



## **Rental Program**

Dear Applicant,

Thank you for your interest in our **Oklahoma/Canadian Counties Rental Rehabilitation Program** that rehabilitates properties in towns in Oklahoma & Canadian Counties (excluding Oklahoma City) and rents them to low-income households. Qualified applicants must also meet income guidelines and other requirements as explained in the "Tenant Selection Plan" attached. All rental applicants must complete the application packet and return with required documentation to determine if your household is qualified and approved to rent.

Please use the checklist (attached) & read steps below carefully. This will help you in completing the application process. We look forward to helping you attain this goal.

### **PLEASE READ THE FOLLOWING BEFORE COMPLETING THE APPLICATION:**

All documentation (checklist attached) must be available and included with the rental application to review for program eligibility.

### **Our Rental Program Process**

**Step 1:** Please read this entire packet before submitting your application. There is no charge for application or credit report.

**Step 2:** Fill out the attached Rental Application and other forms in the packet, collect all documentation on the checklist.

**Step 3:** Applicant and Co-applicant's EMPLOYER(s) must send us a completed Verification of Employment form (form attached). Verification must be returned directly to CAA by fax or email by the employer's representative that completed the form. After the employer has returned the verification to us, you may call us to verify that it was completed correctly. ***This form will not be accepted if applicant has possession of the form after the employer has completed it.*** If income is other than employment income, documentation must be provided (contact us for additional info on what will be needed if the checklist doesn't state what you will need to send).

**Step 4:** Confirm that you have ALL documentation on checklist. This includes your application. You will then need to mail, email, or drop off at the receptionist's desk on the 1<sup>st</sup> floor. Once a completed application has been received and reviewed, you will be contacted to see if you are approved to rent the home. You can call **Economic Development at (405) 232-0199 ext. 3207** to follow up on your COMPLETED application.

**Important! This is a first come, first served program. Applicants are placed on the waiting list in the order in which we receive their completed application. To move through the process in a timely manner, you are encouraged to complete and sign the application and the required forms and return them to us as soon as possible via mail, email, or in person. The Employment Verification form must be completed by you at the top & your Employer at the bottom, however, only your Employer is allowed to send the form directly from them to us via fax or email.**



**REQUIRED DOCUMENTATION FOR APPLICATION:**

- Completed** Rental Application.
- General Release Form. **Must be notarized.**
- For each non-employed household member 18 years or older-Complete and sign the following:
  - No Income Certification Form
  - Non-Employed Affidavit
- Verification of Employment Form for all working members. **MUST BE EMAILED or FAXED DIRECTLY TO US BY EMPLOYER.**
- For Self-Employed, contact CAA. Must include the following:
  - Provide 12 months income
  - Two (2) most recent years federal tax return, state tax return AND 1099
  - CAA Self-Employment Affidavit
- One year of rental history must be verified by email or fax. Applicant will complete Item 1 & 4-7 and turn in with Rental App and other documents. Form will then be forwarded directly to landlord. The Landlord will complete Part II as applicable and return to CAAOKC by fax# (405)232-9074 or email caarentalhomes@coxbusiness.net
- Six (6) months (covering 180 days) most recent pay stubs for all working household members. (most recent).
- Provide federal tax return, state tax return AND W-2/1099s for all working household members (most recent).
- Six months of bank statements for all checking accounts (most recent)- **ALL PAGES. No screenshots.**
- Six months of bank statements for all saving accounts (most recent)- **ALL PAGES. No screenshots.**
- If receiving child support AND/OR alimony, include the following:
  - Court Order
  - 12-month payment summary showing amount received (Contact Child Support Division)
  - CAA's Child Support/Alimony Verification Form
- If receiving Social Security, include current Social Security Award Letter.
- Six Months Most Current** pre-paid card balance(s). Provide a print-out that includes name, address, and account number (For example Green Dot/We Card for Child Support/Social Security benefits, Cash App/Venmo/PayPal/Facebook or Apple Pay, etc.)-**ALL PAGES.**
- Divorce Decree or Legal Separation paperwork (if applicable)
- Non-expired** Government issued I.D. for all household members 18 years or older.
- Birth certificates for all household members UNDER 18 years old.
- Social Security cards OR Permanent Resident cards for all household members.
- Printed savings/investment statement(s) showing last 6 months Interest and/or Dividend Income for checking accounts. Statements must include client's name, address, and account numbers.
- Most Current Statement (if applicable):
  - Cash value of revocable trusts available to the applicant(s)
  - Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts
  - Individual retirement and Keogh accounts (even though withdrawal would result in a penalty)
  - Retirement and pension funds
  - Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy)
  - Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments
  - Interest and/or dividend income
  - Current IRA or 401K Balance statement or Quarterly Statement

Initial \_\_\_\_\_

## **2023 Household Income Limits** effective 6/15/2023

\*60% of HUD Median Income for Oklahoma County

NUMBER IN HOUSEHOLD	ANNUAL INCOME LIMIT **	MONTHLY INCOME LIMIT**
<b>1</b>	<b>\$36120</b>	<b>\$3010</b>
<b>2</b>	<b>\$41280</b>	<b>\$3440</b>
<b>3</b>	<b>\$46440</b>	<b>\$3870</b>
<b>4</b>	<b>\$51600</b>	<b>\$4300</b>

NUMBER IN HOUSEHOLD	ANNUAL INCOME LIMIT**	MONTHLY INCOME LIMIT**
<b>5</b>	<b>\$55740</b>	<b>\$4645</b>
<b>6</b>	<b>\$59880</b>	<b>\$4990</b>
<b>7</b>	<b>\$64020</b>	<b>\$5335</b>
<b>8</b>	<b>\$68160</b>	<b>\$5680</b>

