



EQUAL HOUSING  
OPPORTUNITY

# RENTAL APPLICATION

## Affordable Housing Section 515

FOR OFFICE USE:

DATE REC'D: \_\_\_\_\_

TIME REC'D: \_\_\_\_\_

Mgr. Initials: \_\_\_\_\_

This application is to be completed fully and in detail. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process by Landlord and is subject to verification by Landlord. In the event any information provided is later determined to be false, Landlord may, in Landlord's sole discretion, terminate any lease. Landlord's gathering of information from and about prospective tenants is for the benefit of the Landlord, only, and does not create any right of reliance on the part of any tenant or occupant part regarding the behavior or character of any other tenant or occupant of the community. Additionally, the information provided is subject to verification by the Rural Development Agency of the United States Department of Agriculture.

**(Please Print)**

Applicant's Full Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Apt. Community Desired: \_\_\_\_\_ Desired Move-In Date: \_\_\_\_\_

Bedroom Size Requested:  Studio  One BR  Two BR  Three BR  Handicap BR

**PRESENT RESIDENCE:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Do you  Rent or  Own (check one) Check utilities paid by you:  Heat  Electricity  Gas  Other (specify)

Approximate Monthly Cost of Utilities Paid by You (Excluding Phone and Cable TV): \$ \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Telephone: \_\_\_\_\_ Comments: \_\_\_\_\_

**PREVIOUS RESIDENCE:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Telephone: \_\_\_\_\_ Comments: \_\_\_\_\_

**HOUSEHOLD COMPOSITION:**

NAMES OF HOUSEHOLD MEMBERS <small>(First, Middle Initial, Last)</small>	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	PLACE OF BIRTH	DATE OF BIRTH	ARE YOU A STUDENT?
	<b>HEAD</b>				

Total Number of Occupants: \_\_\_\_\_ Total Number of Foster Children: \_\_\_\_\_

Do you expect any additions to the household within the next twelve months? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**DISABILITY STATUS:**

1. Would you or anyone in your household benefit from the features of a handicap-accessible unit? Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. Would you like to be placed on a priority waiting list for a handicap-accessible unit? Yes: \_\_\_\_\_ No: \_\_\_\_\_

3. Do you require any accommodation for any disability? Yes: \_\_\_\_\_ No: \_\_\_\_\_

4. If you are disabled, do you require any modifications to the unit for any disability? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, please list the specific modifications needed: \_\_\_\_\_

5. Do you have any handicap assistance expenses you incur due to disability? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**CARE ATTENDANT:**

If a care attendant will be living with you constantly or on a periodic basis, please list the following:

Name of Care Attendant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**STUDENT STATUS:**

Are you or anyone in your household currently a student or planning to be one within the next 12 months?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**GENERAL INFORMATION:**

Have you, your spouse, or any other proposed occupant ever:

1. Filed for bankruptcy? Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. Been evicted from any residence? Yes: \_\_\_\_\_ No: \_\_\_\_\_

3. Willfully or intentionally refused to pay rent? Yes: \_\_\_\_\_ No: \_\_\_\_\_

4. Been arrested and charged with any misdemeanor or felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

5. Been arrested for possession, sale or delivery of any illegal or controlled substance? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

6. Been required to register as a sex offender? Yes: \_\_\_\_\_ No: \_\_\_\_\_

7. Are you currently living in subsidized housing? Yes: \_\_\_\_\_ No: \_\_\_\_\_

8. Have you or any other proposed occupant ever, while living in a subsidized community, had tenancy or assistance terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedures? Yes: \_\_\_\_\_ No: \_\_\_\_\_

9. Do you have pay any childcare expenses in order to be gainfully employed or to further your education? Please provide contact information of childcare provider: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

10. Do you have any pets? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please describe (include breed and weight): \_\_\_\_\_

11. Do you own a waterbed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what size: \_\_\_\_\_

12. How did you hear about our apartment community: \_\_\_\_\_

**VEHICLES:** List any cars, trucks, or other vehicles owned.

Type of Vehicle \_\_\_\_\_ Yr./Make: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate #: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Loan Payable To: \_\_\_\_\_

Tenant Drivers License#: \_\_\_\_\_ State: \_\_\_\_\_

Co-Tenant Drivers License#: \_\_\_\_\_ State: \_\_\_\_\_

**REFERENCES:**

Local Credit Reference: \_\_\_\_\_ Account #: \_\_\_\_\_ Type of Acct \_\_\_\_\_

Bank/Credit Union: \_\_\_\_\_ Account #: \_\_\_\_\_ Type of Account \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**EMERGENCY CONTACT** (Please provide information for two people not planning to occupy the Premises whom we may contact in the event of an emergency, or to locate you):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**INCOME:**

Do you have any loans receivable (money owed to you)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what is the amount? \_\_\_\_\_

What is the interest rate? \_\_\_\_\_

**INCOME (Continued):**

RURAL DEVELOPMENT-USDA and HUD regulations require that all applicants/residents reveal all sources of income and assets. Applicants/residents for housing in this RURAL DEVELOPMENT-USDA and HUD property must complete this disclosure form by filling in the requested information and certifying this form. This form must be completed in its entirety. **Please provide the mailing address and phone number for each of these sources in the area provided.** Should you need assistance completing this form, feel free to ask your Resident Manager for assistance, he/she would be more than happy to help.

To determine your eligibility to occupy a unit in this project, we need the total amounts of all income sources earned by your household. You must list any income in which you and your household members receive. **(You must place a "0" in each column describing each source from which no income is received)**

INCOME SOURCES	HOUSEHOLD MEMBER WHO RECEIVES THE INCOME	MONTHLY GROSS AMT. RECEIVED (A "0" must be marked in each column in which you do not receive income from that source.)	PHONE NUMBER & ADDRESS TO SEND VERIFICATION FORM (Please Provide)
Salary / Wages / Employment Tips / Bonuses			
Self Employment / Unearned Income Workers Compensation			
Social Security Benefits			
SSI			
Disability Pension / Death Benefits			
Pension / Retirement/ Withdrawals			
Welfare			
AFDC / TANF			
Rental Income			
Child Support / Unearned income from a family member under 17 years of age			
Full-Time Student Income (18 & Over Only)			
Military Payments / GI Bill / VA			
Unemployment			
Net Farm/Business Income			
Payment Rec'd on Real Est. / Rental Income or Income from a Contract sale of Real Estate			
Interest on Check/Savings Acct./ Bonds/CD's			
Long Term Medical Care Insurance Payments in Excess of \$180/day			
Investment Dividends			
Stock Dividends / Annuities / Trusts			
Recurring gifts/monetary or not			
Other			

Do you anticipate any changes in income during the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation: \_\_\_\_\_

**CHILD SUPPORT:**

We must count court-ordered 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

Are you or any member of your household *entitled* to receive child support payments? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, are you *currently* receiving any child support payments? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, are your child support payments court ordered? Yes \_\_\_\_\_ No \_\_\_\_\_

If **money is not actually received**, are you taking legal action to remedy? Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation: \_\_\_\_\_

**ASSETS:** (You must place a "0" in each column describing each source from which no income is received)

Type of Assets	Value	Account #	Organization Name, Phone & Address	FOR OFFICE USE ONLY
Checking Accounts				
Checking Accounts				
Savings Accounts				
Savings Accounts				
Cash on Hand/At Home				
Trust Accounts/Revocable or Irrevocable				
CD's				
C D's				
Credit Union				
IRA's/Pensions/401K/Mutual funds				
Stocks/Bonds/Money Mkt.				
Whole Life				
Money in a safety deposit box				
Savings bonds				
Personal property held as an investment				
Other (Describe)				

**REAL ESTATE:**

Do you own any property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type of property: \_\_\_\_\_ Location \_\_\_\_\_

Appraise Market Value: \$ \_\_\_\_\_

Monthly Mortgage Payment \$ \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_

