



Date received: _____
Staff initials: _____

Dear Applicant,

Thank you for considering Coburn Place Safe Haven's transitional housing program for your new beginning! Coburn Place Safe Haven is a two-year transitional housing and supportive services program for adults with or without children who are homeless due to fleeing domestic violence. Visit our website at www.coburnplace.org for more information about our application process. **We currently have a waitlist.**

In order for us to determine **IF** you qualify, please complete the attached application **AND** return with the **documents** from the list **below** that applies to YOUR situation:

APPLICANT PLEASE DO NOT WRITE ON THIS SHEET – FOR OFFICE USE ONLY

1. IDENTIFICATION:

- Valid Picture ID (eg: driver's license, work ID, student ID, immigration card); social security card
- Birth Certificates and social security cards for all children

2. VERIFICATION OF HOMELESSNESS DUE TO DOMESTIC VIOLENCE (at least one of the following):

- Letter of residency at Domestic Violence Shelter
- Third-party letter written by service provider, such as case manager or outreach worker
- Protective Order or Restraining Order
- Victim Assistance or Criminal Report from domestic violence occurrences

3. VERIFICATION OF INCOME (provide all that apply to you):

- Pay Stubs (6 consecutive)
- Unemployment Earnings Statement
- Work One Wages Earned Statement (if currently zero income)
- Child Support Payment Printout or court order
- TANF Award Letter
- Food Stamp Letter
- VA benefits or other Pension Statement

**PLEASE RETURN APPLICATION AND
ALL ADDITIONAL DOCUMENTS TO:**

COBURN PLACE SAFE HAVEN
604 E 38TH STREET
INDIANAPOLIS, IN 46205
FAX: 317 921-1946

Coburn Place Safe Haven

Resident Application

Date: _____ Type/Size of Apartment Requested: 1 bdrm 2 bdrm 3 bdrm

Applicant(s):

First Name MI Last Name SSN Birthdate Gender

List additional persons that will reside with you (including children):

First Name MI Last Name SSN Birthdate Gender Relationship

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Current Address:

Address

City State Zip Phone Number

How long at this address: _____

Current safe phone number where you can be reached: _____

Who referred you to Coburn Place?

Name Phone

Agency Address

Previous Address:

Address

City State Zip Phone Number

Dates you lived at this address: _____

Housing Background: Have you ever resided at Coburn Place Safe Haven? Yes No

If so, when (give date)? _____



Other Information

Does anyone in your household have special needs? Yes No If yes, please explain? _____

Marital status: Married Single Divorced Separated Widowed

(If you are separated, have you filed for divorce? Yes No)

Are you the parent of MINOR children not living with you now? Yes No

Name(s) _____ Age(s) _____

Do you plan for the above children to live with you at Coburn Place? Yes No

Emergency Contacts:

Name	Relationship	Address	City, State, ZIP	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Auto Information: Do you have a car? Yes No

If yes, provide: Make _____ Model _____ Year _____ Color _____ Lic Tag No. _____

Education: Did you graduate from high school? Yes No

Did you complete your G.E.D.? Yes No N/A

Please list the highest grade of school you completed: _____

FOR STATE AND FEDERAL TRACKING PURPOSES, WE ASK THE FOLLOWING:

Abuser is my: spouse ex-spouse live-in boyfriend/girlfriend boyfriend/girlfriend not living together
 child parent unknown

Abuser's income level: \$0-5,000 \$5,000-\$15,000 \$15,000-\$25,000
 \$25,000-\$40,000 \$40,000+ Unknown

Did your abuser use alcohol or drugs at the time of your abuse? Yes No

Were you abused as a child: Yes No Was your abuser abused as a child? Yes No Unknown

I certify that the above information is true and accurate and understand that false or inaccurate information shall be cause for denial of this application or termination of any subsequent rental agreements. Apartment owner or agents may verify all information given directly or through reporting agencies. We are an equal housing opportunity provider.

PRINTED NAME OF APPLICANT _____ **DATE** _____

SIGNATURE OF APPLICANT _____ **DATE** _____



TENANT INCOME CERTIFICATION QUESTIONNAIRE
 (*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: _____

Initial Certification Recertification Addition of Household Member

YES NO

1. <input type="checkbox"/>	<input type="checkbox"/>	I receive Section 8 rental assistance. If yes, list the housing authority below. _____	Amount of monthly rental assistance \$ _____
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INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES NO

MONTHLY GROSS INCOME

2. <input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self employment) _____	(use <u>net</u> income from business) \$ _____
3. <input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <div style="text-align: center;"><u>Name of Employer</u></div> 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____	
4. <input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
5. <input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
6. <input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
7. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments.	\$ _____
8. <input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
9. <input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
10. <input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
11. <input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC) DO NOT INCLUDE FOOD STAMPS	\$ _____
12. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments through court order or other agreement. If yes, how many orders/agreements do you have? _____ If yes, from how many persons do you receive support? _____	\$ _____ \$ _____ \$ _____
13. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive alimony/spousal maintenance payments	\$ _____
14. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
15. <input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
16. <input type="checkbox"/>	<input type="checkbox"/>	I receive student financial assistance (grants, scholarships, etc.) not including loans *NOTE: Count as income only if household receives Section 8 rental assistance.	\$ _____ per semester
17. <input type="checkbox"/>	<input type="checkbox"/>	I am claiming zero income.	

ASSET INFORMATION

Include all asset sources, including assets of minors.

YES NO			INTEREST RATE	CASH VALUE
18.	<input type="checkbox"/>	<input type="checkbox"/> I have a checking account(s). # of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	6 MONTH AVERAGE BALANCE \$ _____ \$ _____ \$ _____
19.	<input type="checkbox"/>	<input type="checkbox"/> I have a savings account(s). # of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/> I have a debit card or paycard for direct deposit of benefits. # of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/> I have a revocable trust(s) If yes, list bank(s) 1) _____	_____ %	\$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/> I own real estate. If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		\$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/> I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/> I have Certificates of Deposit (CD) or Money Market Account(s). # of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
25.	<input type="checkbox"/>	<input type="checkbox"/> I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____
26.	<input type="checkbox"/>	<input type="checkbox"/> I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
27.	<input type="checkbox"/>	<input type="checkbox"/> I have cash on hand.		\$ _____
28.	<input type="checkbox"/>	<input type="checkbox"/> I have disposed of assets (i.e. gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____

29. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ _____		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have other personal property held as an investment, other income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