\*60% of HUD Median Income for Oklahoma County

\*\* Gross Income

**For the Rental Applications and Tenant Selection Plan, refer to [caaofokc.org](http://caaofokc.org), Homes Services, Homes for Rent 232-0199.**



**Community Action Agency**

319 SW 25th St, OKC, OK 73109 (405) 232-0199



**COMMUNITY ACTION AGENCY**  
*of Oklahoma City and Oklahoma/Canadian Counties, Inc.*

**CAAOKC RENTAL APPLICATION**

**The information collected below will be used to determine whether you qualify as a tenant. It will not be disclosed without your consent except to your employers for verification of income and employment and to financial institutions for verification of assets, and as required and permitted by law. You do not have to provide the information, but if you do not, your application may be delayed or denied.**

1. Applicant Name		Social Security No.		Home Phone ( )	Cell Phone ( )	Email Address:
2. Present Street Address	City	State	Zip Code	# of Years at Present Address		
3. Former Street Address (If at address for less than 2 years)	City	State	Zip Code	# of Years at Former Address		
4. Names of <b>all</b> other persons in household:						
5. Employer Name and Address		Type of Business		Self Employed? Yes ___ No ___		
Business Phone Number ( )		Position/Title		Number of Years at Current Job:		
6. Previous Employer Name and Address (If employed at present position less than 2 years)		Number of Years with Previous Employer:		Business Phone ( )		

**If Co-Applicant, please complete the following:**

1. Co-Applicant Name		Social Security No.		Home Phone ( )	Cell Phone ( )	Email Address:
2. Present Street Address	City	State	Zip Code	# of Years at Present Address		
3. Former Street Address (If at address for less than 2 yrs)	City	State	Zip Code	# of Years at Former Address		

Revised 03-17-2023.

4. Employer Name and Address	Type of Business	Self Employed? Yes      No
Business Phone Number (    )	Position/Title	Number of Years at Current Job:
5. Previous Employer Name and Address (If employed at present position less than 2 years)	Number of Years with Previous Employer:	Business Phone (    )

**ANNUAL INCOME**

Source	Applicant	Co-Applicant	Other Household Members 18 years or older	Total
Wage or salary				
Overtime Pay				
Commissions				
Fees, tips or bonuses				
Alimony, Child Support				
Public Assist. (TANF)				
Section 8				
Net Income from Businesses				
Net Rental Income				
Unemployment Benefits				
Worker's Comp.				
Social Security, Pensions, Retirement Funds, Death Benefits, Disability, etc., received periodically				
Other income				
			Total of all sources:	

**ASSETS**

Assets	Cash Value	Income from Assets	Bank Name	Account Number
Cash on Hand	\$	NA	NA	NA
Checking Acct	\$	\$		
Savings Acct	\$	\$		
CDs, Money Market	\$	\$		
401K, Pensions	\$	\$		
Stocks, Bonds, Trust Funds	\$	\$		
Real Estate	\$	NA	NA	NA
Pre-Paid Debit Card	\$	NA		
Other	\$	\$		

**Have you disposed of any assets for less than fair market value in the past 2 years?**

     Yes      No

If yes, please explain: \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

List the head of your household and **all** members who live in your home. Give the relationship of each family member to the head of household.

Member Number	Full Legal Name	Relationship	Date of Birth	Last 4 Digits of SSN
Head of Household				
2				
3				
4				
5				
6				
7				
8				

Does anyone live with you now who is not listed above?      Yes      No

Does anyone plan to live with you in the future who is not listed above?      Yes      No

If either answer above is “yes,” please explain: \_\_\_\_\_

**RENTAL HISTORY**

Please answer “yes” or “no” to the following questions:

Have you or the co-applicant ever...

1. Been evicted or asked to move out? \_\_\_\_\_
2. Broken a rental agreement or lease? \_\_\_\_\_
3. Been sued for nonpayment of rent? \_\_\_\_\_
4. Been sued for damage to rental property? \_\_\_\_\_

If “yes” to any of the above, please explain: \_\_\_\_\_

**OTHER INFORMATION**

Is any occupant of the household attending an institution of higher education?      Yes      No

*If the above answer is yes, the applicant/occupant must complete the HOME Student Status Affidavit and an exception must be met, or applicant is ineligible. (Form Attached)*

Will anyone in the household require a live-in care attendant?      Yes      No

If yes, please explain: \_\_\_\_\_

The information provided on Pages 1 through 4 is true and complete to the best of my knowledge and belief. I/We consent to the disclosure of income and financial information from my/our employer and financial representatives for purposes of income and asset verification related to my/our household.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

**Warning:**     *Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. Government or to any matter within its jurisdiction.*

**STUDENT STATUS AFFIDAVIT**  
**FOR HOME UNITS**

**HOME requires this student question to be asked for ALL activities.**

Household Name: \_\_\_\_\_

Address/Unit #: \_\_\_\_\_

**The HOME student rule excludes certain students from participating independently in the HOME program.**

Answer Yes or No	Yes	No
Is any occupant attending an institution of higher education?		

**If the answer above is YES, please answer the following; one exception must be met.**

**Name of household member attending institution: \_\_\_\_\_**

Answer Yes or No	Yes	No
Are you over the age of 23?		
Are you a veteran of the US military?		
Are you married? (Same sex marriage should be recognized)		
Do you have dependent children?		
Do you have disabilities? (Were you receiving Section 8 assistance as of 11/30/05)		
Will you reside with and are a dependent of a household member in this unit?		
An orphan or ward of the court?		

Under penalties of perjury, I certify the above information is true and correct as of this date. I understand that I must notify management if the above circumstances change.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

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



## STUDENT STATUS AFFIDAVIT FOR HOME UNITS

**HOME requires this student question to be asked for ALL activities.**

Household Name: \_\_\_\_\_

Address/Unit #: \_\_\_\_\_

**The HOME student rule excludes certain students from participating independently in the HOME program.**

Answer Yes or No	Yes	No
Is any occupant attending an institution of higher education?		

**If the answer above is YES, please answer the following; one exception must be met.**

**Name of household member attending institution: \_\_\_\_\_**

Answer Yes or No	Yes	No
Are you over the age of 23?		
Are you a veteran of the US military?		
Are you married? (Same sex marriage should be recognized)		
Do you have dependent children?		
Do you have disabilities? (Were you receiving Section 8 assistance as of 11/30/05)		
Will you reside with and are a dependent of a household member in this unit?		
An orphan or ward of the court?		

Under penalties of perjury, I certify the above information is true and correct as of this date. I understand that I must notify management if the above circumstances change.

\_\_\_\_\_  
Signature of Co-Applicant/Resident

\_\_\_\_\_  
Date

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

Revised October 2021



**COMMUNITY ACTION AGENCY of OKLAHOMA CITY & OKLAHOMA/CANADIAN COUNTIES, INC.**

319 S.W. 25<sup>th</sup> Street  
OKLAHOMA CITY, OKLAHOMA 73109

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

**DATA RELEASE FORM & THIRD PARTY AUTHORIZATION**

**You hereby authorize and instruct Community Action Agency of Oklahoma City & Oklahoma/Canadian Counties, Inc. (CAA of OKC) and/or its assigned agents to:**

- Obtain and review your credit report, and
- Request verifications of your income and rental history, and any other information deemed necessary for improving your housing situation (for example, verifying your annual property tax obligations and homeowner's insurance fees)

**Your credit report will be obtained from a credit reporting agency chosen by CAA of OKC. You understand and agree that CAA of OKC intends to use the credit report for the purpose of evaluating your financial readiness to rent a home and/or to engage in post-rental counseling activities. You hereby authorize CAA of OKC to share your credit report and any information that you provided (including any computations and assessments produced) with the entities listed below in order to help CAA of OKC determine your viable financial options.**

- U.S. Dept of HUD    Public Housing Authorities    Counseling Agencies

Entities such as landlords and/or counseling agencies may contact your CAA of OKC counselor to evaluate the options for which you may be eligible. In connection with such evaluation, you authorize the credit reporting and/or landlords/property management companies to release information and cooperate with your CAA of OKC counselor. No information will be discussed about you with the entities not directly involved in your efforts to rent a house.

You hereby authorize the release of your information to program monitoring organizations of CAA of OKC, including but not limited to Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes. In addition you authorize CAA of OKC to have your credit report pulled two additional times to conduct program evaluations, if needed. You also agree to keep CAA of OKC informed of any changes in address, telephone number, job status, marital status, or other conditions which may affect your eligibility for a home rental you have applied for or a counseling service that you are seeking.

**Finally, you understand that you may revoke consent to these disclosures by notifying CAA of OKC in writing.**

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**TENANT RELEASE AND CONSENT**

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to CAAOKC, for purposes of verifying information on my/our rental (owner or agent) application.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |   |  |
|---|--|
| Past and Present Employers                  | Social Security Administration         |
| Welfare Agencies                            | Banks and other Financial Institutions |
| Veterans Administration                     | Child Support and Alimony Providers    |
| Present/Previous Landlords (including State | Medical and Child Care Providers       |
| Unemployment Agencies Retirement            |  |
| Systems Public Housing Agencies)            |  |

**CONDITIONS**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

**SIGNATURES**

\_\_\_\_\_  
Applicant/Resident (Print Name) Date

\_\_\_\_\_  
Co-Applicant/Resident (Print Name) Date

\_\_\_\_\_  
Adult Member (Print Name) Date

\_\_\_\_\_  
Adult Member (Print Name) Date

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREARED AND SIGNED SEPARATELY.**

CONSENT AND NOTICE REGARDING ELECTRONIC COMMUNICATIONS FOR COMMUNITY ACTION AGENCY OF OKLAHOMA CITY & OKLAHOMA/CANADIAN COUNTIES, INC. (CAA of OKC)

**1. Electronic Signature Agreement.** By SIGNING BELOW, you agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting initialing beside "I Accept" you consent to be legally bound by this Agreement's terms and conditions. You further agree that your use of a keypad, mouse or other device to select an item, button, icon or similar act/action, or to otherwise provide CAA of OKC or in accessing or making any transaction regarding any agreement, acknowledgment, consent terms, disclosures or conditions constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting contract between you and CAA of OKC. You also represent that you are authorized to enter into this Agreement for all persons who own or are authorized to access any of your accounts and that such persons will be bound by the terms of this Agreement. You further agree that each use of your E-Signature in obtaining an online service constitutes your agreement to be bound by the terms and conditions of the CAA of OKC.

**2. Consent to Electronic Delivery.** You specifically agree to receive and/or obtain any and all CAA of OKC related "Electronic Communications" (defined below) via CAA of OKC email and encrypted email service. The term "Electronic Communications" includes, but is not limited to, any and all current and future notices and/or disclosures that various federal and/or state laws or regulations require that we provide to you, as well as such other documents, statements, data, records and any other communications regarding your Housing Counseling Services relationship with CAA of OKC. You acknowledge that, for your records, you are able to retain Electronic Communications by printing and/or downloading and saving this Agreement and any other agreements and Electronic Communications, documents, or records that you agree to using your E-Signature. You accept Electronic Communications provided via CAA of OKC as reasonable and proper notice, for the purpose of any and all laws, rules, and regulations, and agree that such electronic form fully satisfies any requirement that such communications be provided to you in writing or in a form that you may keep.

