

**Office Use Only**

Date Received \_\_\_\_\_  
Time Received \_\_\_\_\_  
Initials \_\_\_\_\_

**INCOR Two, Inc./Marc Homes, Inc**  
**210 E. Okmulgee, Muskogee, OK 74403**  
**918/683-8162 office 918/687-5368 fax**

INCOR Two, Inc./Marc Homes, Inc. provides reasonable accommodations on request. If you require a reasonable accommodation, please notify this office in writing of the reason for and type of accommodation being requested.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (message) \_\_\_\_\_

Present Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Guardian Info (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**(We must have legal court documents to provide information to guardians)**

**Please list all previous addresses, including city and state:**

Address	City, State, Zip Code	Occupancy Dates

**Household composition:**

Last, First, MI	Gender	Race *	Hispanic Yes/No	SSN**	Student Yes/No	Birthday

\* White = 1, Black =2, American Indian = 3, Asian/Pacific Islander = 4, Hispanic = 5

\*\* ALL FAMILY MEMBERS MUST PROVIDE A SOCIAL SECURITY CARD

**List each source of income.**

Name	Income Code **	Source of Income	Monthly Gross Income	Hourly Pay Rate	Number of hours per week
Example: Jane Doe	W	AAA Company	\$576.00	\$6.00	24

**\*\* Income Type Codes:**

P = Pension	S = SSI	G = General Assistance	I = Indian Trust/per capita
B = Own Business	F = Federal Wages	W = Other Wages	N = Other Non-wage Source
SS = Social Security	T = TANF	C = Child Support	E = Medical Reimbursement
M = Military Pay	HA = PHA Wages	U = Unemployment Benefits	IW = Annual Imputed Welfare Income

**Assets**

Enter the assets that you currently possess or have access to (checking/savings accts, CD's, etc.)

Family Member Name: \_\_\_\_\_ Source: \_\_\_\_\_  
 Description of Asset: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Cash Value: \_\_\_\_\_ Address: \_\_\_\_\_  
 Annual Income: \_\_\_\_\_ City, State Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Family Member Name: \_\_\_\_\_ Source: \_\_\_\_\_  
 Description of Asset: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Cash Value: \_\_\_\_\_ Address: \_\_\_\_\_  
 Annual Income: \_\_\_\_\_ City, State Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Family Member Name: \_\_\_\_\_ Source: \_\_\_\_\_  
 Description of Asset: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Cash Value: \_\_\_\_\_ Address: \_\_\_\_\_  
 Annual Income: \_\_\_\_\_ City, State Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

\_\_\_\_\_ Please initial if you certify that you do not possess or have access to a checking account, savings account, certificate of deposit, IRA or any other type of account with a financial institution (your name isn't listed on the account).

**I certify that:**

\_\_\_\_\_ During the past 2 years, I have NOT sold or given away any asset(s) for less than fair market value.

**OR**

\_\_\_\_\_ During the past 2 years, I have sold or given away only the assets listed below for less than fair market value:

Description	Date disposed of	Amount Sold for	Market Value	Cash Value

**Expenses**

Enter any **out of pocket** (expense not covered by insurance, etc.) medical or handicapped expenses that your household currently has.

Family Member Name: \_\_\_\_\_ Payee: \_\_\_\_\_  
 Type of expense: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Expense per \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ Year Address: \_\_\_\_\_  
 Expense Cost: \_\_\_\_\_ City, State Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Family Member Name: \_\_\_\_\_ Payee: \_\_\_\_\_  
 Type of expense: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Expense per \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ Year Address: \_\_\_\_\_  
 Expense Cost: \_\_\_\_\_ City, State Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

1. Is any member of your household subject to a life-time sex offender registration requirement?  Yes  No

If yes, please explain: \_\_\_\_\_

2. Have you been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)?

Yes  No

If yes: Who? When? For What? \_\_\_\_\_

3. Do you currently use a controlled or illegal drug?  Yes  No

If yes, please explain: \_\_\_\_\_

4. Have you ever been convicted of a felony or arrested for violent criminal activity?  Yes  No

If yes: Who? When? For What? \_\_\_\_\_

5. Does anyone outside your household pay for any of your bills or expenses?  Yes  No

If yes: Who? When? For What? \_\_\_\_\_

6. Do you claim handicapped or disabled status for eligibility purposes?  Yes  No

7. Do you request housing with special accommodations?  Yes  No

**WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony.** I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance. I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Guardian \_\_\_\_\_ Date \_\_\_\_\_

After completing, mail, fax, or bring the application along with the required documents to Marc Homes, Inc. 210 E. Okmulgee, Muskogee or mail to PO Box 622, Muskogee, OK 74402.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hotline at: 1-800-424-8590.