

COMMUNITY ASSISTANCE PROVIDER

2800 N. Main Street Columbia, SC 29201

Mailing Address

Post Office Box 2623, Columbia, SC 29202

Telephone / Fax

(803) 771-0050 / (803) 771-0505

Dear Prospective Tenant:

Thank you for your interest in our property. Please complete the enclosed application and return it to our office. A \$35.00 non-refundable application fee is required for each person over the age of 18. The money order or cashier's check must be made payable to Community Assistance Provider. The purpose of this \$35.00 fee is to obtain a nationwide criminal background check and a credit report.

Another requirement in our approval process is a housekeeping inspection. We may randomly visit your current residence to verify that you will maintain the unit for which you are being considered.

The approval of your application will also include the information received from your criminal background and credit report.

Rents range in price from \$450.00 to \$750.00 per month.

If your application is approved, you will be contacted by telephone and asked to bring in any documents from our checklists that have not previously been provided to us.

At that time we will also set a date and time for the lease documents to be completed.

Please contact me if you have any questions.

Thank you in advance for your cooperation.

Respectfully,

CAP Property Management Team

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Community Assistance Provider Application Checklist

Completed Forms Needed

- Application
- Authorization to Release Information Form
- Verification of Employment
- Rental Verification

Additional Information Required

- Latest Tax Return
- Bank Statements for 6 months
- Will need copies of photo I.D. (s) for each adult in household and social security cards for all who will be living in the household.
- Proof of Income
- Social Security Award Letter / VA Pension etc. if Applicable
- 4 Paycheck Stubs if Applicable
- 6 Months Bank Statements for both Checking and Savings Accounts if Applicable

**\$35.00 NON REFUNDABLE APPLICATION FEE --PER ADULT
(MONEY ORDER OR CASHIERS CHECK ONLY)**

Please mail to P.O. Box 2623, Columbia, SC 29202 or bring to 2800 N. Main Street, Columbia, South Carolina 29201

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Authorization to Release Information Form

By signing this waiver, I _____, do hereby grant Community Assistance Provider the authority to release my personal information (provided to them by way of application) to appropriate organizations that provide training, grants and rental opportunities.

I understand that by allowing Community Assistance Provider this authorization, I put myself in a better position to be assisted in the rental process.

Signature

Date

3-1D Verification of Employment

COMMUNITY ASSISTANCE PROVIDER, INC., Post Office Box 2623, Columbia, SC 29202, Telephone / Fax(803) 771-0050 /(803) 771-0505

RE: _____
Applicant Name

Address

I hereby authorize release of my employment information.

Signature of Employee _____ Date _____

OR copy of the attached executed release form which authorizes the information requested.

Federal regulations require verification of income for all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. Your prompt response is greatly appreciated.

RETURN FORM TO: Community Assistance Provider Fax: 803.771.0505 Email: lrwilson@communityassistanceprovider.com

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name _____

Job Title _____ Date of Hire ____/____/____

Current Salary/Wages \$ _____ Hourly Weekly Bi-weekly Monthly Annual Salary

Average # regular hours per week: _____

Overtime rate: \$ _____ per hour Average # of overtime hours per week: _____

Commission: \$ _____ Hourly Weekly Bi-weekly Semi-weekly Monthly Yearly

Bonus: \$ _____ Hourly Weekly Bi-weekly Semi-weekly Monthly Yearly

Tips: \$ _____ Hourly Weekly Bi-weekly Semi-weekly Monthly Yearly

Other: \$ _____ Hourly Weekly Bi-weekly Semi-weekly Monthly Yearly

Does the employee have access to a retirement account? Yes No If yes, what amount \$ _____ and rate of interest _____. Does the account have withdrawal penalties? Amount \$ _____

Employer's Signature Employer's Printed Name Date

Employer Title Employer (Company) Name and Address

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willing making false or fraudulent statements to any department of the United States Government.