**3. Paper version of Electronic Communications.** You may request a paper version of an Electronic Communication. You acknowledge that CAA of OKC reserves the right to charge you a reasonable fee for the production and mailing of paper versions of Electronic Communications. To request a paper copy of an Electronic Communication contact us at 405-232-0199 ext 3207.

**4. Revocation of electronic delivery.** You have the right to withdraw your consent to receive/obtain communications via email or encrypted email from CAA of OKC at any time. You acknowledge that CAA of OKC reserves the right to restrict or terminate your access to encrypted email system if you withdraw your consent to receive Electronic Communications. If you wish to withdraw your consent, contact us at 405-232-0199 ext 3207.

**5. Controlling Agreement.** This Agreement supplements and modifies other agreements that you may have with CAA of OKC. To the extent that this Agreement and another agreement contain conflicting provisions, the provisions in this agreement will control (with the exception of provisions in another agreement for an electronic service which provisions specify the necessary hardware, software and operating system, in which such other provision controls). All other obligations of the parties remain subject to the terms and conditions of any other agreement.

**To obtain electronic services and communications, indicate your consent to the terms and conditions of this Agreement by signing on the line below.**

It is recommended that you print a copy of this Agreement for future reference.

I Accept

I Accept

\_\_\_\_\_  
Applicant Print Name

\_\_\_\_\_  
Co-applicant Print Name

\_\_\_\_\_  
Applicant Signature Name

\_\_\_\_\_  
Co-applicant Signature Name



# COMMUNITY ACTION AGENCY of OKLAHOMA CITY & OKLAHOMA/CANADIAN COUNTIES, INC.

319 S.W. 25<sup>th</sup> Street  
OKLAHOMA CITY, OKLAHOMA 73109

## PRIVACY POLICY FORM

CAA of OKC & OK/CAN Co., Inc. is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

### What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publicly available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

### What personal information does CAA of OKC & OK/CAN Co., Inc. collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

### What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others, such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency, such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

### How is your personal information secured?

We restrict access to your nonpublic personal information to CAA of OKC & OK/CAN Co., Inc employees who need to know that information to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

### Opting Out of Certain Disclosures

You may direct CAA of OKC & OK/CAN Co., Inc. to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit CAA of OKC & OK/CAN Co., Inc.'s ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

**OPT-OUT: I request that CAA of OKC & OK/CAN Co., Inc. make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that CAA of OKC & OK/CAN Co., Inc. will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting CAA of OKC & OK/CAN Co., Inc.**

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RELEASE: I hereby authorize CAA of OKC & OK/CAN Co., Inc. to release nonpublic personal information it obtains about me to my creditors, U.S Department of Housing & Urban Development and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.**

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# CHILD SUPPORT / ALIMONY VERIFICATION

Unit # \_\_\_\_\_

Has applicant / resident ever been awarded court-ordered child support or alimony?

**PLEASE CIRCLE ANSWER BELOW:**

CHILD SUPPORT: YES OR NO

ALIMONY: YES OR NO

If yes to either question above, please obtain a copy of the order / decree.

-----  
**CHILD SUPPORT:**

I do hereby swear and affirm that: I **DO NOT RECEIVE** (*but legal attempts to collect have been made*) / **DO RECEIVE** (*circle one*) \$ \_\_\_\_\_ per month child support for the support of my children whose names are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** If the resident/applicant states that child support is not being received although court ordered, it is necessary that you verify through a third party source (District Attorney's office, Lawyer, Child Support Enforcement Unit) that the child support is not being received and that all legal attempts have been made to collect amounts due.

-----  
**ALIMONY:**

I do hereby swear and affirm that: I **DO NOT RECEIVE** / **DO RECEIVE** (*circle one*) \$ \_\_\_\_\_ per month in Alimony payments from:

\_\_\_\_\_  
I understand that all statements concerning child support and alimony must be verified to properly process my/our application and determine eligibility. I have no objection to inquiry being made for the purpose of verification.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant/Resident

**WARNING:** Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States at to any matter within its jurisdiction.

# CHILD SUPPORT / ALIMONY VERIFICATION

Unit # \_\_\_\_\_

Has applicant / resident ever been awarded court-ordered child support or alimony?

**PLEASE CIRCLE ANSWER BELOW:**

CHILD SUPPORT: YES OR NO

ALIMONY: YES OR NO

If yes to either question above, please obtain a copy of the order / decree.

-----  
**CHILD SUPPORT:**

I do hereby swear and affirm that: I **DO NOT RECEIVE** (*but legal attempts to collect have been made*) / **DO RECEIVE** (*circle one*) \$ \_\_\_\_\_ per month child support for the support of my children whose names are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** If the resident/applicant states that child support is not being received although court ordered, it is necessary that you verify through a third party source (District Attorney's office, Lawyer, Child Support Enforcement Unit) that the child support is not being received and that all legal attempts have been made to collect amounts due.

-----  
**ALIMONY:**

I do hereby swear and affirm that: I **DO NOT RECEIVE** / **DO RECEIVE** (*circle one*) \$ \_\_\_\_\_ per month in Alimony payments from:

\_\_\_\_\_  
I understand that all statements concerning child support and alimony must be verified to properly process my/our application and determine eligibility. I have no objection to inquiry being made for the purpose of verification.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant/Resident

**WARNING:** Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States at to any matter within its jurisdiction.



# NON-EMPLOYED APPLICANT'S AFFIDAVIT

A separate form must be completed by each non-employed adult member of the household

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Unit: \_\_\_\_\_

Check (A), (B) or (C) as applicable.

- \_\_\_\_\_ (A) • I am not presently employed in any capacity and **do not** anticipate becoming employed within the next 12 months.
- \_\_\_\_\_ (B) • I am not presently employed in any capacity, but anticipate becoming employed within the next 12 months, however, I do not yet have a job offer.
- \_\_\_\_\_ (C) • I certify that I am not presently employed in any capacity, but anticipate becoming employed within the next 12 months, **and** I have accepted a position with \_\_\_\_\_ which will begin on \_\_\_\_\_.  
(Employer) (Date)  
I will be earning \$\_\_\_\_\_ per\_\_\_\_\_.

