a rental or lease agreement? Yes No*

*Present landlord Name & Address: Phone*

*Reason for moving:*

***Previous Landlords:***

*Name Address phone how long at this address*

*Name Address phone how long at this address*

*Name Address phone how long at this address*

*Name Address phone how long at this address*

*Name Address phone how long at this address*

***Please list every person who will occupy the unit:***

1. ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Name Age Relationship phone number*

1. ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Name Age Relationship phone number*

1. ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Name Age Relationship phone number*

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*Name Age Relationship phone number*

1. ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Name Age Relationship phone number*

1. ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Name Age Relationship phone number*

1. ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Name Age Relationship phone number*

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*Name Age Relationship phone number*

***Employer Information***

*Place of Employment:*

*Address: Phone:( )*

*You’re Position: Supervisor*

*Wage: Hourly Monthly Annually How long employed there*

*Do you or any other member of your household over 18 have income? This must include all sources including public assistance, Child Support, Disability, and any Earned Income.*

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Name Age Relationship Income Source monthly amount*

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Name Age Relationship Income Source monthly amount*

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Name Age Relationship Income Source monthly amount*

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Name Age Relationship Income Source monthly amount*

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Name Age Relationship Income Source monthly amount*

*Do you own any pets? Yes No* ***Pets of any kind are not allowed according to our lease agreement***

*Do you currently own or plan to own a waterbed Yes No* ***Complete eradication of linen infestation from*** [***parasitic***](http://en.wikipedia.org/wiki/Parasite)[***insects***](http://en.wikipedia.org/wiki/Insect) ***will become the sole responsibility of the Tenant.***

*Do you currently have a Renters Insurance Policy? Yes No Have you ever had a claim? Yes No*

*If you have had an insurance claim Date and nature of claim*

***Background Information***

*Have you or any person who will occupy the unit ever been evicted? Yes No If yes, state when and where from*

*Please explain any extenuating circumstances leading up to the eviction*

*Have you or any person who will occupy the unit ever been known by any other name(s) ? Yes No*

*List other names used (including maiden name)*

*Have you or any person who will occupy the unit ever been convicted of possession or sale of an illegal or controlled substance? Yes No If yes, list the date, state and county of conviction*

*Have you or any person who will occupy the unit ever been convicted of a felony? Yes No*

*If yes, list the date, state and county of conviction*

*Have you or any person who will occupy the unit ever undergone treatment for substance abuse? Yes No*

*If yes, state when*

**This worksheet must be completed in entirety in order to be considered for program consideration.**

How many people live in your household?

What is the total income of your household? $ (include a total of all income listed above)

**(This amount includes income from wages, salaries, child support, social security, pensions, and public assistance)**

***Race (please circle)***

White Black/African American

Asian American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & White

Native Hawaiian/Other Pacific Islander & White Asian & White

Black/African American & White

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

M\_\_\_\_\_\_\_ F\_\_\_\_\_\_\_\_ Single Head of Household Y\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_\_

Do you consider yourself Hispanic? Yes No

**AGENCY USE ONLY**

Household Size \_\_\_\_\_\_\_

Annual Household Income Category (circle one):

Very Low (30% and lower)

Low (31% to 50%)

Moderate (51% to 80%)

Staff Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Name of Emergency Contact Relationship

Emergency Contact Phone Alt. Number

**References**

Non Relative References Phone#

Credit Reference name and address

Credit Reference contact name Phone#

Monthly Payment amount $ Balance Due $

**Vehicle Information**

Make and Model/Year Color License #

Make and Model/Year Color License #

*No person other than those listed on this application may legally occupy the premises without written permission of the landlord. Such an action could be terms for eviction. Request for increased occupancy must be submitted in writing before any potential tenant begins to occupy the premises. Acceptance of this application by the landlord shall not constitute a completed agreement to rent the premises. Both parties must sign a formal RENTAL AGREEMENT. In the event that the applicant refuses to sign an agreement promptly, for any reason whatsoever, it is understood and agreed that any deposit required for processing shall be forfeited to the landlord.*

**I CERTIFY THAT THE ABOVE INFORMATION PROVIDED BY ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I DO HEREBY GRANT AUTHORIZATION FOR VERIFICATION OF ANY AND ALL INFORMATION PROVIDED, INCLUDING CRIMINAL AND CREDIT HISTORY.**

Signature of Applicant Date

Signature of Co-Applicant Date

**I/WE DO HEREBY GIVE NEIGHBORHOOD HOUSING SERVICES OF DAVENPORT PERMISSION TO REQUEST VERIFICATION OF ANY AND ALL INFORMATION CONCERNING MY/OUR CREDIT, EMPLOYMENT, INCOME, AND OUTSTANDING INDEBTEDNESS WHICH I/WE REPORTED ON AN APPLICATION ON FILE WITH NEIGHBORHOOD HOUSING SERVICES OF DAVENPORT. THESE VERIFICATIONS ARE NECESSARY TO DETERMINE MY ELIGIBILITY FOR THE AFFORDABLE RENTAL PROGRAM.**

Applicant Name Date:

(Please print)

Signature of Applicant Date

Co-Applicant Name Date:

(Please print)

Signature of Co-Applicant Date

***Neighborhood Housing Services Nondiscrimination Policy***

It is the Policy and commitment of NHS that it does not discriminate on the basis of race, color, sex, national origin, disability, religion, familial status, or source of income in its dwelling units. NHS affirms its policy of equal housing opportunity pursuant to state and federal fair housing laws.

Harassment or intimidation of a tenant, staff person or guest because of that person’s race, color, sex, national origin, disability, religion, familial status, or source of income, is specifically prohibited and may be grounds for termination of employment and/or of tenancy. Harassment and intimidation includes abusive, foul, or threating language or behavior.

It is also the policy of this property that all qualified individuals with a disability are entitled to a reasonable accommodation or modification to the property that will permit the individual an equal opportunity to use and enjoy the premises. Requests for exceptions to community rules, policies, practices, or services or structural modifications should be made to Thomas Carstens, Chairman of the Board, 710 Charlotte St. Davenport, Iowa 52803 **Also you may always contact the City Of Davenport Civil Rights Commission at 226 West 4th St. Davenport Iowa 52801 (563) 326-7888**

Issues of discriminatory treatment, harassment, or intimidation on any of these bases should immediately be reported to **City Of Davenport Civil Rights Commission at 226 West 4th St. Davenport Iowa 52801 (563) 326-7888** and, if substantiated, prompt action will be taken to remedy the actions taken.

NHS of Davenport does business in accordance with the Federal Fair Housing Law which states that all people have freedom from discrimination because of race, color, religion, creed, sex, sexual orientation, gender identity, national origin or ancestry, age, mental or physical disability, marital status and familial status (in housing only) in the areas of employment, housing, public accommodation and credit.

*Referred to NHS Home Ownership and affordable Rental Center by* (*please circle all that apply*):

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