



YOUNGSTOWN  
NEIGHBORHOOD  
DEVELOPMENT CORPORATION



[www.yndc.org](http://www.yndc.org)



330.480.0423



820 Canfield Road, Youngstown, Ohio 44511

# 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](http://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.

**\*\*\*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.



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Youngstown Neighborhood  
Development Corporation



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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.

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*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

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*

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)	Account Number
\$				
\$				
\$				
\$				
\$				

*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.

1<sup>st</sup> Choice Address: \_\_\_\_\_

2<sup>nd</sup> 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/Multifamily  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: \_\_\_\_\_

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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.

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*For Office Use Only*

Pre-Application: Approved/Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_