**In support of this, I have submitted:**

- Offer Letter/Conditional Employment Offer  
 Fully Completed Verification of Employment (VOE)  
 Other supporting documentation (describe) \_\_\_\_\_

---

**Unemployment Benefits** (Check only one)

- I am currently receiving unemployment benefits.  
 I am NOT currently receiving and **do not anticipate** receiving unemployment benefits.  
 I am NOT currently receiving but **do anticipate** receiving unemployment benefits.

(Provide supporting documentation if receiving unemployment benefits)

---

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency and that any misrepresentation herein will be considered a material breach of the lease agreement, subjecting me to immediate eviction.

Under penalty of perjury, I certify the above representations to be true as of the date shown below.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Manager Representative Signature

\_\_\_\_\_  
Date



## CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate)

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: Community Action Agency of Oklahoma City & OK/CN Counties, Inc.

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - j. Any other source not named above.
  
2. I currently have no income of any kind and there is no imminent change expected in my financial status during the next 12 months.
  
3. Please explain the source of funds you will be using to make your rent payments: \_\_\_\_\_  
  
\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

**Request for Transcript of Tax Return**

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> Customer file number (if applicable) (see instructions)	

**Note:** Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . .

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

12 / 31 /2022	12 / 31 /2023	/ /	/ /
---------------	---------------	-----	-----

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

		Phone number of taxpayer on line 1a or 2a
Signature (see instructions)	Date	
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	

**Sign Here**

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

**What's New.** As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to [www.irs.gov](http://www.irs.gov) and search IVES.

## General Instructions

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Customer File Number.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301	855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888	855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999	855-821-0094

## Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409	855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999	855-821-0094

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**Line 5b.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

**Note.** If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

# VERIFICATION OF EMPLOYMENT

**NOTE TO APPLICANT:** CONFIRM WITH YOUR EMPLOYER THAT THEY HAVE SENT THIS FORM TO CAA OF OKC BEFORE CALLING TO SCHEDULE YOUR APPOINTMENT TO APPLY FOR THE ASSISTANCE.

TO: Name & Address of Employer

FROM: HOME Program Participating Agency

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Community Action Agency of Oklahoma  
 City & Oklahoma/Canadian Counties, Inc.  
 319 SW 25th ST  
 OKC, OK 73109

RE: Applicant Name

Social Security Number

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize release of my employment information.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant Ph#

The individual named directly above is an applicant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\*\*\*\*\***THE EMPLOYER MUST RETURN THIS FORM**\*\*\*\*\*  
 \*\*\*\*\***THIS FORM NEEDS A FAX COVER SHEET IF IT IS BEING FAXED**\*\*\*\*\*  
 You can e-mail to caarentalhomes@coxbusiness.net, ATTN: Economic Development or fax to (405)232-9074, ATTN: Economic Development

**ALL SECTIONS BELOW MUST BE COMPLETED BY THE EMPLOYER, IF THEY DO NOT APPLY TO THE EMPLOYEE, PLEASE WRITE N/A IN THE SPACE PROVIDED OR CHECK N/A.**

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Presently Employed:  One YES  NO Date Employed: \_\_\_\_\_ Last Day: \_\_\_\_\_  

<u>CURRENT RATE Per Hour or Salary - Please <input checked="" type="checkbox"/> box :</u> \$ _____	<input checked="" type="checkbox"/> One	<input type="checkbox"/> hourly rate <input type="checkbox"/> salary rate	Frequency of paycheck <input checked="" type="checkbox"/> One	<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly <input type="checkbox"/> yearly <input type="checkbox"/> other _____
--	---	--	---	--

 Average # of Regular hours per week: \_\_\_\_\_ Year-to-date earnings: from \_\_\_/\_\_\_/\_\_\_ to PRESENT \$ \_\_\_\_\_

**WE NEED THE LAST TWELVE (12) MONTHS AVERAGE # OF HOURS OR DOLLAR AMOUNT FOR THE NEXT SECTION**

OVERTIME Rate: \$ \_\_\_\_\_ per hour AVG # of OVERTIME hours per PAY PERIOD: \_\_\_\_\_  
Shift Differential Rate: \$ \_\_\_\_\_ per hour AVG # of Shift Differential hours per PAY PERIOD: \_\_\_\_\_  

Frequency of Commissions, bonuses, tips, other: <input checked="" type="checkbox"/> One	<input type="checkbox"/> Not Applicable <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly <input type="checkbox"/> yearly <input type="checkbox"/> other _____	AMOUNT of Commissions, bonuses, tips, other: \$ _____
---	--	---

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

List any anticipated change in the employee's rate of pay within the next 12 months:  
 \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_ \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s):  
 Effective Date(s): \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

Employer's Signature	Employer's Printed Name	Title	Date
Employer Phone#	Employer Fax#	Employer E-mail	



COMMUNITY ACTION AGENCY
of Oklahoma City and Oklahoma/Canadian Counties, Inc.

REQUEST FOR VERIFICATION OF RENT

CAAOKC has received an application for rent from the applicant listed below, to whom we understand you rent or have rented to in the past. We appreciate you taking the time to complete the form below.

Instructions: Applicant will complete Item 1 & 4-7 and turn in with Rental App and other documents. Form will then be forwarded directly to landlord listed in item 1. The Landlord will complete Part II as applicable and return to CAAOKC by fax# (405)232-9074 or email caarentalhomes@coxbusiness.net.

