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James D. Plankenhorn, President & CEO

Lycoming-Clinton Counties Commission for Community Action (STEP), Inc.

Master Leasing Program (MLP) Application

Applicant must complete STEP General Registration, Household form, Service Assessment, and provide proof of income (if applicable). If an applicant does not provide all required information, eligibility determination will not occur until all documents are received.

Applicant's Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cellphone: _____

Have you been a resident of Lycoming County for 12 months? Yes No

HOUSEHOLD COMPOSITION:

Are you the Head of Household? Yes _____ No _____

Total number of persons living in the home: _____

Does a household member have a permanent physical, mental, or emotional disability?

Yes _____ No _____

Is handicapped accessibility required?

Yes _____ No _____

If yes, please explain: _____

INCOME INFORMATION:

HUD defines income as money or nonmonetary sources which go to the family or are provided on behalf of the family, head or spouse or to any other family member, or that is anticipated to be received from a source outside the family during the 12-month period following this application.

Please list each person in the household who is receiving any source of income. Please provide a copy of each form of income.

Sources of Income include: Net wages from employment or self-employment, income after business deductions, welfare/cash assistance, Social Security, SSI, unemployment, workers' compensation, strike benefits, VA benefits, alimony, pension and annuity payments, training allowances and income from rent, estate, royalties, dividends and interest, and child support.

NAME OF PERSON	LIST SOURCE(S) OF INCOME	Amount Received After Deductions (weekly/biweekly/monthly)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you feel as if you manage money wisely? Yes No

Do you currently have a checking account? Yes No

Do you currently have a savings account? Yes No

Do you have any outstanding debt? Yes No

If yes, please list to whom you owe money and the amount owed.

Who do you owe money to?

Amount owed?

Past Landlords: _____

Utilities: _____

Housing Agency: _____

Medical: _____

Fines: _____

Other: _____

FAMILY INFORMATION:

Has your family had any history of assault or domestic violence? Yes No

If yes, please explain when the incident occurred, what household members were involved, and the outcome:

Do you or anyone in your household have a history of substance abuse? Yes No

If yes, please explain drug of choice, duration of use, treatment received, if treatment continues, and what household member was involved:

Have you had any history of mental illness? Yes No

If yes, please explain treatment received, if still receiving treatment, and what household member was involved:

Have you or any other member of your household been convicted of a crime? Yes No

If yes, please explain the charges, the outcome, and what household member was involved:

Are you or any other member of your family on state or county supervision? Yes No

RESIDENCE INFORMATION:

Briefly explain your current housing situation; where you are living and why you need housing?

SERVICE OVERVIEW

Please list all agencies you or any of your household members are currently working with or receiving services from:

Agency Name: _____

Contact Person: _____

Phone Number: _____ Email: _____

Household Member Receiving Service: _____

Agency Name: _____

Contact Person: _____

Phone Number: _____ Email: _____

Household Member Receiving Service: _____

Agency Name: _____

Contact Person: _____

Phone Number: _____ Email: _____

Household Member Receiving Service: _____

Agency Name: _____

Contact Person: _____

Phone Number: _____ Email: _____

Household Member Receiving Service: _____

ANY ADDITIONAL NEEDS

YOUR SIGNATURE BELOW REPRESENTS AGREEMENT TO THE FOLLOWING:

Warning: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to a Department or agency of the United States as to any matter within its jurisdiction.

I certify that the information I have provided is complete and true to the best of my knowledge. I understand that omission of pertinent information and willful or serious misrepresentation in the application procedure can result in my ineligibility for participation in STEP's Master Leasing Program.

I understand that in signing this application, I authorize STEP, Inc. to obtain verification of the above information for the processing and approval of my eligibility for STEP's Master Leasing Program.

I have listed above the total current income received by every member of my household.

I have read the application packet and understand the materials provided explaining the eligibility criteria and objectives of the applicable programs.

The information provided in this application packet is complete and accurate to the best of my ability. I authorize STEP, Inc. to exchange, with other agencies and STEP programs, any information that is pertinent to the delivery of services requested. A photostatic copy of this authorization shall be considered valid.

APPLICANT/OWNER/TENANT: _____ DATE: _____

Signature of Applicant: _____

CO-APPLICANT/OWNER/TENANT: _____ DATE: _____

Signature of Co-Applicant: _____

REFERRAL PARTNER — *Please have applicant's sponsoring agency complete.*

Agency: _____

Primary Contact Person: _____

Address:

City, State, Zip:

Length of time involved with this agency:

Are you willing to continue working with this client in partnership with STEP, Inc.? Yes _____ No _____

REFERRAL PARTNER SIGNATURE: _____

DATE: _____