

**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 (2<sup>nd</sup>) 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 (2<sup>nd</sup>) 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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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.

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APPLICANT'S SIGNATURE

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DATE

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CO-APPLICANT'S SIGNATURE

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DATE

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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.

