

Rental Bridge & Lake Norman CDC Program Application

19837 S. Main Street Cornelius, NC 28031
 704-897-7340 or michelle@lakenormancdc.org

LKNCDC Use Only:

Received Date: _____

Processed Date: _____

Puede solicitar una solicitud en español. Comuníquese con Michelle@Lakenormancdc.org

This application determines if the applicant qualifies for our program and the amount of rental assistance. Please attach these additional documents.

- Signed and Dated Completed Application by person(s) age 21+ (co-applicant)
- Proof of current rent amount (copy of page from lease or a letter if no lease available)
- Proof of Total 60 days Income for each adult on lease in household – SSI, SSDI, Alimony, Pension or Retirement Distribution, etc. Include previous 2 months paystubs
- Property Owner Agreement form – The “Invitation to Owners” is for their information.
- Valid ID for each employed adult household member on lease whose income included in the application.
- Completed Income/Debt Form
- Completed Credit Disclosure & Authorization Forms
- Name and contact information for two personal references for each applicant on separate sheet.

Please Print Legibly	CONTACT INFORMATION	
	Applicant	Co-Applicant (name on lease for income to count)
Name		
Social Security Number		
Home Phone #:		
Cellular Phone #:		
Preferred email:		
Alternate email (if applicable):		
Can you be contacted during the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Street Address:		
City		
State and Zip Code		
County		
Proposed Address City		

How much do you pay for rent currently?		
How long has you lived at current address?		
How much will you pay for rent at the proposed new address? (can mark n/a if not moving)		
Ethnicity –	<input type="checkbox"/> Hawaiian/ Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> White	<input type="checkbox"/> Hawaiian/ Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> White
Date of Birth:		
Gender:		
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed
Citizenship:	<input type="checkbox"/> US Citizens <input type="checkbox"/> DACA <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Other	<input type="checkbox"/> US Citizens <input type="checkbox"/> DACA <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Other
Preferred Language		
Highest Level of Education		
List All Additional Household Members:	Age	
1.		
2.		
3.		
4.		
5.		
Are you disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Veteran or currently in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment History		
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Income Source:		
Position/Title:		
Date Start:		
Date End:		
Frequency of pay period?	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly
Gross Income/pay period:		

# of hours per week:		
<i>Put in N/A, if Not Applicable - If employed less than two years or second job</i>		
Employer/Income Source:		
Position/Title:		
Date Start:		
Date End:		
Frequency of pay period?	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly
Gross Income/pay period:		
# of hours per week:		
Other income you receive (enter amount and frequency)		
Source of additional income		
Amount of additional income		
Frequency of additional income	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly

Status of Expenses	Applicant	Co-Applicant
Please Answer all the Questions marking N/A where not applicable		
As of today, are you actively in a Chapter 7 or 13 bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
As of today, do you have a judgement or lien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
As of today, what is your current monthly debt excluding rent? (should match Income/Debt Form)	\$	\$
Are you current on paying the following?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electricity bill	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water bill	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: Mobile or landline	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cable or internet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Car payment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Loan(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay Child Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much per month? (if no, enter 0)		
Do you pay Alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much per month? (if no, enter 0)		
Are you currently in an IRS tax repayment plan or owe the Department of Revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much per month? (if no, enter 0)		
Are you currently in a State tax repayment plan or owe the NC Department of Revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much per month? (if no, enter 0)		
I acknowledge that to participate in the Rental Bridge Program, I will need to commit to the Financial Coaching Program offered by Prosperity Unlimited. I will need to pay a \$50 enrollment fee which will be refunded to me after I complete the one-year program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

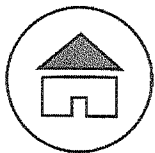
All of the information that I/We provided in this application for assistance is **CORRECT** and **FACTUAL**. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this application. We understand that deliberately providing inaccurate information or an unwillingness to timely provide LKNCDC with the necessary information or documents to assist us will result in a closing of our file.

