

RENTAL APPLICATION

If there are not enough extremely low-income families on the waiting list, we will conduct outreach on a non-discriminatory basis to attract extremely low-income families to reach the statutory requirement.

PLEASE PRINT Bedroom Size: _____ Application Date: _____ Time: _____ A.M. / P.M.

How did you hear about our community? _____ Referral _____ Newspaper _____ Word of mouth _____ Other

Applicant Name: _____ Nick Name _____

Present Address: _____ How Long at present address: _____ City _____

State _____ Zip Code _____ Telephone #: _____ Date of Birth: _____ Race: _____ (Optional)

Social Security Number _____ Place of Birth _____ Email Address _____

Full-Time Student _____ Yes _____ No Part-Time Student _____ Yes _____ No Military Veteran _____ Yes _____ No

Spouse or Co-Applicant Name: _____

Present Address: _____ How Long at present address: _____ City _____

State _____ Zip Code _____ Telephone #: _____ Date of Birth: _____ Race: _____

Social Security Number _____ Place of Birth _____ Full-time Student _____ Yes _____ No

Part-Time Student _____ Yes _____ No Military Veteran _____ Yes _____ No

Never Been Married _____ Separated _____ Divorced _____ Married _____ Widow _____

Rental History (If living at current address less than 5 years)

(1.) Name of Previous Landlord: _____ Phone # _____

Address: _____ City _____ State _____ Zip _____

Time move in _____ Time move out _____

(2.) Name of Previous Landlord: _____ Phone # _____

Address: _____ City _____ State _____ Zip _____

Time move in _____ Time move out _____

Names, relationships of ALL persons who will be occupying the unit: Disclosure of SSN's for applicant and for all members of the applicant's household, except those household members who do not contend eligible immigration status.

1. Name: _____ Sex _____ (M)ale, (F)emale Leave Blank if Do not Wish to Respond

Race _____ Relation to Applicant: _____ Date of Birth _____ Place of Birth: _____



Social Security #: _____ Full-time Student ___ Yes ___ No Part-time Student ___ Yes ___ No

2. Name: _____ Sex _____ (M)ale, (F)emale, Leave Blank if Do not Wish to Respond

Race _____ Relation to Applicant: _____ Date of Birth _____ Place of Birth: _____

Social Security #: _____ Full-time Student ___ Yes ___ No Part-time Student ___ Yes ___ No

3. Name: _____ Sex _____ (M)ale, (F)emale, Leave Blank if Do not Wish to Respond

Race _____ Relation to Applicant: _____ Date of Birth _____ Place of Birth: _____

Social Security #: _____ Full-time Student ___ Yes ___ No Part-time Student ___ Yes ___ No

4. Name: _____ Sex _____ (M)ale, (F)emale, Leave Blank if Do not Wish to Respond

Race _____ Relation to Applicant: _____ Date of Birth _____ Place of Birth: _____

Social Security #: _____ Full-time Student ___ Yes ___ No Part-time Student ___ Yes ___ No

Do you now live in subsidized housing? Yes _____ No _____ If yes, name of complex or landlord address for each instance.

1. _____ 2. _____

3. _____ 4. _____

Have you ever been asked to enter into a repayment agreement to return assistance paid in error to the Department of Housing & Urban Development? Yes _____ No _____ If 'Yes' Explain: _____

Do you have children that will not stay with you? Yes _____ No _____ If yes, please list the children's name below.

