



RENTAL APPLICATION

TDD # 1-800-548-2546
(HEARING IMPAIRED)

This application must be filled out **completely**. If some items do not apply to your household, you must write N/A, NO, or the appropriate response in the space.

HOUSEHOLD INFORMATION:

List all household members that are applying to live in this apartment with you.

Name First, Middle Initial, Last Name	Relationship to Head of Household	Marital Status M/D/S	Social Security Number	Birth date Month/Date/Year	Full-time Student (K-12 automatically counted as such) (Y/N)
	Head of household				
Current Address:			Previous Address:		
Current Address: Do you own or rent? _____ YES _____ NO			Evening Phone:		
Daytime Phone:			Cell Phone::		

.....
FOR MANAGEMENT USE ONLY:

Received completed application on: _____ at _____ o'clock _____, m.

Application Number: _____

Income Verified and Certified: _____

Approval Date: _____

Notes:

HOUSEHOLD INFORMATION continued...

YES NO

___ ___ 1. Do you expect any additions to the household within the next 12 months?
Name & Relationship: _____

Explanation: _____

___ ___ 2. Is there anyone living with you now who won't be living with you at this property?
Name & Relationship: _____

Explanation: _____

3. Do you have custody of your child(ren)?

Explanation: _____

___ ___ 4. Does your household have or anticipate having (if you are elderly) a pet or
(if you are disabled) a service animal?

Explanation: _____

___ ___ 5. Does anyone who is named on this application have a criminal history?

Explanation: _____

___ ___ 6. Has anyone who is named on the application been convicted for dealing or manufacturing
illegal drugs?

Explanation: _____

___ ___ 7. Has anyone who is named on this application been evicted from any type of living
environment?

Explanation: _____

HOUSING REFERENCES

List the past 3 years of housing references.

HEAD OF HOUSEHOLD:

LANDLORD'S NAME LANDLORD'S PHONE # YOUR ADDRESS OWN/RENT RESIDENCY DATES

CO-HEAD OF HOUSEHOLD:

LANDLORD'S NAME LANDLORD'S PHONE # YOUR ADDRESS OWN/RENT RESIDENCY DATES

PROFESSIONAL/CREDIT REFERENCES: (NOT RELATIVES)

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>	<u>ACCOUNT #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

VEHICLE IDENTIFICATION:

LIST ALL VEHICLES THAT WILL BE PARKED ON THE PREMISES:

YEAR _____ MAKE _____ COLOR _____ TAG# _____ STATE _____

YEAR _____ MAKE _____ COLOR _____ TAG# _____ STATE _____

YEAR _____ MAKE _____ COLOR _____ TAG# _____ STATE _____

EMERGENCY CONTACTS:

LIST OF TWO PEOPLE WE CAN CONTACT TO LOCATE YOU:

NAME _____ PHONE _____ RELATION _____

NAME _____ PHONE _____ RELATION _____

INCOME INFORMATION:

** NOTE: Please fill in the following information as completely and accurately as possible. Income is counted for anyone 18 or older.

Do YOU or ANYONE in your household receive OR expect to receive income from the following:

YES NO

8. Employment wages or salaries? (include overtime, tips, bonuses, commissions, and payments in cash)
Household Member Name of Company Phone Amount

_____ _____

9. Self-employment? (include overtime, tips, bonuses, commissions, and payments in cash)
Household Member Type of Business Amount

_____ _____

10. Regular pay as a member of the Armed Forces?
Household Member Base Name & Branch Phone Amount

_____ _____

11. Unemployment benefits or workman's compensation?
Household Member Contact Person Phone Amount

_____ _____

12. Public Assistance, General Relief, or Aid to Families with Dependent Children (AFDC)?
Household Member Contact Person Phone Amount

_____ _____

YES NO

13. (a.) Child support or Alimony? (We must count court-order support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court ordered rather received directly from payor.)

Household Member Payor Amount

(b.) How is the support received? (Check all that apply)

___ Child Support Enforcement Agency Name of Agency: _____

___ Court of Law Name of Court: _____

___ Directly from Individual Name of Person: _____

___ Other Explain: _____

(c.) If money is not actually received, are you taking legal action to remedy?

