

FOR OFFICE USE ONLY
DATE & TIME RECEIVED:

APPLICATION FOR ADMISSION OR RECERTIFICATION

COMMUNITY _____

LAST NAME		FIRST NAME		MIDDLE NAME	DAY PHONE
STREET ADDRESS		CITY	STATE	ZIP	EVENING PHONE
DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.	EXPIRATION DATE & STATE		
OTHER ID:		OTHER NAMES USED IN THE LAST 10 YEARS:			
EMAIL:					

I AM AM NOT A MEMBER OF THE ARMED FORCES (INCLUDING THE NATIONAL GUARD AND RESERVE)

PETS	DO YOU HAVE ANY PETS? (INCLUDE BIRDS, FISH, ETC.)	UNIT SIZE REQUESTED:
	<input type="checkbox"/> NO <input type="checkbox"/> YES – IF YES, WHAT KIND?	BY # _____ PERSONS

OCCUPANTS LIST PERSONS WHO WILL OCCUPY APARTMENT – INCLUDE YOURSELF. IF MORE THAN 6 USE ADDITIONAL INFORMATION

NAME	BIRTH DATE	SEX	FULL TIME STUDENT	SOCIAL SECURITY NUMBER	RELATIONSHIP TO APPLICANT
1		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
2		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
3		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
4		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
5		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
6		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO		

INCOME SOURCES LIST SOURCES OF INCOME.

Employment \$ _____ /per _____	AFDC/TANF \$ _____ /per _____	Pension \$ _____ /per _____	Other (Type) _____
Social security \$ _____ /per _____	General Relief \$ _____ /per _____	Alimony/Child Support \$ _____ /per _____	
SSI \$ _____ /per _____	Unemployment \$ _____ /per _____	Disability \$ _____ /per _____	\$ _____ /per _____

ASSET/BANK ACCOUNTS	CHECKING	SAVINGS	STOCK/BONDS	REAL ESTATE/PROPERTY
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

SOURCE OF INCOME:	NAME	TELEPHONE	MONTHLY GROSS INCOME:	DATE OF EMPLOYMENT FROM:
	ADDRESS			

PRESENT LANDLORD Provide (5) yrs of Consecutive Rental History	<input type="checkbox"/> RENT	NAME	TELEPHONE	MONTHLY PAYMENT	DATE OF RESIDENCE FROM:
	<input type="checkbox"/> OWN	TO:			
ADDRESS					

Have you or any household member ever been evicted? If yes, please explain.

OUT OF STATE RESIDENTIAL HISTORY HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD 18 YEARS OF AGE OR OLDER EVER RESIDED IN ANOTHER STATE? IF SO, PLEASE COMPLETE THE FOLLOWING: SHOULD YOU NEED ADDITIONAL SPACE PLEASE USE A SEPARATE SHEET OF PAPER.

NAME OF HOUSEHOLD MEMBER	DATES OF RESIDENCY
OUT OF STATE ADDRESS	CITY STATE ZIP

Please list all full- time students and students enrolled in an institute of higher education:

Anticipated Medical Expenses not covered by insurance for the next 12 months \$ _____ (including doctor visit costs, dentist expenses, prescriptions, insurance premiums paid you, etc.)

Do you have child care expenses? _____ Frequency: \$ _____ / per _____ Name of child care provider: _____

Provider's address: _____ Provider's phone number: _____

Are you being displaced by government action?: YES NO

Are you now living in a Government or other type of subsidized unit? YES NO

TO BE PROCESSED, THIS APPLICATION MUST BE SIGNED AND FILLED OUT COMPLETELY.  

Non-Discrimination Statement

We are an Equal Housing Opportunity Provider. We provided rental housing without discrimination on the basis of race, color, creed, national origin, religion, sex, marital or familial status, age, orientation, income source, physical or mental handicap, or other protected classes as defined by the laws of the Federal or State government, either now in place or put in place at a later date. **IMPORTANT:** I understand that all information given on this application is subject to verification, including a credit report and criminal background report. Any information determined to be false or untrue may result in the permanent cancelation of the application. Any security deposit given will be held until application is processed, but does not indicate that the application is approved and maybe returned at any time prior to occupancy. **TO THE APPLICANT:** Please fill out this form completely no application will be accepted unless each question has been answered completely and applicant has provided acceptable I.D. for all household members. All references will be checked and if any information is found to be false or incomplete, the applicant may be rejected.



Privacy Act Notice

The Department of Housing and Urban Development (HUD) has authorization to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. Seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member who is 6 years old or older.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Penalty:** You must provide all of the information requested by the owner, including all social security numbers you and all other household members 6 years of age and older have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide to provide any of the requested information may result in a delay or rejection of your eligibility approval.

PREFERENCE ELIGIBILITY

The Department of Housing and Urban Development has established requirements for ensuring that housing assistance is directed to those with the most urgent housing needs. These categories that may include one or more of the following as may be required by individual programs pursuant to statute or based upon HUD regulation.

If you think you may be eligible for the preference required by individual programs pursuant to statute or based upon HUD regulation, please check the box below.

- I have been displaced from an urban renewal area, or as a result of government auction, or as a result of a disaster determined by the President to be a major disaster.
- I do not think I am eligible for the displacement preference at this time.
- I am 62 year or older.
- I am handicapped or disabled.

Do you wish to request a handicapped/ disability adjustment to income (if available) or a special handicapped accessible unit or both? YES NO If yes, must be verified. Please complete the Special Requirement Questionnaire.

I agree to provide documentation sufficient to verify my qualification for a preference when the resident manager request that I do so.

If my eligibility for a preference changes in the future, I will contact the resident manager.

INITIAL

DATE

SPECIAL UNIT REQUIREMENT(S)

THIS SECTION TO BE INCLUDED IN EVERY APPLICATION. It is used to determine whether an applicant needs special features in its apartment. The need for special adaptations must be verified in order to assure that the limited number of apartments with special features go to families that actually need the features.

I choose not to complete this section of the form.

INITIAL

DATE

1. Do you, or does any member of your family have a condition that requires:

- a separate bedroom unit for vision-impaired physical modifications to a typical apartment
- a barrier-free unit unit for hearing-impaired
- one-level unit bedroom/bath on 1st floor

2. Can you and your entire family members go up and down stairs unassisted? YES NO

If No, please indicated how we could accommodate your family: _____

3. Will you or any of your family members require a live-in aide to assist you? YES NO

If Yes, please explain: _____

4. If you checked any of the above listed categories of apartments, please explain exactly what you need to accommodate your situation:

5. What is/are the name(s) of the family member(s) who need/s the features identified above? _____

6. Who should be contacted to verify your needs for the features you have identified above?

Name _____ Phone () _____

Address _____

PRIOR TENANCY

Has your family's assistance or tenancy in a subsidized housing program ever been terminated for:

Fraud: YES NO If Yes, explain _____

Nonpayment of rent: YES NO If Yes, explain _____

Failure to cooperate with recertification procedures: YES NO If Yes, explain _____

CRIMINAL CONVICTION

Have you or any member of your household ever been convicted of a crime? YES NO

If Yes, which family member misdemeanor or felony

If Yes, which family member misdemeanor or felony

WHEN WHERE – CITY & STATE

WHEN WHERE – CITY & STATE

EXPLAIN DETAILS

EXPLAIN DETAILS

EMERGENCY NOTIFICATION:

NAME: _____ RELATIONSHIP: _____ PHONE NUMBER: _____

ADDRESS: _____

CERTIFICATION

I certify that the forgoing information is true and complete to the best of my knowledge. I understand that all information given on this application as well as any information or materials deemed necessary to complete the application including credit reports and criminal background reports are subject to verification. Information determined to be false or untrue may result in permanent cancellation of the application, or if applicable, may result in the termination of tenancy. Any security deposit given will be held until application is processed but does not indicate that the application is approved and maybe returned at anytime prior to occupancy. I understand that an acceptable government photo identification for all adult household members is required prior to acceptance of my application.

I certify the housing I will occupy at: _____ (name of Community) will be our permanent residence. I further certify that I will not maintain a separate residence in a different location.

We are an equal housing opportunity provider. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap, or national origin in compliance with the Fair Housing Act. Your signature below authorizes management to obtain a "consumer report" at any time during the application process or any time after initial occupancy as defined in the Fair Credit Reporting Act. 15 U.S.C Section 1681 a(d), seeking information on creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Owner or agent has the right to reject this application and return the deposit(s) at any time prior to execution of a lease agreement. If applicant(s) withdraws application or fails to execute a lease agreement upon request of owner or agent, the deposit(s) may be retained by owner as liquidated damages.

APPLICANT(S) HEREBY REPRESENTS THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND COMPLETE AND AUTHORIZES INQUIRIES OF ANY STATEMENT MADE HEREIN. **NOTIFY US IN WRITING OF ANY CHANGE TO INFORMATION PROVIDED WITHIN THIS RENTAL APPLICATION.**

APPLICANT SIGNATURE:

DATE:

X

MANAGEMENT SIGNATURE:

DATE:



WARNING STATEMENT: Section 1001 of Title 18, United States Code provides, "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsify, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned no more than five (5) years, or both".

Were you offered a copy of the Tenant Selection Procedures? YES NO

EACH PROPERTY'S TENANT SELECTION PROCEDURES ARE POSTED ONSITE AND COPIES WILL BE PROVIDED UPON YOUR REQUEST

Data Monitoring Disclosure

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in anyway. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

RACE/ ETHNICITY CODES	<p>ETHNICITY:</p> <p><input type="checkbox"/> HISPANIC OR LATINO</p> <p><input type="checkbox"/> NOT HISPANIC OR LATINO</p>	<p>RACE: (MARK ONE OR MORE)</p> <p><input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE</p> <p><input type="checkbox"/> ASIAN</p> <p><input type="checkbox"/> BLACK OR AFRICAN AMERICAN</p> <p><input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER ETHNICITY</p> <p><input type="checkbox"/> WHITE</p>	<p>GENDER:</p> <p><input type="checkbox"/> MALE</p> <p><input type="checkbox"/> FEMALE</p>
	<p>ARE YOU A US CITIZEN?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I choose not to provide this information:</p>		
	Signature: _____	Date: _____	