Applicant (A) Signature

Date

Co-applicant (B) Signature

Date



Lake
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Advancing Affordable Housing

Lake Norman CDC
Monthly Income/Debt Form
Include with Application

LKNCDC Use Only:
 Received Date: _____
 Processed Date: _____

Anyone whose name is on the lease and whose income will be included to qualify, please fill in as COMPLETELY AS POSSIBLE. If form includes entries for 2 people, please not the person's name on the subject line.

Monthly Income Source – Put in zero (0) if N/A	Current Monthly Income
Gross Monthly Income Person 1 (before taxes, Social Security, Medicare, & other deductions) Name:	
Gross Income Person No. 2 Name:	
Net Income Part Time Job: (from here below note name of person receiving the income)	
Child Support Received :	
Spousal Support (Alimony) Received	
Military Retirement	
Other Retirement	
Social Security Received (after taxes)	
Self-Employment	
Other Income (list source)	
Total Monthly Income	
Monthly Debt Payments (Fixed Expenses)	
Rent Payment (current)	
Auto Loan/Lease Person No. 1	
Auto Loan/Lease Person No. 2	
Debt Consolidation/ Other Loan(s) Person No 1	
Student Loan(s) Person No 1	
Student Loan(s) Person No 2	
Renter's Insurance Person No 1	
Renter's Insurance Person No 2	
Credit Card Payments Person No 1	
Credit Card Payments Person No 2	
Child Support Payment Person No 1	
Child Support Payment Person No 2	

Alimony Payment Person No 1	
Alimony Payment Person No 2	
Personal Loan payment Person No 1	
Personal Loan payment Person No 2	
Other Person No 1	
Other Person No 2	
Other:	
Total Debt Expenses	

All of the information that I/We provided in this application for assistance is **CORRECT** and **FACTUAL**. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this application. We understand that deliberately providing inaccurate information or an unwillingness to timely provide LKNCDC with the necessary information or documents to assist us will result in closing our file.

Applicant (A) Signature

Date

Co-applicant (B) Signature

Date

Prosperity Unlimited, Inc.

CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct Prosperity Unlimited, Inc. (hereinafter "Prosperity") to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by Prosperity. I understand and agree that Prosperity intends to use the credit report for the purpose of evaluating my financial readiness to rent, to purchase a home and/or to engage in post-purchase counseling activities.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to Prosperity in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan/rent, etc., I
 authorize
 do not authorize

Prosperity to share with potential mortgage lenders, housing partnering organizations and/or counseling agencies information from my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders/organizations may contact me to discuss loans/services for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying Prosperity in writing.

Client's Name (Print)

Client's Name (Print)

Client's Signature

Client's Signature

Social Security Number

Social Security Number

Date

Date

**Prosperity Unlimited, Inc. in collaborative partnership with Lake Norman CDC
Privacy Policy**

Prosperity Unlimited, Inc. and the Lake Norman CDC are 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 information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the **Disclosure and Authorization Agreement**. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

- You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- You may opt-out of this requirement, but proof of your decision to opt-out must be recorded in your client file.
- If you choose to "opt out", we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your "opt-out", you may call us at 704-933-7405 and do so.

Release of your information to third parties

- So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling/coaching you, or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Client's Name (Print)

Client's Name (Print)

Client's Signature

Client's Signature

Date

Date

Prosperity Unlimited, Inc.
in collaborative partnership with
Lake Norman CDC
Authorization for Release of Information

I (we) hereby authorize Prosperity Unlimited Inc. hereafter known as "Prosperity" **(INCLUDING ALL COUNSELORS LISTED BELOW EMPLOYED BY PROSPERITY)** to release/exchange information from my records in order to assist me in my housing needs. This information will be released only to those institutions, companies and agencies that Prosperity believes or I have designated that can provide housing. Examples of such entities include lenders, realtors, public agencies, landlords and other nonprofit organizations. *If necessary, information on file at another entity may also be released to us.* This information release/exchange will be restricted to specific financial data, such as income, budget, debt, credit report or status of mortgage readiness.