Explanation: _____

14. Social Security, SSI, or any other payments from the Social Security Administration?

Household Member Phone Amount

15. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member Source of Benefit Phone Amount

16. Regular payments from a severance package?

Household Member Source of Benefit Phone Amount

17. Regular payments from any type of settlement? (i.e. insurance settlements, etc.)

Household Member Source of Benefit Phone Amount

18. Regular gifts or payments from anyone outside of the household? (including anyone supplementing your income or paying any of your bills)

Household Member Source of Benefit Phone Amount

YES NO

19. Educational grants, scholarships, or other student benefits?
Household Member Source of Benefit Phone Amount

20. Regular payments from lottery winnings or inheritances?
Household Member Source of Benefit Phone Amount

21. Regular payments from rental property or other types of real estate transactions?
Household Member Source of Benefit Phone Amount

22. Any other income sources not listed?
Household Member Source of Benefit Phone Amount

23. Do any household members anticipate any changes in income in the next 12 months?
Explanation: _____

ASSET INFORMATION: Do YOU or ANYONE in your household hold:

YES NO

24. Checking or savings account? (Copy of last six months bank statements needed if possible)
Household Member Financial Institution Phone # Account # Amount

25. CDs, money market accounts, or treasury bills?
Household Member Financial Institution Phone # Account # Amount

26. Stocks, bonds, or securities
Household Member Financial Institution Phone # Account # Amount

27. Trust funds?
Household Member Financial Institution Phone # Account # Amount

YES NO

28. Pensions, IRAs, Keogh, Whole Life Insurance, or other retirement accounts?
Household Member Financial Institution Phone # Account # Amount

29. Cash on hand over \$ 500?
Household Member Source of Benefit Amount

30. Real estate, rental property, land contracts/contract for deeds, or other real estate holdings? (This includes mobile homes, vacant land, farms, vacation homes, commercial property, or personal residence)
Household Member Source of Benefit Amount

31. Personal property held as an investment? (i.e. coin or stamp collection, artwork, etc.)
Household Member Source of Benefit Amount

32. A safe deposit box?
Household Member Source of Benefit Amount

33. Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value with in the past 2 years?
Household Member Explanation Amount

APPLICANT STATUS:

YES NO

34. Are you or any other ADULT household members claiming zero income?
Household Member Explanation

35. Are you or any other household members planning on becoming a full-time student in the next 12 months? (K-12 not applicable)

Household members: _____

36. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (if any): _____

37. Will your household be receiving Section 8 rental assistance at time of move-in?
Name of Agency Contact Person Phone Number

YES NO

38. Will your household be eligible or are applying to receive Section 8 rental assistance in the next 12 months?

Expected Date Name of Agency Contact Person Phone Number

39. Do you request the \$ 400.00 disability adjustment to income (only applicable to certain types of housing programs) a disability accessible unit, or a reasonable accommodation?

40. Do you intend on spending money on childcare in the next 12 months (only applicable to certain types of housing programs). If so, enter the anticipated amount to be spent for childcare or care of other dependents:

41. Size unit requested?

42. Approximate date available to move-in?

AGREEMENT CLAUSE

I (WE) CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. I (WE) AUTHORIZE INQUIRIES TO BE MADE TO VERIFY THE STATEMENTS ABOVE, OR OTHER INQUIRIES DEEMED NECESSARY BY THE LANDLORD, ITS AGENTS OR AUTHORIZED REPRESENTATIVES. I (WE) CERTIFY THAT THE HOUSING I (WE) WILL OCCUPY IS/WILL BE MY PERMANENT RESIDENCE AND THAT I (WE) DO/WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION. I (WE) FURTHER CERTIFY THAT ONLY THOSE PERSONS LISTED ON THIS APPLICATION WILL OCCUPY THE DWELLING UNLESS PRIOR APPROVAL BY LANDLORD IS GIVEN. NAMES OF ALL PERSONS AUTHORIZED BY LANDLORD TO OCCUPY DWELLING WILL APPEAR ON MOST CURRENT CERTIFICATION PREPARED FOR MY HOUSEHOLD. I UNDERSTAND THAT DELIBERATE SUBMISSION OF FALSE INFORMATION ON ANY APPLICATION, CERTIFICATION, RE-CERTIFICATION OR REQUEST FOR INTERIM ADJUSTMENT CONSTITUTES GROUNDS FOR TERMINATION OF ASSISTANCE.

Head of Household Signature Date

Co-Head of Household Signature Date

Adult member Signature Date

Adult member Signature Date

MANAGER/INTERVIEWER: Date:

THE FOLLOWING INFORMATION IS REQUESTED BY THE FEDERAL GOVERNMENT IN ORDER TO MONITOR COMPLIANCE WITH FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST APPLICANTS SEEKING TO PARTICIPATE IN THE PROGRAM. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATION OF YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, WE ARE REQUIRED TO NOTE THE RACE/NATIONAL ORIGIN OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

APPLICANT: I do not wish to furnish this information (initials)

ETHNICITY: (National Origin) Hispanic or Latino Not Hispanic or Latino

RACE: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Island White

SEX: Male Female

CO-APPLICANT: I do not wish to furnish this information (initials)

ETHNICITY: (National Origin) Hispanic or Latino Not Hispanic or Latino

RACE: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Island White

SEX: Male Female

CONSENT FORM

I authorize and direct any Federal, state, or local agency, organization, business, or individual to release any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Mod Rehab, Rental Rehabilitation, Low-Income Public and Indian Housing, Farmers Home Administration 515 Program and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD), Farmers Home Administration (FmHA) and/or any other Government Agency, in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status / Credit or Criminal Activity / Medical, Child Care, or Handicapped Allowances/ Residences and Rental Activity / Employment, Income, and Assets

