RENTAL APPLICATION

Complex(s) Applying For:

_____

_____

Do Not Mark In This Space
Date Rec'd: ____/_____/_____
Time: _____
Application Number: _____

Please fill out this application completely, leaving no blank spaces. If the question does not apply to you, please indicate with "NONE".

	Full Name	Birth Date	How Related	SS#
Head of Household:				
Co-Head:				
Other Members who				
will live in this				
apartment:				

Copies of birth certificates or other proof of age may be required on all household members prior to initial occupancy.

Current Telephone # (_____) _____

Current Address: _____
(Address) (City) (State) (Zip Code)

How Long at this Address: _____ Rent Paid: $_____ Are Utilities Included: YES ☐ NO ☐

Landlord: _____ Address: _____Telephone: (___) _____

Have you notified your present landlord you are moving? YES ☐ NO ☐

May we contact your present landlord for a reference? YES ☐ NO ☐ If not, please explain _____

Reason for moving: _____

Have you ever been evicted? YES ☐ NO ☐ If yes, please explain: _____

If you have NOT lived at the above current address 3 YEARS OR MORE, you MUST complete the following section.

List your residential history for the past three years leading up to your current residence status below:

Residence Address | Landlord Name / Address /Telephone | FROM TO (Include Month & Year)

_____

_____

_____

Marital Status (check one): ☐ Single ☐ Married ☐ Divorced ☐ Separated

Would you or anyone in your family benefit from special features for persons with disabilities? YES ☐ NO ☐

Are you applying for persons with disabilities status? YES ☐ NO ☐
Management will provide reasonable accommodations to persons with disabilities, unless doing so would cause undue administrative/financial burden.

Are you now in a Government subsidized rental unit? YES ☐ NO ☐

Do you have a pet? YES ☐ NO ☐ If yes, will the pet be staying with you? YES ☐ NO ☐

Make/Model of vehicle: _____ License Plate #: _____

Make/Model of vehicle: _____ License Plate #: _____

Persons over 62 years old or Persons with Disabilities Applicants Must Complete Pages 2, 3 & 5; All Others Complete Pages 2, 4 & 5.

TAX CREDIT:

☐ Check here if there are or have been any full-time students in your household in the current calendar year. If so, please complete items A – F. (Full Time is five (5) months per year, twelve (12) credit hours per semester.)

☐ If not, please sign and date below at "Applicant/Resident Signature."

STATEMENT OF APPLICANT/RESIDENT:

A. ____At least one (1) member of the household receives assistance under the Title IV of the Social Security Act (i.e. payment under AFDC).

B. ____At least one (1) member of the household is currently enrolled in a job training program that receives assistance under the Job Training Partnership Act (JTPA) or is funded by a state or local public agency.

C. ____The Head of Household is a single parent with children and neither the parent nor the children is dependant of another individual. A current Tax Return must be attached for each year of residency.

D. ____The members of the household are married and file a joint Federal Income Tax Return. A current Tax Return must be attached for each year of residency.

E. ____The household is not made up entirely of full-time students. Names of non-student household members:

_____ _____

_____ _____

F. ____None of the exceptions listed above are applicable and the entire household is comprised of full-time students.

HUD/HOME/RURAL DEVELOPMENT:

☐ Check here if any household member is an adult student (full or part time) under age 24?
(Full Time is five (5) months per year, twelve (12) credit hours per semester.)

If "yes" to the above, list which household member(s): _____

If "yes" to the above, is the adult student(s) (Check all that apply):

- ☐ A dependent of household member who is living in the unit
- ☐ A veteran
- ☐ Married
- ☐ A parent with a dependent child living in the unit
- ☐ A disabled individual who was receiving HUD rental assistance prior to November 30, 2005
- ☐ Independent from your parents, including that you have lived on your own for at least one year and are not a dependent on their tax return.

I/We hereby certify that the statement above is true and complete to the best of my/our knowledge.