As per the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA), you have certain rights as a victim of domestic violence. Are you currently a victim of Domestic Violence? _____ Yes _____ No

Do you have any pets? Yes ___ No ___ If yes, what type of pet? _____

Do you have an automobile? _____ No. of Autos: _____ Make: _____ Year _____

License #: _____ State Registered: _____ Others: _____

Criminal History:

1. Have you or any member of your household been convicted of a violent crime within the last 10 years? ___ Yes ___ No
2. Have you or any member of your household been convicted of a non-violent crime within the last 5 years? ___ Yes ___ No
3. Are you or any member of your household a current illegal drug user? ___ Yes ___ No
4. Do you or any member of your household have a pattern of alcohol abuse? ___ Yes ___ No
5. Are you or any member of your household a registered life time sex offender? ___ Yes ___ No
6. Have you or any member of your household been evicted from a Federally Funded program within the last three (3) years? ___ Yes ___ No a). If yes, when? _____ What Property? _____
7. Please list all states that you have live in (present and previous) _____, _____, _____, _____

PREFERENCE

_____ Displaced Family or Person
a. Federal, State or local body or agency

b. Disaster declared or Federal disaster relief

_____ HUD Regulatory Preferences (236 Properties Only).

- a. Displaced by government action or
- b. Presidential declared disaster

_____ Working Family

- a. 62 or older
- b. Person with disabilities

STUDENT RULE

A student enrolled in an Institute of Higher Education as defined by the Higher Education Act of 1965 Amended 1998 will be deemed eligible for assistance if the student meets all other eligibility requirements, passes screening criteria and is:

- 1) Living with parents/guardians or
- 2) Disable and was receiving assistance as of November 30, 2005
- 3) Over 23 years of age or
- 4) A veteran or
- 5) Married or
- 6) Has a dependent child or
- 7) Can prove independence of parents including providing certification that the parents did not claim the student on the most recent tax return or
- 8) Has parents who are income eligible for the Section 8 program

Any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965 from private sources or an institution of higher education (as defined under the Higher Education Act of 1965) shall be considered income to that individual. There are two exceptions to this income calculation requirement. No financial assistance that an individual receives under the Higher Education Act of 1965 from private sources or an institution of higher education (as defined under the Higher Education Act of 1965) shall be considered income if the student is:

- 1) Living with his/her parents/guardian or
- 2) A person over the age of 23 with dependent children

Are you enrolled in an Institute of Higher Education? Yes _____ NO _____

Is anyone that will reside with you enrolled in an Institute of Higher Education? YES _____ NO _____

If you are paying utilities, check below the source of each utility that you pay:

Heat:	Natural _____	Gas _____	Electric _____	Bottle Gas _____	Wood _____	Other _____
Cooking	Gas _____	Electric _____	Bottle Gas _____	Wood _____	Other _____	
Lighting	Gas _____	Electric _____	Bottle Gas _____	Wood _____	Other _____	
Hot Water	Gas _____	Electric _____	Bottle Gas _____	Wood _____	Other _____	
Water	Gas _____	Electric _____	Bottle Gas _____	Wood _____	Other _____	
Sewer	Gas _____	Electric _____	Bottle Gas _____	Wood _____	Other _____	

Trash Collection _____ Other _____

Do you furnish your own range? Yes _____ No _____ Do you furnish your own refrigerator? Yes _____ No _____ Do you

Furnish your wash and Dry? Yes _____ No _____

HOUSEHOLD INCOME

(1.) Applicant's Present Employer: _____

Address: _____ Phone No: _____ City _____ State _____ Zip Code _____

Length of time employed _____ Number of hours worked per week: _____

Rate of Pay: Hourly \$ _____ Weekly \$ _____ Monthly \$ _____ Yearly \$ _____

(2.) Applicant's (2nd) Employer: _____



Address: _____ Phone No: _____ City _____ State _____ Zip Code _____

Length of time employed _____ Number of hours worked per week: _____

Rate of Pay: Hourly \$ _____ Weekly \$ _____ Monthly \$ _____ Yearly \$ _____

(1) Co-Applicant's Present Employer: _____

Address: _____ Phone No: _____ City _____ State _____ Zip Code _____

Length of time employed _____ Number of hours worked per week: _____

Rate of Pay: Hourly \$ _____ Weekly \$ _____ Monthly \$ _____ Yearly \$ _____

(2) Co-Applicant's (2nd) Employer: _____

Address: _____ Phone No: _____ City _____ State _____ Zip Code _____

Length of time employed _____ Number of hours worked per week: _____

Rate of Pay: Hourly \$ _____ Weekly \$ _____ Monthly \$ _____ Yearly \$ _____

List below any income derived from sources other than employment and indicate who receives the income:

Unemployment: \$ _____ AFDC: \$ _____ Social Security: \$ _____ Pension: \$ _____

Disability \$ _____ (SSI) Alimony: \$ _____ Child Support \$ _____ Other \$ _____

Dividends (includes stocks, bonds, treasury bills, etc.) \$ _____

LIST EMERGENCY CONTACT PERSON: _____ Night Phone: _____

Address: _____ City _____ State _____ Zip _____ Day Phone _____

LIST EMERGENCY CONTACT PERSON # 2: _____ Night Phone: _____

Address: _____ City _____ State _____ Zip _____ Day Phone _____

FOR ELDERLY/DISABLED HOUSEHOLDS:

Disability Status (eligibility purposes only)

- Are you or anyone in your household disabled/handicap? _____ Yes _____ No If so, who? _____
- List below any medical bills, which are being paid by any member of the applicant household. Include all doctors, pharmacies, hospitals and medical insurance premiums:

- Do you are any member of your household have a need for an accessible unit/feature? _____ Yes _____ No

Please describe the need for the accessible unit/feature _____

NOTICE: A SECURITY DEPOSIT HOLDS APARTMENT ONLY FOR TWO (2) WEEKS AFTER YOU HAVE BEEN NOTIFIED THAT THE UNIT IS AVAILABLE. AFTER TWO (2) WEEKS, THE DEPOSIT IS RETURNED AND THE UNIT MAY BE LEASED TO ANOTHER PERSON UNLESS THE LEASE IS SIGNED AND RENT IS PAID.

NOTICE: SECTION 1001 OF TITLE 18 OF THE U. S. C. MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFULLY FALSE STATEMENTS OF MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

NOTICE: *THIS APPLICATION WILL EXPIRE AFTER ONE (1) YEAR, UNLESS YOU UPDATE IT IN WRITING OR BY PERSONAL VISIT DURING THE YEAR.*

Information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.



FOR FAMILY HOUSEHOLDS:

ASSETS

List below any assets held by any member of the applicant household:

CHECKING ACCOUNT No. _____ Bank Name: _____

Balance: \$ _____ Interest Rate _____ % Asset Income \$ _____ Bank Address _____

SAVINGS ACCOUNT No. _____ Bank Name: _____

Balance: \$ _____ Interest Rate _____ % Asset Income \$ _____ Bank Address _____

MONEY MARKET ACCOUNT No. _____ Bank Name: _____

Balance: \$ _____ Interest Rate _____ % Asset Income \$ _____ Bank Address: _____

CERT. OF DEPOSIT ACCOUNT No. _____ Bank Name: _____

Balance \$ _____ Interest Rate _____ % Asset Income \$ _____ Bank Address: _____

IRA ACCOUNT No. _____ Bank Name: _____

Balance \$ _____ Interest Rate _____ % Asset Income \$ _____ Bank Address: _____

Other ASSETS: _____ Property _____

Have you disposed of any assets for less than Fair Market Value during the two preceding years? Yes _____ No _____ If yes, explain: _____

CHILDCARE

Do you currently pay childcare? _____ Yes _____ No

List below any amounts paid by any member of the applicant household for childcare expenses, which enables that person to be gainfully employed or to attend school:

Paid To: _____ Monthly Payment: _____

List (3) Credit References:

I / We hereby affirm that the answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstances, which would, if disclosed, affect this application unfavorably. I / We hereby authorize inquiries to be made to verify information given in this application.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

MANAGEMENT SIGNATURE

DATE

IT IS THE POLICY OF THIS COMMUNITY TO RENT TO QUALIFIED PERSONS REGARDLESS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP, OR FAMILIAL STATUS, AND IN COMPLIANCE OF FEDERAL, STATE, AND LOCAL LAWS.

