

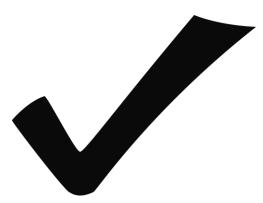
## WORKFORCE HOUSING PROGRAM RENTAL APPLICATION CHECKLIST

Please complete the attached application.

Every household member over the age of 18 must submit the following documents for qualification:

- ☐ Most recent Federal tax return
- ☐ Most recent paystubs covering one (1) month
- ☐ Most recent bank statements covering one (1) month
- ☐ Copy of a State or Federal photo ID

You can fax your application and information to 302-485-4898, scan or email to: <u>inclusionaryhousing@newcastlede.gov</u>. The physical address is 77 Reads Way in New Castle, DE. Feel free to drop it off or put it in the mail.



Did you remember to provide all documentation needed to process your application?

Did you sign the application on all pages?

Did you have any questions?

Call 302-395-5600 or email <a href="mailto:inclusionaryhousing@newcastlede.gov">inclusionaryhousing@newcastlede.gov</a>





## New Castle County Department of Community Services Workforce Housing Program WORKFORCE HOUSING APPLICATION

Applicant:	Co-Applicant:		
Current Address:			
City/St/Zip:			
Phone #: (day)			
Do you currently own your home? ☐ YES ☐ N			
If YES, what are your plans with the home(s)?			
SECTION I -	- GENERAL INFORMATION		
DEPENDENT(S)  NAME	AGE		
1.	AGE		
2.			
3.			
4.			
Other Household Occupants  1.			
2.			
3.			
TOTAL NUMBER OF OCCUPANTS IN HOUSEHO	OI D-		
Applicant SECTION II. E.	MPLOYMENT INFORMATION		
Ever employed by New Castle County?	If <i>yes</i> , answer questions 1 through 5 on page 2		
Employer:			
Supervisor:	Phone #:		
Position:	Length of employment:		
Gross annual income:	Gross monthly income:		
Previous employer:			
Supervisor:	Phone #:		
Position:	Length of employment:		
Co-Applicant			
Ever employed by New Castle County?	If yes, answer questions 1 through 5 on page 2		
Employer:			
Supervisor:	Phone #:		
Position:			
Gross annual income:	Gross monthly income:		
Previous employer:			
Supervisor:	Phone #:		
Position:	Length of employment:		

section thereof, please complete the following section:			
Name:			
	Length of Employment:		
Position/Title:			
	1	TRUE	FALS]
1. I played no role in establishing the criteria under which tapplying operates.	he program for which I am		
<ul><li>2. I played no role in selection or reviewing applicants for</li></ul>	he program	П	
3. I used no confidential information to apply for or obtain			
4. I have never been involved with the administration of the	1 0		
5. I am not employed in and have no relatives, including in			
Community Services Department.	1 2		
How did you learn about the program?			
VARNING			
penalty of perjury. Any misrepresentation will subject your prosecution.  It is a Class A misdemeanor punishable by fine up to \$2,	300, up to 1 year in prison, and r	estitution as the	
court deems appropriate, to knowingly make any false st applicable under the provisions of Title 11, Delaware Co		bove facts as	
I/we fully understand that knowingly making any false			ill subject
I/we fully understand that knowingly making any false me to potential criminal investigation and prosecution f	or, perjury, false statement, an		
I/we fully understand that knowingly making any false me to potential criminal investigation and prosecution f	Co-Applicant's Signature	d/or fraud.  Date	_
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