



**Greenville County Redevelopment Authority
Home Rental Application**



APPLICATION FEE REQUIRED (NON-REFUNDABLE):

(\$50 Application Fee PLUS \$25 for anyone else over the age of 18)

***** PLEASE FILL OUT FORM COMPLETELY – BACK AND FRONT OF ALL PAGES ***
*** PROCESSING WILL BE DELAYED IF ALL QUESTIONS ARE NOT ANSWERED *****

Unit Address: Miller Place Court

APPLICANT _____
First Middle Last

SOC. SEC. # _____ **BIRTHDATE** _____ **SEX: M** ___ **F** ___

MARITAL STATUS _____ **RACE:** Asian ___ Black ___ Caucasian ___ American Indian ___
Native Hawaiian ___ Am. Indian & White ___ Asian & White ___ Black & Caucasian ___
American Indian and Black ___ Other Multi Racial _____
ETHNICITY: Hispanic ___ Non-Hispanic ___

ARE YOU A LEGAL RESIDENT OF THE UNITED STATES? YES ___ NO ___

DO YOU HAVE A DISABILITY? YES ___ NO ___

SPOUSE OR COAPPLICANT NAME _____
First Middle Last

SOC. SEC. # _____ **BIRTHDATE** _____ **SEX: M** ___ **F** ___

Number to Live in Household _____ Please List **Other** Occupants Below:

NAME _____ **Relationship** _____ **Birth date** _____
Social Security # _____

NAME _____ **Relationship** _____ **Birth date** _____
Social Security # _____

NAME _____ **Relationship** _____ **Birth date** _____
Social Security # _____

NAME _____ **Relationship** _____ **Birth date** _____
Social Security # _____

PRESENT ADDRESS _____ **ZIP** _____
Street address City, State

DATES: FROM _____ TO _____

IS APPLICANT CURRENTLY LIVING IN SUBSIDIZED HOUSING? YES ___ NO ___

TELEPHONE # (H) _____ **(W)** _____ **(cell)** _____

EMAIL ADDRESS _____ (please print)

MONTHLY RENT _____ LANDLORD NAME & PHONE # _____

HAVE YOU EVER BEEN MORE THAN 30 DAYS LATE PAYING RENT? YES _____ NO _____

HAVE YOU EVER BEEN EVICTED? YES _____ NO _____

When? _____ Why? _____

PREVIOUS ADDRESS _____
Street address City, State, Zip Code

EMPLOYER _____ **POSITION** _____

ADDRESS _____ **EMPLOYED SINCE** _____

HOURLY WAGE \$ _____ HRS WORKED PER WEEK _____

HOURLY OVERTIME WAGE \$ _____ OVERTIME HRS. PER WEEK _____

PREVIOUS EMPLOYER _____ **FROM** _____ **TO** _____

SPOUSE OR COAPPLICANT

EMPLOYER _____ **POSITION** _____

ADDRESS _____ **EMPLOYED SINCE** _____

HOURLY WAGE \$ _____ HRS WORKED PER WEEK _____

HOURLY OVERTIME WAGE \$ _____ OVERTIME HOURS PER WEEK _____

OTHER SOURCES OF INCOME (Soc. Sec., SSI, pension, retirement, child support, other):

Amount \$ _____ **per** _____ **Source** _____

Amount \$ _____ **per** _____ **Source** _____

If you receive child support, is it court ordered? Yes _____ No _____

DO YOU HAVE:

SAVINGS ACCOUNT? YES _____ NO _____ BALANCE _____ BANK _____

CHECKING ACCOUNT? YES _____ NO _____ BALANCE _____ BANK _____

401K (RETIREMENT)? YES _____ NO _____ BALANCE _____ BANK _____

DO YOU HAVE MONEY FOR SECURITY DEPOSIT AND 1st MONTH RENT? YES _____ NO _____

DO YOU OWN A CAR(S)? YES _____ NO _____ IF YES GIVE YEAR, MAKE & MODEL

YEAR _____ MAKE _____ MODEL _____

YEAR _____ MAKE _____ MODEL _____

PLEASE LIST ALL CREDIT ACCOUNTS (auto loans, finance agencies, credit cards, jewelry, furniture, appliance accounts etc.)

Creditor/Bank/Loan Co. _____ Loan Type _____ Monthly Payment _____ Balance _____

1. _____
2. _____
3. _____
4. _____

PLEASE LIST AND EXPLAIN LATE PAYMENTS/PAST DUE ACCOUNTS/DELIQUENCIES

1. _____
2. _____
3. _____

APPLICANT CERTIFICATION: I certify all information made on this application is true and correct to the best of my knowledge and belief. **I authorize the GCRA and participating lenders to obtain a credit report, as well as a criminal history from the State Law Enforcement Division (SLED). Applicants for homeownership will not be considered if, over the past five years, the applicant or any member of the household over the age of 18 has been convicted of drug distribution, was listed on any National or State Registry or the South Carolina Sex Offender Registry as a sex offender, or has been convicted of a crime designated to be a felony or is punishable by imprisonment of more than one (1) year and is not a traffic offense.** I consent to the disclosure of income and financial information from my employer and financial references for purposes of verification related to my application for the Affordable Homeownership Program and mortgage loan approval. I agree that a photocopy of this authorization may be used for the purposes stated above. I authorize GCRA to obtain rental history from current and past landlords as necessary for program approval. Once I have become a homeowner through the GCRA Affordable Homeownership Program, I give GCRA permission to access my mortgage payment history from the Lender, for the purpose of homeownership counseling.

Any household members over the age of 18 must sign this application.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

RETURN APPLICATION & APPLICATION FEE TO JULIE HALLMAN:
GCRA, SUITE 2500, 301 UNIVERSITY RIDGE, GREENVILLE, SC 29601
864-242-9801 ext. 109

This Household is Income:
_____ eligible

_____ not eligible

This Household is Background Check:
_____ eligible

_____ not eligible