

Application Information

First Name _____ Last Name _____
Current Address _____
City _____ State _____ Zip _____
Current Telephone Number _____ Cell Phone _____
Social Security Number _____ Date of Birth _____
Gender _____ Ethnicity** _____
Educational Level _____ Medical Insurance Yes No _____
Current Housing _____

Own	Rent	Shelter	Homeless	Other
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Income Information

Employer's Name _____
Address _____ Phone _____
City _____ State _____ Zip _____
Employment \$ _____ Unemployment \$ _____
Disability \$ _____ SSI \$ _____
Social Security \$ _____ Other \$ _____
Total HouseHold income for the last 12 months \$ _____

HouseHold Information

Check One

- Two Parents and Child or Children
- Single Biological Mother and Child or Children
- Single Female and child or Children
- Single Male and Child or Children
- Two Adults No Children
- Individual
- Other (explaine) _____

Circle One

Family Size 1 2 3 4 or more (List Number) _____

Other HouseHold Information

First Name _____ Last Name _____
Social Security Number _____ Date of Birth _____
Gender _____ Ethnicity** _____
Occupation _____ Education Level _____
Medical Insurance _____

Release Of Personal Information

In order to determine my eligibility for the Home Program, I certify that the information is true and correct to the best of my knowledge. Further, I hereby grant permission to the Frederick Housing Authority and Community Action Development Corporation (CADC) or its designee, to have access to my financial records in my possession or in the possession of any other entity prior to the date of this application. I waive my right to privacy and confidentiality

Applicant Signature _____ Date _____
Approved By _____ Referred By _____

OTHER HOUSEHOLD MEMBERS

First Name: _____ Last Name: _____
Social Security Number: _____ Date of Birth: _____
Gender: *Male* *Female* Ethnicity**: _____
Occupation: _____
Education Level: _____ Medical Insurance: Yes No

Emergency Contact Information

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ Cell Phone #: _____

Rental HISTORY

Property Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____
Current Landlord Name: _____
Telephone Number: _____ Cell Phone #: _____

CONSENT TO PERFORM CREDIT, BACKGROUND AND REFERENCE CHECKS
(To be completed by all applicants over the age of 18)

I, _____, (rental applicant), authorize and permit Community Action Development Corporation, to perform background checks and obtain information about me from credit reporting sources, current and previous landlords, personal and professional references, employers, banks and law enforcement agencies.

I also authorize and give permission for all parties listed to disclose any information requested about me to Community Action Development Corporation.

I further authorize and permit Community Action Development Corporation to obtain updated information annually and on future occasions for rental renewal consideration and for collection purposes should that be deemed necessary.

Thanks to all parties for your cooperation with this matter.

Rental Applicant _____
Printed or Typed Signature _____
Date _____ Phone _____ SSN _____

List all of the Rental Owner(s) (landlord(s)) in the past three years (beginning with the most recent).

Rental Owner Name _____
Manager or Representative _____
Phone Number(s) _____
Move-In Date _____ Move-Out Date _____

Rental Owner Name _____
Manager or Representative _____
Phone Number(s) _____
Move-In Date _____ Move-Out Date _____

Please provide additional information on the back of this form

CANDIDATE NAME:

1. How long have you rented/did you rent to the candidate?

2. Do/Did you know the candidate other than as a tenant? Y N

Explain:

3. Does/Did the candidate pay his/her rent on time/as agreed? Y N

Explain:

4. Does/Did the tenant have any problems with other tenants/neighbors? Y N

Explain:

5. Would you rent to this candidate again? Y N

Explain:

6. Did the candidate leave your property in good/satisfactory condition? Y N N/A

Explain:

DISCLOSURE REGARDING CONSUMER REPORTS

COMMUNITY ACTION DEVELOPMENT CORPORATION
PO BOX 989/ 105 S. MAIN.
FREDERICK, OK 73542
(580) 335-5588

COMMUNITY ACTION Will Obtain a Background Check

You acknowledge and understand that in connection with your application for employment with COMMUNITY ACTION (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment, if hired, we may obtain a "consumer report" and/or an "investigative consumer report" on you from Trak-1, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law.

Consumer Report Defined

A consumer report is any communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. A common term for a consumer report is a "background check report."

Investigative Consumer Report Defined

An investigative consumer report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. An investigative consumer report might include, for example, calls to the personal references you provide or conversations with former supervisors or colleagues where you worked.

Reports May Contain

The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, civil cases in which you have been involved, driving history records, current motor vehicle insurance coverage information, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others.

You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness, drug testing, or other medical records and medical information may be obtained only after a tentative offer of employment has been made.

Your Rights as a Consumer

You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in Trak-1's files on you at the time of your request by providing proper identification.

You are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Correspondence to Trak-1 should be forwarded to:

Trak-1 | Consumer Relations | 7131 Riverside Parkway | Tulsa, Oklahoma 74136

800-600-8999 | CustomerCare@trak-1.com

AUTHORIZATION TO OBTAIN CONSUMER REPORT

The following is information required in order for COMMUNITY ACTION to obtain a complete consumer report:

Full Legal Name : _____
(First Name, Full Middle Name, Last Name)

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Gender*: M / F Race*: _____

Social Security Number: _____ Date of Birth*: _____

Driver's License Number: _____ Issuing State: _____ Expiration Date: _____

Other or Former Names: (AKA, Maiden Names, Married Names, Surnames, Etc.) _____

Your signature below indicates the following:

- 1) You authorize, without reservation, Trak-1 or any third party to obtain and/or furnish to COMMUNITY ACTION any records or information referenced in the provided disclosure statement for employment related purposes;
- 2) You authorize ongoing procurement of any records or information, reports and records at any time during your employment to the extent allowed by law;
- 3) You authorize the use of a fax or photocopy of this authorization as having the same authority as the original;
- 4) You authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other entity, person or agency having knowledge about you to furnish EMPLOYER NAME and/or Trak-1 with any and all background information in their possession regarding you for these stated employment purposes;
- 5) You understand and agree that in connection with your employment your consumer report information, whether investigative or otherwise, may be shared with and/or reviewed by all applicable parties involved in the hiring process;
- 6) You have read and fully understand the foregoing disclosure and this authorization.
- 7) You certify that all the information you have provided on this form is true, complete, correct and accurate; and
- 8) You certify you have received, reviewed and understand the "Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.)" which is published by the Federal Trade Commission to help you know your rights.

Customer Signature: _____ Date: _____

* This information will be used for background screening purposes only.

Check this box if you are a Minnesota, Oklahoma, or California applicant, and you would like to receive a copy of your consumer report, if one is obtained. For California applicants only: a copy of your report will be sent to you by the above-referenced employer within three business days beginning on the date of receipt by the employer. For Minnesota applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced employer. For Oklahoma applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

CALIFORNIA APPLICANTS: Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by Trak-1 during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. Trak-1 is required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person alone, or with another person of your choice, provided that this additional person furnishes proper identification.

California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

MAINE APPLICANTS: Pursuant to Maine state law, § 1317(2), Trak-1 is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer