



YNDC FHLB Rental Program Application

How to Apply

To apply for a unit with Youngstown Neighborhood Development Corporation please review the Units for Rent List online at www.yndc.org.

If you have questions about one of the units from the Units for Rent List, please **call 330.480.0423 and leave a message that states the address of the unit from the Units for Rent 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 Units for Rent List are available on a first come first serve basis. If you do not find a unit that you are interested in from the Units for Rent List please keep reviewing it weekly for updates as you must indicate a unit from the list to submit your application.

*****Fill out all areas. Please do not leave anything blank. Use N/A if it doesn't apply*****

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

A complete application includes the following information:

- Complete applications for **EACH** household member who is 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

- Four most recent pay stubs
- Statement from SSI
- ODJFS
- Child Support
- Workers Compensation
- Unemployment
- Two previous years' tax returns and YTD income statement for current year if you are self employed

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

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 "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: _____

Full-Time Student: Yes No Veteran: Yes No Victim of Domestic Violence: Yes No

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: _____

Full-Time Student: Yes No Veteran: Yes No Victim of Domestic Violence: Yes No

List of Other Household Members

Name: _____ Relationship to Applicant: _____

Birth Date: _____ Social Security Number: _____

Full-Time Student: Yes No Veteran: Yes No Victim of Domestic Violence: Yes No

Name: _____ Relationship to Applicant: _____

Birth Date: _____ Social Security Number: _____

Full-Time Student: Yes No Veteran: Yes No Victim of Domestic Violence: Yes No

Name: _____ Relationship to Applicant: _____

Birth Date: _____ Social Security Number: _____

Full-Time Student: Yes No Veteran: Yes No Victim of Domestic Violence: Yes No

Name: _____ Relationship to Applicant: _____

Birth Date: _____ Social Security Number: _____

Full-Time Student: Yes No Veteran: Yes No Victim of Domestic Violence: Yes No

Name: _____ Relationship to Applicant: _____

Birth Date: _____ Social Security Number: _____

Full-Time Student: Yes No Veteran: Yes No Victim of Domestic Violence: 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

List ALL Gross Monthly Income (\$)	Name of Person Receiving Income	Name of Source	Source Address (Street, City, State, Zip)	Source Area Code & Phone Number
\$				
\$				
\$				
\$				
\$				

Financial Obligations and Major Expenses

Debt Type	Creditor	Current Balance	Monthly Payment
Auto Loan(s)			
Credit Card(s)			
Other Loan(s)			
Other Debt(s)			

Total Monthly Expenses: _____

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

List All Assets	Name on Account	Name of Financial Institution	Financial Institution Address (Street, City, State, Zip)
\$			
\$			
\$			
\$			
\$			

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: _____

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: _____

Do you have any pets? Cat Dog None

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

Are you currently experiencing homelessness, living in a shelter, or living in transitional housing? Yes No

Do you have a Housing Choice Voucher? Yes No

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 and employment 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 a 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.

YNDC shall not deny any family or individual the equal opportunity to apply for or receive assistance on the basis of race, color, gender, religion, creed, national origin, age, familial or marital status, handicap or disability, sexual orientation or reliance on public assistance.



YNDC Representative Signature: _____ Date: _____