Applicant/Resident Printed Name	Applicant/Resident Signature	Date
Applicant/Resident Printed Name	Applicant/Resident Signature	Date

TO BE COMPLETED BY MANAGEMENT REPRESENTATIVE

_____The unit may be eligible, if all other Tax Credit eligibility requirements are met (Items A, B, C, D or E applies).
_____The unit is not eligible (Item F applies).
I have verified and processed documentation supporting the applicant's/resident's statement. Nothing has been provided causing me to believe this information is inaccurate.

Management Representative	Title	____/____/____ Date

THIS PAGE APPLIES TO PERSONS OVER 62 YEARS OLD OR PERSONS WITH DISABILITIES ONLY

CURRENT SOURCE OF INCOME:

Please check all income sources that apply:

Social Security	_____	Amount: $_____	Mo. _____	/or Yr. _____
Social Security	_____	Amount: $_____	Mo. _____	/or Yr. _____
SSI Disability	_____	Amount: $_____	Mo. _____	/or Yr. _____
Pension	_____	Amount: $_____	Mo. _____	/or Yr. _____
Pension	_____	Amount: $_____	Mo. _____	/or Yr. _____
Part-Time Emp.	_____	Amount: $_____	Mo. _____	/or Yr. _____
Other Income	_____	Amount: $_____	Mo. _____	/or Yr. _____

Do you have a Checking Account? YES ☐ NO ☐ Current Bal: $_____Interest Rate _____%

Name of Bank: _____ Bank Telephone Number: _____

Do you have a Savings Account? YES ☐ NO ☐ Current Bal: $_____Interest Rate _____%

Name of Bank: _____ Bank Telephone Number: _____

Do you have CD's? YES ☐ NO ☐ Value: $_____Interest Rate _____%

Value: $_____Interest Rate _____%

Do you own a house or other real estate? YES ☐ NO ☐

If yes, list full address and asset value of property: _____

Is there income (rent, etc.) from this property? YES ☐ NO ☐ Amount $_____

List any other assets you may have such as stocks, bonds, mutual funds, IRA's (include value and annual interest earned):

_____

Have you DISPOSED of any assets during the last two years? YES ☐ NO ☐

If yes, complete the following: Asset Value: $_____

Date of Disposal: _____/_____/_____

MEDICAL EXPENSES:

Do you take prescriptions which are not paid by insurance? YES ☐ NO ☐

If yes, give an estimated amount you pay: $_____ Per Mo. _____ or Yr. _____

Do you have the Medicare Premium deducted from your Social Security? YES ☐ NO ☐

If yes, amount:: $ _____ Per Mo. _____ or Yr. _____

Do you pay a Premium for Supplementary Insurance? YES ☐ NO ☐

If yes, amount:: $ _____ Per Mo. _____ or Yr. _____ or Qtrly. _____

Do you ANTICIPATE any healthcare related expenses for the next 12 months, which are NOT covered by health insurance (eye care, dental, in home health care)? Include over the counter medical supplies (Depends, needles, etc.).

YES ☐ NO ☐ If yes, complete the following:

Description: _____ Amount: $_____ Frequency: _____

Description: _____ Amount: $_____ Frequency: _____

Description: _____ Amount: $_____ Frequency: _____

Description: _____ Amount: $_____ Frequency: _____

Use this space for any additional information you feel necessary to report: _____

_____

_____

_____

_____

THIS PAGE IS FOR FAMILIES / HOUSEHOLDS / OTHER

CURRENT SOURCE OF INCOME: Please complete all income sources that apply:

Head of Household PRESENT Employment:

Employment: From _____/_____/_____ To _____/_____/_____ Amount: $_____ Hrly: _____ Wkly: _____

Name of Employer: _____

Address: _____Telephone #: (____)_____

Co-Head of Household PRESENT Employment:

Employment: From _____/_____/_____ To _____/_____/_____ Amount: $_____ Hrly: _____ Wkly: _____

Name of Employer: _____

Address: _____Telephone #: (____)_____

If you have not been employed by the above employer for 3 YEARS OR MORE, you MUST complete the following. List your employment history leading UP TO your current place of employment below for all employed members of household.