Part I: Request

- 1. TO (Name, address, phone number or email of current/previous Landlord):
2. FROM: Community Action Agency of OKC & OK/CN Counties, Inc.
3. CAAOKC Authorizing Signature: Name & Title Date

Information to be verified:

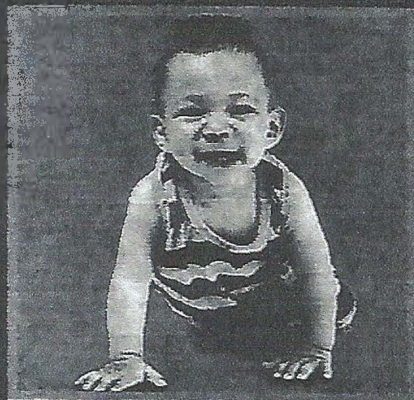
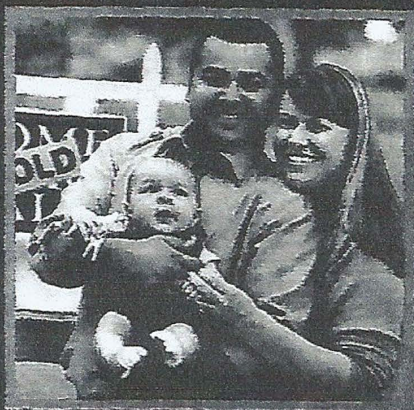
- 4. Property Address:
5. Account in the name of:
6. Name and address of Applicant(s)(if different from above):
7. Signature of Applicant(s):

Part II: To Be Completed by Landlord

Rental Account:
Tenant has rented for the period of to lease ends
Amount of rent \$ per
Is rent in arrears? Yes No
Number of times 30 days past due in past 12 months?
Is account satisfactory? Yes No
Any additional information which may be of assistance:

Signature of Landlord Date
The confidentiality of the information provided will be preserved except where disclosure of this information is required by applicable law. The form is to be transmitted directly to CAAOKC and not through the applicant or third party.





# Protect Your Family From Lead in Your Home



United States  
Environmental  
Protection Agency



United States  
Consumer Product  
Safety Commission



United States  
Department of Housing  
and Urban Development

December 2012

I acknowledge receipt of "Protect Your Family From Lead in Your Home" information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Name (Signature)

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Name (Signature)



---

# Protect Your Family From Lead in Your Home

---



United States  
Environmental  
Protection Agency



United States  
Consumer Product  
Safety Commission



United States  
Department of Housing  
and Urban Development



## Are You Planning to Buy or Rent a Home Built Before 1978?

---

Did you know that many homes built before 1978 have **lead-based paint**? Lead from paint, chips, and dust can pose serious health hazards.

### Read this entire brochure to learn:

- How lead gets into the body
- About health effects of lead
- What you can do to protect your family
- Where to go for more information

### Before renting or buying a pre-1978 home or apartment, federal law requires:

- Sellers must disclose known information on lead-based paint or lead-based paint hazards before selling a house.
- Real estate sales contracts must include a specific warning statement about lead-based paint. Buyers have up to 10 days to check for lead.
- Landlords must disclose known information on lead-based paint and lead-based paint hazards before leases take effect. Leases must include a specific warning statement about lead-based paint.

### If undertaking renovations, repairs, or painting (RRP) projects in your pre-1978 home or apartment:

- Read EPA's pamphlet, *The Lead-Safe Certified Guide to Renovate Right*, to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).



## Simple Steps to Protect Your Family from Lead Hazards

### If you think your home has lead-based paint:

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified inspector or risk assessor at [epa.gov/lead](https://www.epa.gov/lead).
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe certified renovation firms.
- Before buying, renting, or renovating your home have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children eat healthy, low-fat foods high in iron, calcium, and vitamin C.
- Remove shoes or wipe soil off shoes before entering your house.

## Lead Gets into the Body in Many Ways

---

### Adults and children can get lead into their bodies if they:

- Breathe in lead dust (especially during activities such as renovations, repairs, or painting that disturb painted surfaces).
- Swallow lead dust that has settled on food, food preparation surfaces, and other places.
- Eat paint chips or soil that contains lead.

### Lead is especially dangerous to children under the age of 6.

- At this age, children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.



### Women of childbearing age should know that lead is dangerous to a developing fetus.

- Women with a high lead level in their system before or during pregnancy risk exposing the fetus to lead through the placenta during fetal development.

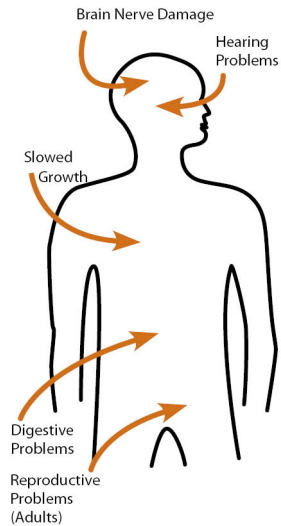
## Health Effects of Lead

---

**Lead affects the body in many ways.** It is important to know that even exposure to low levels of lead can severely harm children.

### **In children, exposure to lead can cause:**

- Nervous system and kidney damage
- Learning disabilities, attention deficit disorder, and decreased intelligence
- Speech, language, and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage



While low-lead exposure is most common, exposure to high amounts of lead can have devastating effects on children, including seizures, unconsciousness, and, in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults, too.

### **In adults, exposure to lead can cause:**

- Harm to a developing fetus
- Increased chance of high blood pressure during pregnancy
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

## Check Your Family for Lead

---

**Get your children and home tested if you think your home has lead.**

Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect lead. Blood lead tests are usually recommended for:

- Children at ages 1 and 2
- Children or other family members who have been exposed to high levels of lead
- Children who should be tested under your state or local health screening plan

**Your doctor can explain what the test results mean and if more testing will be needed.**

## Where Lead-Based Paint Is Found

---

In general, the older your home or childcare facility, the more likely it has lead-based paint.<sup>1</sup>

**Many homes, including private, federally assisted, federally owned housing, and childcare facilities built before 1978 have lead-based paint.** In 1978, the federal government banned consumer uses of lead-containing paint.<sup>2</sup>

Learn how to determine if paint is lead-based paint on page 7.

