



SANTEE-LYNCHES TENANT EMPOWERMENT PROGRAM
ADVANTAGE
(S.T.E.P. A.)
APPLICATION

APPLICANT FULL NAME: _____

Current Address: _____

Current Email Address: _____

City, State, Zip Code: _____

Home Phone: _____ **Alternate Phone:** _____

EDUCATION ENROLLMENT STATUS AND INSTITUTION: *CURRENT SCHOOL SCHEDULE IS REQUIRED FOR ELIGIBILITY

Expected graduation date:



*Program applicants enrolled as **full-time students** must at least one of the following criteria to qualify for S.T.E.P. A. assistance:

- Be 18 years of age or older,
- Be married,
- Have a least 1 (one) dependent child
- Santee Lynches Regional Reentry Program

HOUSEHOLD COMPOSITION

(Please list the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.) *The LONG FORM birth certificates are REQUIRED for dependents and a Driver’s License/State Identification is REQUIRED for the applicant.*

Household Member’s Full Name	Relationship	Birthdate	Age	Sex	Social Security No.

Race of Head of Household (Check One) (Optional)

(This information is being collected to assure compliance with fair housing and equal opportunity rules.)

- White
 Black
 Asian/Pacific Islander
 Native American/Alaskan Native
 Hispanic



INCOME INFORMATION

What is the total annual income of all household members? (Include paystubs for wages, salaries and tips; other income such as alimony, child support, and Social Security, AFDC or other benefits)

Household Member's Full Name	Source of Income	Annual Amount	Payment Basis (weekly, monthly, etc.)

ASSET INFORMATION

List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset.

Household Member's Full Name	Type and Source of Asset (bank accounts, investments)	Cash Value of Asset	Annual Income from Asset

EXPENSE INFORMATION

Does your household have unreimbursed medical expenses in excess of 3 percent of annual income?

Does your household pay childcare expenses for children under the age of 13 that enable a family member to work or go to school?



Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?

APPLICATION CERTIFICATION: I/We understand that the above information is being collected to determine if I/WE are eligible to receive rental assistance. I/We authorize Santee-Lynches Regional Council of Governments to verify all information provided on this application.

Head of Household: _____ **Date:** _____

Spouse: _____ **Date:** _____