Rental Program Application

How to Apply
To apply for a unit with Youngstown Neighborhood Development Corporation please obtain a Available Housing List from the Youngstown Neighborhood Development Corporation office or online at www.yndc.org.

If you are interested in one of the units from the Available Housing List, please call 330-480-0423 and leave a message that states the address of the unit from the Available Housing List, your name and phone number. Your call will be forwarded to the Program Assistant. The Program Assistant will return calls about the unit in the order they are received. Your application will be reviewed and your eligibility for the unit will be determined. All units on the Available Housing List are available on a first come first serve basis. If you do not find a unit that you are interested in from the Available Housing List please keep reviewing it weekly for updates as you must indicate a unit from the list to submit your application.

***All Incomplete applications will be declined***

A complete application includes the following information:
- Complete applications for ALL household members who are 18 years and older
- Copy of Social Security Cards for ALL occupants
- Copy of Photo I.D for ALL persons 18 years and older
- Copy of most recently paid gas and electric bills
- Proof of income
  - Only the documents that pertain to your household are needed from the list below
    - Three current pay stubs
    - Statement from SSI
    - ODJFS
    - Child Support
    - Workers Compensation
    - Unemployment
    - 1099 tax form if you are self employed

- $50 Application Fee – Due AFTER initial application is reviewed (please make checks payable to Youngstown Neighborhood Development Corporation)
- Background check (you will receive instructions to obtain a background check once your initial application is reviewed)

YNDC will not be able to copy any documents.
Please have all necessary documents copied before submitting your application to YNDC.
Directions to Applicant: Answer all questions on this application or it will be returned - NO EXCEPTIONS. Enter “none” or “N/A” for those questions which do not apply to you. A separate application form must be completed by each adult applicant 18 years or older. Include all members who you anticipate will occupy the unit at least 50% of the time during the next 12 months. For financial information, please provide the names and addresses of people who can verify the information you provide. Please attach additional pages to record additional information if there isn’t enough room for an entry.

**Applicant**

Date of application: ________________________

Name: ________________________________     Social Security Number: ________________________________

Address: ________________________________     Birth Date: ________________________________

Phone: ________________________________

Monthly Gross Income: ____________________     Email: ________________________________

Employer: ________________________________

Employer Address: ________________________________

Employer Phone: ________________________________

Job Title: ____________________     Date Hired: ____________________

**Spouse or Co-Applicant**

Name: ________________________________     Social Security Number: ________________________________

Address: ________________________________     Birth Date: ________________________________

Phone: ________________________________

Monthly Gross Income: ____________________     Email: ________________________________

Employer: ________________________________

Employer Address: ________________________________

Employer Phone: ________________________________

Job Title: ____________________     Date Hired: ____________________
List of Other Household Members

Name: ________________________________     Relationship to Applicant: ________________________________
Birth Date: ________________________________     Social Security Number: ________________________________
Full-Time Student: ☐ Yes ☐ No

Name: ________________________________     Relationship to Applicant: ________________________________
Birth Date: ________________________________     Social Security Number: ________________________________
Full-Time Student: ☐ Yes ☐ No

Name: ________________________________     Relationship to Applicant: ________________________________
Birth Date: ________________________________     Social Security Number: ________________________________
Full-Time Student: ☐ Yes ☐ No

Name: ________________________________     Relationship to Applicant: ________________________________
Birth Date: ________________________________     Social Security Number: ________________________________
Full-Time Student: ☐ Yes ☐ No

If benefits are drawn under a different Social Security # please provide: ________________________________

Do you expect to change your family size in the future? ☐ Yes ☐ No
If yes, please explain change and provide expected date of change: ________________________________

Are there any temporarily absent family members? ☐ Yes ☐ No
If yes, please provide name and date of return: ________________________________

Would you or any members of your household benefit from a handicapped-accessible unit? ☐ Yes ☐ No
If yes, explain: ________________________________
## Income Information

<table>
<thead>
<tr>
<th>List ALL Gross Monthly Income ($)</th>
<th>Name of Person Receiving Income</th>
<th>Name of Source</th>
<th>Source Address (Street, City, State, Zip)</th>
<th>Source Area Code &amp; Phone Number</th>
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## Financial Obligations and Major Expenses

<table>
<thead>
<tr>
<th>Debt Type</th>
<th>Creditor</th>
<th>Current Balance</th>
<th>Monthly Payment</th>
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<tbody>
<tr>
<td>Auto Loan(s)</td>
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<td>Credit Card(s)</td>
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<td>Other Loan(s)</td>
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<td>Other Debt(s)</td>
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Total Monthly Expenses: ______________________