### **Lead can be found:**

- In homes and childcare facilities in the city, country, or suburbs,
- In private and public single-family homes and apartments,
- On surfaces inside and outside of the house, and
- In soil around a home. (Soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars.)

Learn more about where lead is found at [epa.gov/lead](https://www.epa.gov/lead).

---

<sup>1</sup> “Lead-based paint” is currently defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm), or more than 0.5% by weight.

<sup>2</sup> “Lead-containing paint” is currently defined by the federal government as lead in new dried paint in excess of 90 parts per million (ppm) by weight.

# Identifying Lead-Based Paint and Lead-Based Paint Hazards

---

**Deteriorating lead-based paint (peeling, chipping, chalking, cracking, or damaged paint)** is a hazard and needs immediate attention. **Lead-based paint** may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills
- Doors and door frames
- Stairs, railings, banisters, and porches

**Lead-based paint is usually not a hazard if it is in good condition** and if it is not on an impact or friction surface like a window.

**Lead dust** can form when lead-based paint is scraped, sanded, or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defines the following levels of lead in dust as hazardous:

- 40 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) and higher for floors, including carpeted floors
- 250  $\mu\text{g}/\text{ft}^2$  and higher for interior window sills

**Lead in soil** can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defines the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

**Remember, lead from paint chips—which you can see—and lead dust—which you may not be able to see—both can be hazards.**

The only way to find out if paint, dust, or soil lead hazards exist is to test for them. The next page describes how to do this.

# Checking Your Home for Lead

---

You can get your home tested for lead in several different ways:

- A lead-based paint **inspection** tells you if your home has lead-based paint and where it is located. It won't tell you whether your home currently has lead hazards. A trained and certified testing professional, called a lead-based paint inspector, will conduct a paint inspection using methods, such as:
  - Portable x-ray fluorescence (XRF) machine
  - Lab tests of paint samples
- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards. A trained and certified testing professional, called a risk assessor, will:
  - Sample paint that is deteriorated on doors, windows, floors, stairs, and walls
  - Sample dust near painted surfaces and sampling bare soil in the yard
  - Get lab tests of paint, dust, and soil samples
- A combination inspection and risk assessment tells you if your home has any lead-based paint and if your home has any lead hazards, and where both are located.





## Checking Your Home for Lead, continued

---

In preparing for renovation, repair, or painting work in a pre-1978 home, Lead-Safe Certified renovators (see page 12) may:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis. In housing receiving federal assistance, the person collecting these samples must be a certified lead-based paint inspector or risk assessor
- Use EPA-recognized tests kits to determine if lead-based paint is absent (but not in housing receiving federal assistance)
- Presume that lead-based paint is present and use lead-safe work practices

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency for more information, visit [epa.gov/lead](https://www.epa.gov/lead), or call **1-800-424-LEAD (5323)** for a list of contacts in your area.<sup>3</sup>

---

<sup>3</sup> Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8399.

## What You Can Do Now to Protect Your Family

---

**If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:**

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together because they can form a dangerous gas.)
- Carefully clean up paint chips immediately without creating dust.
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bed time.
- Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe Certified renovation firms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children eat nutritious, low-fat meals high in iron, and calcium, such as spinach and dairy products. Children with good diets absorb less lead.

## Reducing Lead Hazards

---

**Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.**

- In addition to day-to-day cleaning and good nutrition, you can **temporarily** reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover lead-contaminated soil. These actions are not permanent solutions and will need ongoing attention.
- You can minimize exposure to lead when renovating, repairing, or painting, by hiring an EPA- or state-certified renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead-safe work practices in your home.
- To remove lead hazards permanently, you should hire a certified lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent control.



**Always use a certified contractor who is trained to address lead hazards safely.**

- Hire a Lead-Safe Certified firm (see page 12) to perform renovation, repair, or painting (RRP) projects that disturb painted surfaces.
- To correct lead hazards permanently, hire a certified lead abatement professional. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.

Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

## Reducing Lead Hazards, continued

---

**If your home has had lead abatement work done** or if the housing is receiving federal assistance, once the work is completed, dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following levels:

- 40 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) for floors, including carpeted floors
- 250  $\mu\text{g}/\text{ft}^2$  for interior windows sills
- 400  $\mu\text{g}/\text{ft}^2$  for window troughs

For help in locating certified lead abatement professionals in your area, call your state or local agency (see pages 14 and 15), or visit [epa.gov/lead](https://www.epa.gov/lead), or call 1-800-424-LEAD.

# Renovating, Remodeling, or Repairing (RRP) a Home with Lead-Based Paint

---

If you hire a contractor to conduct renovation, repair, or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:

- Be a Lead-Safe Certified firm approved by EPA or an EPA-authorized state program
- Use qualified trained individuals (Lead-Safe Certified renovators) who follow specific lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certified Guide to Renovate Right*



**RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:**

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
- **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited. They are:
  - Open-flame burning or torching
  - Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment and
  - Using a heat gun at temperatures greater than 1100°F
- **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods.
- **Dispose of waste properly.** Collect and seal waste in a heavy duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.

To learn more about EPA's requirements for RRP projects visit [epa.gov/getleadsafe](http://epa.gov/getleadsafe), or read *The Lead-Safe Certified Guide to Renovate Right*.

