



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: inclusionaryhousing@newcastlede.gov. 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

inclusionaryhousing@newcastlede.gov





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

Applicant: _____

Co-Applicant: _____

Current Address: _____

Area/Dev: _____

City/St/Zip: _____

Email Address: _____

Phone #: (day) _____

(eve) _____

Do you currently own your home? YES NO

Do you currently own other property? YES NO

If YES, what are your plans with the home(s)? _____

SECTION I - GENERAL INFORMATION

DEPENDENT(S)

NAME	AGE
1.	
2.	
3.	
4.	

Other Household Occupants

1.	
2.	
3.	

TOTAL NUMBER OF OCCUPANTS IN HOUSEHOLD: _____

SECTION II. EMPLOYMENT INFORMATION

Applicant

Ever employed by New Castle County? _____

If **yes**, 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: _____

Length of employment: _____

Gross annual income: _____

Gross monthly income: _____

Previous employer: _____

Supervisor: _____

Phone #: _____

Position: _____

Length of employment: _____

(Attach sheet for employment/income information for additional household members age 18 and older)

If you are or ever were an employee, appointed or elected Official of New Castle County or any department, division or section thereof, please complete the following section:

Name: _____ Employee #: _____
 Department: _____ Length of Employment: _____
 Position/Title: _____

- | | TRUE | FALSE |
|--|--------------------------|--------------------------|
| 1. I played no role in establishing the criteria under which the program for which I am applying operates. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I played no role in selection or reviewing applicants for the program. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I used no confidential information to apply for or obtain approval for the program. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I have never been involved with the administration of the program. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I am not employed in and have no relatives, including in-laws, employed in the Community Services Department. | <input type="checkbox"/> | <input type="checkbox"/> |

How did you learn about the program? _____

WARNING

Be advised that by signing this document you understand that any document or information is provided under penalty of perjury. Any misrepresentation will subject you to potential criminal investigation and prosecution.

It is a Class A misdemeanor punishable by fine up to \$2,300, up to 1 year in prison, and restitution as the court deems appropriate, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 11, Delaware Code, Section 1233.

I/we fully understand that knowingly making any false statements concerning any of the above facts will subject me to potential criminal investigation and prosecution for, perjury, false statement, and/or fraud.

 Applicant's Signature Date

 Co-Applicant's Signature Date

Privacy Act Notice: The information contained in your application is to be used by New Castle County or its assignees in determining whether you, the applicant, qualify as a prospective purchaser or tenant under the Workforce Housing Program. The information obtained will not be disclosed outside this agency. You do not have to provide us with this information, but if you do not your application for approval as a prospective purchaser or tenant may be delayed or rejected. The application will be used only to determine your household's eligibility for the Workforce Housing Program.

Information for Government Monitoring Purposes

The following information is requested in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to provide this information, but are encouraged to do so.**

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> I do not wish to provide this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male