

Creative Housing

501 Grove Avenue
Charlottesville, VA 22902
(434) 882-1066

INITIAL APPLICATION

APPLICANT

Name _____

Married ____ Single ____ Separated ____

SS# _____

Mailing Address _____

_____ Zip _____

Street Address (if different)

_____ Zip _____

Phone (____) _____ (Home)

Phone (____) _____ (Work)

Phone (____) _____ (Cell)

email address _____

CO-APPLICANT (if any)

Name _____

Married ____ Single ____ Separated ____

SS# _____

OTHERS WHO WILL BE LIVING IN THE NEW HOME

<u>Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Sex</u>	<u>Relationship</u>
_____	___	_____	___	_____
_____	___	_____	___	_____
_____	___	_____	___	_____
_____	___	_____	___	_____
_____	___	_____	___	_____

PRESENT MONTHLY HOUSEHOLD INCOME

	APPLICANT	CO-APPLICANT
Wages (Gross: total before any deductions)	_____	_____
Social Security	_____	_____
Disability	_____	_____
Child Support/Alimony	_____	_____
Other	_____	_____
TOTAL	_____	_____

CURRENT EMPLOYMENT INFORMATION

APPLICANT	CO-APPLICANT
Title/Position _____	Title/Position _____
Start Date _____	Start Date _____
Name of Employer _____	Name of Employer _____
Address of Employer _____	Address of Employer _____
_____	_____
_____	_____
Supervisor's Name _____	Supervisor's Name _____
Supervisor's Phone _____	Supervisor's Phone _____
Fax Number: _____	Fax Number: _____

PAST EMPLOYMENT INFORMATION (if at current job less than three years)

APPLICANT	CO-APPLICANT
Title/Position _____	Title/Position _____
Start Date _____	Start Date _____
Termination Date _____	Termination Date _____
Name of Employer _____	Name of Employer _____
Address of Employer _____	Address of Employer _____
_____	_____
_____	_____
Supervisor's Name _____	Supervisor's Name _____
Supervisor's Phone _____	Supervisor's Phone _____
Fax Number: _____	Fax Number: _____
Why did you leave? _____	Why did you leave? _____

ACKNOWLEDGEMENT AND AGREEMENT

I (We) certify that all the information I (we) have provided on this Application is correct and true to the best of my (our) knowledge. Furthermore, I (we) understand that the completion of this Application does not guarantee my (our) receiving housing through Creative Housing. I (We) give permission to Creative Housing to check any and all references including, but not limited to, my (our) employers, landlords (current and previous), and personal references listed. Applicants who knowingly provide false information on their application may be denied consideration.

Applicant Signature

Co-Applicant Signature

Date _____

Date _____

Return this Application, the Authorization Release Forms, all required documents and \$5.00 per applicant to:

Creative Housing
501 Grove Avenue
Charlottesville, VA 22902

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, ages (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Washington, DC 20580

The FAIR HOUSING ACT Title VIII of the Civil Rights Act of 1968 (Fair Housing Act) prohibits discrimination in the sale, rental and financing of dwellings based on race, color, religion, sex or national origin. Title VIII was amended in 1988 by the Fair Housing Amendments Act, which: expanded the coverage of the Fair Housing Act to prohibit discrimination based on disability or on familial status (presence of child under age of 18, and pregnant women).

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GENERAL AUTHORIZATION FORM

The purpose of this form is to allow Creative Housing to request any Credit Reference, Landlord Reference, Employment Verification, Past Employment Verification, Verification of Deposit, or Verification of Public Assistance and to release certain information to our employees and volunteers involved in processing your application. Our having your permission to release this information and request these verifications (if necessary) will expedite the processing of your application.

To Whom It May Concern:

I hereby authorize you to release any information concerning my credit, finances, rental agreement and/or employment to the employees and/or volunteers of Creative Housing in connection with the processing of my application.

I hereby authorize the release of information concerning the status and disposition of my application to Creative Housing employees and volunteers.

A copy of this release is also acceptable authorization.

Signature

Date

Name: _____

Address: _____

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AUTHORIZATION RELEASE FORM

RELEASE OF CRIMINAL HISTORY RECORDS

I, _____, SS# _____ have been informed of the Creative Housing requirement to run a clearance through State/National sex offender registry and criminal records of any other state or locality which may have criminal history information concerning me. Permission is given to Creative Housing to obtain information related to arrests, convictions, time served and probation reports.

Printed Name: _____

Signed: _____

Date of Birth: _____

Date signed: _____

Home Address: _____

City, State, Zip: _____