**RENTAL VERIFICATION FORM
THIS FORM MUST BE COMPLETED BY THE LANDLORD**

Applicant Name

Address

I hereby authorize release of my employment information.

Signature of Applicant: _____

Tenant Name _____ Date _____

Address: _____
Street City/State/Zip Apt

Number of Household Members: _____

Occupancy Date: _____ Security Deposit: \$ _____ Date Paid _____

Rent Amount: \$ _____ Paid: monthly weekly other _____

If subsidized rent, please list tenant portion: \$ _____

Date last rent was paid: _____ Amount Paid: \$ _____ Back Rent Owed: \$ _____
(If back rent is owed, please attach accounting)

Please describe any damages made by this tenant, if any: _____

Would you rent to this tenant again? Yes No

Form Completed By:

(Landlord Name)

(Telephone/Fax)

(Name of person completing this form)

(Landlord Signature)

(Date)

Serving Calhoun, Charleston, Chester, Clarendon, Fairfield, Georgetown, Kershaw, Lancaster, Lee,
Lexington, Newberry, Orangeburg, Saluda, Sumter, Richland, and Williamsburg Counties

MUST BE COMPLETED BY LANDLORD



M-19A Income and Asset Questionnaire

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.com

Applicant Information

Head of Household				
Name (Full Legal Name)	Social Security Number	Date of Birth	Age	Sex M F
Address	Home Telephone	Work Telephone		

Family Composition					
Name (Full Legal Name)	Social Security #	Relationship	Date Of Birth	Age	Sex
					M F
					M F
					M F
					M F
					M F

- Do you expect the above household members to change during the coming year? Yes No

If yes, explain: _____.

- Are any members in your household full time students? Yes No

If yes, list members: _____.

Income					
Do you or any adult member of your household have any income from or receiving on behalf of a minor any of the following income					
	Yes	No		Yes	No
01. Employment	<input type="checkbox"/>	<input type="checkbox"/>	11. Disability or Death Benefits	<input type="checkbox"/>	<input type="checkbox"/>
02. Income from a business	<input type="checkbox"/>	<input type="checkbox"/>	12. Pension Benefits	<input type="checkbox"/>	<input type="checkbox"/>
03. Social Security (Adult)	<input type="checkbox"/>	<input type="checkbox"/>	13. Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>
04. Social Security (Child)	<input type="checkbox"/>	<input type="checkbox"/>	14. Educational Grants	<input type="checkbox"/>	<input type="checkbox"/>
05. Disability	<input type="checkbox"/>	<input type="checkbox"/>	15. Veteran's Administration	<input type="checkbox"/>	<input type="checkbox"/>
06. AFDC	<input type="checkbox"/>	<input type="checkbox"/>	16. Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>
07. Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>	17. Scholarships	<input type="checkbox"/>	<input type="checkbox"/>
08. Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	18. Caretaking of Children or Elderly	<input type="checkbox"/>	<input type="checkbox"/>
09. Child Support	<input type="checkbox"/>	<input type="checkbox"/>	19. Payments from Insurance Policies	<input type="checkbox"/>	<input type="checkbox"/>
10. Alimony	<input type="checkbox"/>	<input type="checkbox"/>	20. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of the above; Complete the area provided below

Household Member	Source of Benefit/ Income	Employer or Agency's Mailing Address, City, State, Zip	#Hrs Per Week	Full/Part time	Amount Per Month
				F P	
				F P	
				F P	
				F P	
				F P	

- Did you file a federal income tax return last year? Yes No

If no, explain: _____

- Have you or any other member of your household disposed of any of assets at less than fair market value during the past two years? Yes No