I understand that Prosperity a) submit client-level information relating to the **Housing Stability Counseling Program** grant to the **NeighborWorks America Data Collection System (DCS), Department of HUD, NC Housing Finance Agency, Local Government Entities** b) allow funders to open files to be reviewed for program monitoring and compliance purposes, and (c) allow funders to conduct follow-up with client related to program evaluation.

I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.

I understand that Prosperity may do the following as it is related to the facilitation of down payment assistance (if applicable) from **City of Salisbury, Salisbury CDC, City of Kannapolis, NC Housing Finance Agency or other entities:** a) verify my eligibility, b) submit down payment assistance application that will include personal information, and c) coordinate with lender/closing attorney.

I understand that the provision of some services at this organization is contingent upon my decision concerning the release/exchange of information.

The doctrine of informed consent has been explained to me, and I understand the contents to be released/exchanged, the need for the information, and that there are statues and regulations protecting the confidentiality of authorized information.

I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent shall expire in **ONE YEAR** from the date shown below. I also acknowledge that a copy of this form is as valid as the original.

Borrower Name (printed):	Co-Borrower Name (printed):
Borrower (signature):	Co-Borrower (signature):
Last 4 SS#:	Last 4 SS#:
Date:	Date:

FOR ORGANIZATION USE ONLY		
Attested by: Louise Mack	Date	
Prosperity Unlimited Inc. P. O. Box 1095; Concord, NC 28025-1095 Phone: 704-933-7405 Fax: 704-938-7431		
Copy of this document was given to client: (circle one)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

COUNSELING STAFF FOR PROSPERITY UNLIMITED, INC.			
Louise Mack	Sarah Conley	Kerri Roseman	



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Rental Bridge Program Application Property Owner Agreement and Permission

As the property owner or manager for the following rental unit:

Address: _____,

() I agree to participate in advancing affordable housing in the Lake Norman area by agreeing to receiving a second check monthly from the Lake Norman CDC on behalf of:

Name of Renter: _____

() I give permission to the Lake Norman CDC to contact me to confirm the rental amount and lease date for above mentioned renter.

Please feel free to contact me at: (please print)

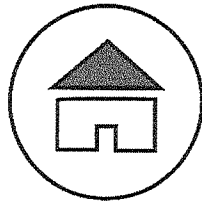
Name: _____

Phone: _____

Email: _____

Signature: _____

Date: mm _____ dd _____ yr _____



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Advancing Affordable Housing

An Invitation to Property Owners in Lake Norman

No one entity can solve the attainable affordable housing challenge in the Lake Norman area. It will take the public, private and non-profit sectors working together to make a difference.

The Lake Norman Community Development Corporation is seeking property owners of rental units in the area to partner with us to provide housing through our Rental Bridge Program. Regardless of the size of your property or if you are an individual or corporate owner, we would value having your partnership.

The Program

The Lake Norman CDC provides rental assistance for one year to resource challenged, employed applicants who earn between 60 and 100% of the average median income. We are not a government voucher program. The Lake Norman CDC is a 501(c)3 non-profit. If approved, our applicants enter into a financial coaching program and may receive other supportive services in addition to their rent assistance. There is an option for a second-year renewal. Our goal is to see the renter move towards successful home ownership while being a stable and reliable renter.

Property Owner Participation: If a property owner agrees to the following three requirements, we can assist our program participant rent the unit.

- a. The property owner must be willing to accept a monthly rental assistance check from the Lake Norman CDC. A participation form is provided.
- b. The property owner must be current on all property taxes and have no outstanding code violations.
- c. The property owner needs to complete a W9 for the Lake Norman CDC. This will be provided.

We hope you will join us in advancing housing attainability in the Lake Norman area.