## Assets (Bank accounts, Stocks, 401k, Cash, Trust Funds, IRA Accounts, etc.)

<table>
<thead>
<tr>
<th>List All Assets</th>
<th>Name on Account</th>
<th>Name of Financial Institution</th>
<th>Financial Institution Address (Street, City, State, Zip)</th>
<th>Account Number</th>
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## Employment History (Please list all employers for the past 2 years)
Present Employer: ________________________________  Date of Hire: ________________________________

Supervisor: ________________________________  Phone: ________________________________

Address: ____________________________________________________________

Previous Employer: ________________________________________________________

Date of Hire: ________________________________  Last Date of Employment: ________________________________

Supervisor: ________________________________  Phone: ________________________________

Address: ____________________________________________________________

Previous Employer: ________________________________________________________

Date of Hire: ________________________________  Last Date of Employment: ________________________________

Supervisor: ________________________________  Phone: ________________________________

Address: ____________________________________________________________

Previous Employer: ________________________________________________________

Date of Hire: ________________________________  Last Date of Employment: ________________________________

Supervisor: ________________________________  Phone: ________________________________

Address: ____________________________________________________________

Previous Employer: ________________________________________________________

Date of Hire: ________________________________  Last Date of Employment: ________________________________

Supervisor: ________________________________  Phone: ________________________________

Address: ____________________________________________________________

*Landlord References/Contact Information* (Please provide continuous residence information for at least the past 3 years)
Current Address: ____________________________________________________________

Landlord Name: ______________________ Phone Number: ______________________

Name of Apartment Community: ___________________________ From/To (Dates): ____________

Current Rent: ______________________ Current Utilities: ______________________

Why Do You Want to Move?: ________________________________________________

Previous Address: _________________________________________________________

Landlord Name: ______________________ Phone Number: ______________________

Name of Apartment Community: ___________________________ From/To (Dates): ____________

Previous Rent: ________________ Reason for Leaving: ____________________________

Previous Address: _________________________________________________________

Landlord Name: ______________________ Phone Number: ______________________

Name of Apartment Community: ___________________________ From/To (Dates): ____________

Previous Rent: ________________ Reason for Leaving: ____________________________

Previous Address: _________________________________________________________

Landlord Name: ______________________ Phone Number: ______________________

Name of Apartment Community: ___________________________ From/To (Dates): ____________

Previous Rent: ________________ Reason for Leaving: ____________________________
General Information
Are you in the process of becoming evicted or have you, or your spouse / co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to: fraud, non-payment of rent, failure to cooperate with re-certification procedures, or for any other reason?  □ Yes  □ No
If yes, explain:________________________________________________________

Have you ever filed for bankruptcy? Are you in the process of filing for bankruptcy?  □ Yes  □ No
If yes, explain:________________________________________________________

Do you have any pets?:  □ Yes  □ No

Will this be your only place of residence?  □ Yes  □ No
If no, explain:________________________________________________________

What is the condition of your current housing? (Check all that apply)
☐ Standard  ☐ Unsafe or Unhealthy  ☐ Living with Parents  ☐ No Indoor Plumbing/Kitchen  ☐ Currently Without Housing

Personal Reference
Name: ___________________________  Phone Number: ____________________  Relationship: ________________
Address: __________________________________________________________________________

Emergency Contact
Name: ___________________________  Phone Number: ____________________  Relationship: ________________
Address: __________________________________________________________________________

Housing Choice
You must select a unit from the Available Housing List. If your first choice is not available your second choice will be used.

1st Choice Address: ___________________________________________________________________

2nd Choice Address: ___________________________________________________________________

Have you ever applied with YNDC in the past?  □ Yes  □ No

Are you a former YNDC tenant?  □ Yes  □ No

Bedroom size of unit requested:  □ 1  □ 2

I am interested in:  □ Duplex/Multi-Family  □ Single Family House
Certification

I hereby CERTIFY that the information stated above is true, correct, and complete to the best of my knowledge. I further understand and agree that if any of the information I provided in this application is found to be incomplete, incorrect, or false, it will be grounds for denial of this application or termination of my tenancy. I also hereby authorize the owner and/or owner’s agent to verify the foregoing income, employment, and asset information; to conduct a credit check and check for prior evictions; to call current and former landlords; to call personal references; and to verify any other information I have provided on this application. I further understand that this application does not guarantee housing or a position on the waiting list.

Applicant Signature: ____________________________ Date: ________________

Co-Applicant Signature: ____________________________ Date: ________________

WARNING: Section 1001 of Title 18 US Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

For Office Use Only

Pre-Application: Approved/Denied By: ____________________________ Date: ________________

Comments: _______________________________________________________

______________________________________________________________

______________________________________________________________