If yes, explain: _____

<u>Assets</u>					
Do you or any member of your household own any of the following types of assets?					
		Yes	No		
1.	Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	8.	Other Financial Assets
2.	Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	9.	Rental Property
3.	Savings Certificate	<input type="checkbox"/>	<input type="checkbox"/>	10.	Other Real Estate
4.	Bonds	<input type="checkbox"/>	<input type="checkbox"/>	11.	Mortgages
5.	Stocks	<input type="checkbox"/>	<input type="checkbox"/>	12.	Land Contracts
6.	Money Market Funds	<input type="checkbox"/>	<input type="checkbox"/>	13.	Deeds or Trust
7.	Credit Union Savings	<input type="checkbox"/>	<input type="checkbox"/>	14.	Annuities
If you answered YES to any of the above please complete the following information:					
#	\$ Income	Per	Description of Asset & List Name Bank and/or Financial Institution		

I certify that the information given on this form is correct and complete:

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Note: Section 101 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

I certify that the information given on this form has been verified:

Recipient Signature: _____ Date: _____

Note: Section 101 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

M-19B Verification of Assets

COMMUNITY ASSISTANCE PROVIDER, INC., Post Office Box 2623, Columbia, SC 29202, Telephone / Fax(803) 771-0050 /(803) 771-0505

RE: _____

Applicant's Name

Name of Banking Institution

I hereby authorize release of my information.

Signature of Applicant _____

Date _____

OR copy of the attached executed release form which authorizes the information requested

Federal regulations require verification of assets for all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. Your prompt response is greatly appreciated.

RETURN FORM TO: Community Assistance Provider Fax #: 803.771.0505 Email: lrwilson@communityassistanceprovider.com

THIS SECTION TO BE COMPLETED BY BANKING INSTITUTION

<u>Checking Account #</u>		<u>Avg 6 Month Balance</u>	<u>Current % Rate</u>	
1		\$	%	
2		\$	%	
<u>Savings Account #</u>		<u>Current Balance</u>	<u>Current % Rate</u>	
1		\$	%	
2		\$	%	
<u>Money Market Account #</u>		<u>Avg 6 Month Balance</u>	<u>Current % Rate</u>	
1		\$	%	
2		\$	%	
<u>Cert of Deposit Account #</u>		<u>Current Balance</u>	<u>Current % Rate</u>	<u>Withdrawal Penalty</u>
1		\$	%	
2		\$	%	
<u>Retirement Savings (IRS, Keogh, 401(k))</u>		<u>Current Balance</u>	<u>Current % Rate</u>	<u>Withdrawal Penalty</u>
1		\$	%	
2		\$	%	

If the "6 month average" requested above is unavailable, explain why (i.e. account open for four months, system only allows for three month averages, etc...) _____

Additional remarks: _____

Authorized Signature

Printed Name

Date

Title

Address

Phone #

Fax #

E-mail

NOTE: Section 1001 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willing making false or fraudulent statements to any department of the United States Government.

M-19C Certification of Assets Disposed

COMMUNITY ASSISTANCE PROVIDER, INC., Post Office Box 2623, Columbia, SC 29202, Telephone / Fax(803) 771-0050 /(803) 771-0505

Applicant Information:

Date: _____ HOME Grant #: _____

Applicant(s) Name: _____

HOME Property Address: _____

I/We certify that during the two year (24 month) period preceding the effective date of my income certification or recertification of eligibility for program participation, I/we have have not disposed of more than \$1,000 in assets for less than fair market value.

If assets were disposed of for less than fair market value, describe:

Description of Asset:	Date of Disposition:	Amount Received:
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total: _____

Signature of Applicant(s):

_____ Date: _____

_____ Date: _____

Note: Section 101 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willing making false or fraudulent statements to any department of the United States Government.

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CERTIFICATION OF ZERO ASSETS ON DEPOSIT

NAME OF BENEFICIARY: _____

PROPERTY ADDRESS: _____

CITY, STATE, ZIP: _____

I currently do not have any checking or savings accounts of any type nor do I have any earning/non-earning assets.

I affirm that the above statements are true and accurate to the best of my knowledge.

Signature

Date