## Other Sources of Lead

---

**While paint, dust, and soil are the most common sources of lead, other lead sources also exist:**

- **Drinking water.** Your home might have plumbing with lead or lead solder. You cannot see, smell, or taste lead, and boiling your water will not get rid of lead. If you think your plumbing might contain lead:
  - Use only cold water for drinking and cooking.
  - Run water for 15 to 30 seconds before drinking it, especially if you have not used your water for a few hours.

Call your local health department or water supplier to find out about testing your water, or visit [epa.gov/lead](https://www.epa.gov/lead) for EPA's lead in drinking water information.

- **Lead smelters** or other industries that release lead into the air.
- **Your job.** If you work with lead, you could bring it home on your body or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture. Call your local health department for information about hobbies that may use lead.
- Old **toys** and **furniture** may have been painted with lead-containing paint. Older toys and other children's products may have parts that contain lead.<sup>4</sup>
- Food and liquids cooked or stored in **lead crystal** or **lead-glazed pottery or porcelain** may contain lead.
- Folk remedies, such as "**greta**" and "**azarcon,**" used to treat an upset stomach.

---

<sup>4</sup> In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint (16 CFR 1303). In 2008, the federal government banned lead in most children's products. The federal government currently bans lead in excess of 100 ppm by weight in most children's products (76 FR 44463).

## For More Information

---

### **The National Lead Information Center**

Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at [epa.gov/lead](http://epa.gov/lead) and [hud.gov/lead](http://hud.gov/lead), or call **1-800-424-LEAD (5323)**.

### **EPA's Safe Drinking Water Hotline**

For information about lead in drinking water, call **1-800-426-4791**, or visit [epa.gov/lead](http://epa.gov/lead) for information about lead in drinking water.

### **Consumer Product Safety Commission (CPSC) Hotline**

For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call **1-800-638-2772**, or visit CPSC's website at [cpsc.gov](http://cpsc.gov) or [saferproducts.gov](http://saferproducts.gov).

### **State and Local Health and Environmental Agencies**

Some states, tribes, and cities have their own rules related to lead-based paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your state or local contacts on the Web at [epa.gov/lead](http://epa.gov/lead), or contact the National Lead Information Center at **1-800-424-LEAD**.

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling the toll-free Federal Relay Service at **1-800-877-8339**.

# U. S. Environmental Protection Agency (EPA)

## Regional Offices

---

The mission of EPA is to protect human health and the environment. Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

**Region 1** (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)

Regional Lead Contact  
U.S. EPA Region 1  
Suite 1100 (CPT) One Congress Street  
Boston, MA 02114-2023  
(617) 918-1524

**Region 2** (New Jersey, New York, Puerto Rico, Virgin Islands)

Regional Lead Contact  
U.S. EPA Region 2  
2890 Woodbridge Avenue  
Building 205, Mail Stop 225  
Edison, NJ 08837-3679  
(732) 321-6671

**Region 3** (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia)

Regional Lead Contact  
U.S. EPA Region 3  
1650 Arch Street  
Philadelphia, PA 19103  
(215) 814-2088

**Region 4** (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

Regional Lead Contact  
U.S. EPA Region 4  
AFC Tower, 12th Floor, Air, Pesticides & Toxics  
61 Forsyth Street, SW  
Atlanta, GA 30303  
(404) 562-8998

**Region 5** (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Regional Lead Contact  
U.S. EPA Region 5 (DT-8J)  
77 West Jackson Boulevard  
Chicago, IL 60604-3666  
(312) 886-7836

**Region 6** (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)

Regional Lead Contact  
1445 Ross Avenue, 12th Floor  
Dallas, TX 75202-2733  
(214) 665-2704

**Region 7** (Iowa, Kansas, Missouri, Nebraska)

Regional Lead Contact  
U.S. EPA Region 7  
11201 Renner Blvd.  
WWPD/TOPE  
Lenexa, KS 66219  
(800) 223-0425

**Region 8** (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

Regional Lead Contact  
U.S. EPA Region 8  
1595 Wynkoop St.  
Denver, CO 80202  
(303) 312-6966

**Region 9** (Arizona, California, Hawaii, Nevada)

Regional Lead Contact  
U.S. EPA Region 9 (CMD-4-2)  
75 Hawthorne Street  
San Francisco, CA 94105  
(415) 947-4280

**Region 10** (Alaska, Idaho, Oregon, Washington)

Regional Lead Contact  
U.S. EPA Region 10  
Solid Waste & Toxics Unit (WCM-128)  
1200 Sixth Avenue, Suite 900  
Seattle, WA 98101  
(206) 553-1200



## Consumer Product Safety Commission (CPSC)

---

The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities, and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

### CPSC

4330 East West Highway  
Bethesda, MD 20814-4421  
1-800-638-2772  
[cpsc.gov](http://cpsc.gov) or [saferproducts.gov](http://saferproducts.gov)

## U. S. Department of Housing and Urban Development (HUD)

---

HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. Contact HUD's Office of Healthy Homes and Lead Hazard Control for further information regarding the Lead Safe Housing Rule which protects families in pre-1978 assisted housing and the lead hazard control and research grant programs.

### HUD

451 Seventh Street, SW, Room 8236  
Washington, DC 20410-3000  
(202) 402-7698  
[hud.gov/offices/lead/](http://hud.gov/offices/lead/)

---

This document is in the public domain. It may be produced by an individual or organization without permission. Information provided in this booklet is based upon current scientific and technical understanding of the issues presented and is reflective of the jurisdictional boundaries established by the statutes governing the co-authoring agencies. Following the advice given will not necessarily provide complete protection in all situations or against all health hazards that can be caused by lead exposure.

---

# IMPORTANT!

## **Lead From Paint, Dust, and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly**

- Children under 6 years old are most at risk for lead poisoning in your home.
- Lead exposure can harm young children, babies, and fetuses even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).