Head of Household PREVIOUS Employment:

Employer: _____ Address: _____ From _____ To _____

Employer: _____ Address: _____ From _____ To _____

Employer: _____ Address: _____ From _____ To _____

Employer: _____ Address: _____ From _____ To _____

Co-Head of Household PREVIOUS Employment:

Employer: _____ Address: _____ From _____ To _____

Employer: _____ Address: _____ From _____ To _____

Employer: _____ Address: _____ From _____ To _____

Employer: _____ Address: _____ From _____ To _____

Unemployment: _____ Amount: $_____ Mo: _____/or Wkly: _____

Child Support: _____ Amount: $_____ Mo: _____/or Wkly: _____

Alimony: _____ Amount: $_____ Mo: _____/or Wkly: _____

AFDC: _____ Amount: $_____ Mo: _____/or Wkly: _____

Social Security: _____ Amount: $_____ Mo: _____/or Wkly: _____

Grants/Loans: _____ Amount: $_____ Mo: _____/or Wkly: _____

Armed Forces: _____ Amount: $_____ Mo: _____/or Wkly: _____

Other Income: _____ Amount: $_____ Mo: _____/or Wkly: _____

Do you have a checking Account? YES ☐ NO ☐ Current Bal: $_____Interest Rate _____%

Do you have a Savings Account? YES ☐ NO ☐ Current Bal: $_____Interest Rate _____%

Do you own a house or other real estate? YES ☐ NO ☐

If yes, list full address and asset value of property: _____

Is there income (rent, etc.) from this property? YES ☐ NO ☐ Amount $_____

List any other assets you may have such as stocks, bonds, mutual funds, IRA's (include value/annual interest earned):

_____

Have you DISPOSED of any assets during the last two years? YES ☐ NO ☐

If yes, complete the following: Asset Value: $_____ Date of Disposal: _____/_____/_____

CHILDCARE EXPENSES:

Do you pay for baby-sitting due to employment or schooling? YES ☐ NO ☐ If yes, complete the following:

Care Provider's Name: _____Per Week $_____

Address: _____Per Month $_____

_____Telephone No. (____)_____

Use this space for any additional information you feel necessary to report: _____

_____

_____

EVERYONE MUST COMPLETE THIS PAGE

CREDIT REFERENCES Your application fee covers the cost of a credit check that is performed through **Acutraq Rental Screening** with the personal information you provide.

PERSONAL REFERENCES (Give two (2) persons **NOT** related to you, that you have known one (1) year or more.)

Name: _____ Name: _____

Address: _____ Address: _____

Telephone No: (____)_____ Telephone No: (____)_____

How did you hear about this apartment community? _____

I/We, the applicant(s), certify that the housing I/we will occupy is/will be my/our permanent residence. I/We further certify that I/we do not and will not maintain a separate subsidized rental unit in a different location.

I/We, the applicant(s), agree to give management/owner the authority to investigate my / our credit rating, my/our current and past rental record, my/our police record, and all other information necessary to determine eligibility. I/We understand that any misrepresentation of information on this form will disqualify me from consideration for leasing and may be grounds for eviction.

I/We hereby affirm that the foregoing information is true and correct to the best of my knowledge.

_____ _____/_____/_____

Signature of Head of Household Date

_____ _____/_____/_____

Signature of Co-Head Date

NOTE: Applicant(s) will be notified in writing whether or not he/she have been selected for immediate occupancy, placed on a waiting list, or ineligible.

I/We understand in order to remain active on the waiting list, I/we will be required to update my application every six (6) months upon notification from management. _____ (Initials)

FAMILY HOUSEHOLD COMPOSITION:

"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 any way. 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.

Ethnicity: A. Hispanic or Latino ☐ B. Not Hispanic or Latino ☐

Race: (Mark one or more) 1. American Indian/Alaska Native ☐ 2. Asian ☐ 3. Black or African American ☐

4. Native Hawaiian or Other Pacific Islander ☐ 5. White ☐

Gender: Male ☐ Female ☐

FINAL STATUS OF APPLICATION:

This application was (Check One): Accepted ☐ Ineligible ☐

_____ _____/_____/_____

Management Representative Date

WARNING: Section 1001 of Title 18, U.S. Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States makes a false, fictitious, or fraudulent statement or representation, 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 $10,000.00 or imprisoned not more than five (5) years, or both."

The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.