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to screening requirements or to my eligibility for and continued participation in a housing assistance program. The groups or individuals that may be asked to release the above information (depending on program requirements) includes but are not limited to:

Previous Landlord (including Public Housing Agencies) / State Unemployment Agencies / Courts and Post Office / Social Security Administration / Medical, Handicapped and Child Care Providers / Schools and Colleges / Veterans Administration / Law Enforcement Agencies / Retirement Systems / Past and Present Employers / Criminal History Providers / Credit Providers and Credit Bureaus / Welfare Agencies / Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD, FmHA, or any other Government Agency may conduct computer-matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD, FmHA, etc. may in the course of its duties exchange such automated information with other Federal, State or Local agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State Welfare and Food Stamp Agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. I also acknowledge and agree that questionnaire forms to different Agencies may be attached to this authorization form. This authorization will stay in affect for a year and one month from the date signed.

Signatures:

_____ Head of Household	_____ Signature	_____ Date
_____ Co-Head of Household	_____ Signature	_____ Date
_____ Adult member	_____ Signature	_____ Date
_____ Adult member	_____ Signature	_____ Date

EXPLANATION OF INCOME AND ASSETS TO BE INCLUDED

The following are included when determining annual income:

1. The gross amount (before any deductions) of wages and salaries, overtime pay, commissions, fees, tips, and bonuses reasonably expected to be received by all members of the household.

2. The net income reasonably expected to be received from operations of a business or profession or from rental of real or personal property. Expenditures for business expansions or amortization of indebtedness are not considered in the computation of net income. Net losses will be computed as zero. Deductions from gross business or rental income to arrive at net income may be made in the same manner as outlined in Internal Revenue Service (IRS) regulations for the exhaustion, wear and tear, and obsolescence of depreciable property used in the trade or business of the adult household members under the straight line method of depreciation. An itemized schedule must be provided in support of any deductions from gross income made under the provisions of this section. The schedule should be consistent with the amount of depreciation permitted for these items for Federal income tax purposes under the straight-line method of depreciation.

3. Contracts for sale of real estate, deeds of trust, or mortgages held by the applicant, tenant or co-tenant, only the interest portion of the monthly or annual payments received by the applicant, tenant or co-tenant is included as income. Interest, dividends, and other received income as defined under net family assets, (below):

A. Net family assets include cash on hand and the value of savings, certificates of deposit, and dollars in checking accounts reported as "cash on hand." It will be such amounts reported on the day of third party verification. This definition also includes the net cash value of real property, cash value of whole life insurance policies, IRAs, market value of bonds and other forms of capital, or personal property held as investments, irrespective of location, minus debts against them, minus cost of converting such assets to cash.

B. Net family assets also include the value or equity of any business or household assets disposed of by a member of the household for less than fair market value (including disposition in trust, but not in a foreclosure or bankruptcy sale) in excess of the consideration received during the 2 years preceding the effective date of certification/re-certification. In the case of a disposition as part of a divorce settlement, the disposition shall not be considered to be for less than fair market value if the household member receives important consideration not measurable in dollar terms.

C. The gross amount of periodic payments from Social Security (including Social Security payment received by adults on behalf of minors or by minors intended for their own support), annuities, insurance policies, retirement funds, pensions, disability or death benefits (except lump sum settlements), and other similar types of periodic receipts.

D. Payments received in lieu of earnings, such as unemployment and disability compensation, worker compensation, and severance pay.

E. Periodic and determinable allowances, such as alimony and child support payments, which the applicant, tenant or co-tenant can reasonably expect to receive.

F. Regularly recurring contributions or gifts received from persons not residing in the dwelling.

G. Any amount of education grants or scholarships or Veterans Administration benefits expected to be received on behalf of tenant, co-tenant, applicant, or other adult that exceeds attendance expenses for tuition, fees, books, and equipment to include materials, supplies, transportation, and miscellaneous personal expenses of the student (i.e., that portion of benefits received for "room and board").

H. All regular pay, separation pay, special pay (except hazard duty pay for persons exposed to hostile fire), and allowances of a member of the armed forces who is head of the family or spouse, whether or not that family member lives in the unit.

I. Payment received from an adoption incentive program to compensate support of a minor child legally adopted by the tenant household.

J. Public assistance:

i. A public assistance payment that DOES NOT designate an amount specifically for rent and utilities shall be counted entirely as income.

ii. A public assistance payment, when administered "as-paid" by the public assistance agency, DOES designate a specific amount for rent and utilities and may adjust (or ratably reduce) that amount based upon what the family is currently paying for those items (only one ratable reduction will be permitted). The SUM of the ratably reduced amount for rent and utilities and the amount for subsistence and other needs shall be counted as income.