Do you have any land contracts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type of property: \_\_\_\_\_ Location \_\_\_\_\_

Terms of Contract: \_\_\_\_\_

Do you receive any rent from your property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type of property: \_\_\_\_\_ Location \_\_\_\_\_

Amount received per month: \$ \_\_\_\_\_

What are the yearly expenses of the property? (i.e. taxes, insurance) \_\_\_\_\_

**ASSETS DISPOSED OF:** Applicants/residents must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification/recertification. This includes but is not limited to assets or money given away or sold for less than their true value if offered for sale to the public.

Did you have any assets (excluding personal assets) in the last two years not listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, did you dispose of any assets for less than fair market value? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please list assets disposed of:**

ASSET	MARKET VALUE	AMOUNT RECEIVED	DATE DISPOSED OF

**MEDICAL:**

Do you qualify for housing as an elderly household as described by RD or HUD? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered **yes** to the above questions, please complete the boxes below regarding the medical expenses your household anticipates incurring in the next 12 months.

<b>Medicaid</b>	Yes/No	Monthly Spenddown		
<b>Medicare Premiums</b>	Yes/No	Monthly Amount		
<b>Medicare Premiums</b>	Yes/No	Monthly Amount		
<b>Do You Have a Live-In Resident-Assistant</b>	Yes/No	Cost Per Month	Name, Phone Number & Address of Resident Assistant	
<b>Do You Pay For Your Spouses Nursing Home Care</b>	Yes/No	Cost Per Month	Name Phone Number & Address of Nursing Home	
<b>Medical Insurance</b>	Yes/No	Monthly Premium	Annual Deductible Amt.	Carrier Name, Phone Number and Address
<b>Outstanding Medical/Dental Balance Due Not Covered By Insurance</b>	Yes/No	Monthly Payment	Balance Due	Name, Phone Number & Address of Organization
<b>Outstanding Medical/Dental Balance Due Not Covered By Insurance</b>	Yes/No	Monthly Payment	Balance Due	Name, Phone Number & Address of Organization
<b>Do You Pay for Your Prescriptions?</b>	Yes/No	Monthly Amount	Name & Address of Pharmacy #1	Name, Phone Number & Address of Pharmacy #2
<b>Do You Have Regular Physicians Visits not Covered By Insurance</b>	Yes/No	Cost Per Visit	# Visits Per Year	Name, Phone Number & Address of Physician
<b>Do You Have Regular Physicians Visits not Covered By Insurance</b>	Yes/No	Cost Per Visit	# Visits Per Year	Name, Phone Number & Address of Physician

Please list any other medical expenses you anticipated incurring during the next twelve months: list type of expenses such as glasses, hearing aid batteries, mileage to physicians' office, dental and eye exams, and non-prescriptive medications you need to take.

Type	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**NOTE: In considering this application from you, Landlord will rely heavily on the information which you have supplied. It is most important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize Management to verify any references that you have listed.**

I do hereby certify that the information listed on this form and the questions answered are true and complete to the Best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property). I realize that false statements are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. Rural Development has also established a process to match resident wage and benefit data with federal and state records to assure that applicants/residents are fully disclosing income. I hereby consent to release wage matching data to Rural Development and Landlord. I hereby certify that if I am applying for a federally subsidized apartment, it will serve as my permanent residence, and that I will not maintain a separate subsidized rental unit in a different location.

**Date:** \_\_\_\_\_ **Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Co-Applicant Signature:** \_\_\_\_\_

Please review the statement below and provide the requested information, if you are willing:

**STATUS:**

"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 Federal Laws prohibiting discrimination against tenant applicants 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/national origin and sex of individual applicants on the basis of visual observation or surname."

<b><u>APPLICANT:</u></b>	I do not wish to furnish this information	_____ (INITIALS)
<b><u>ETHNICITY:</u></b>	Please check one of the following:	Hispanic or Latino _____ Not Hispanic or Latino _____
<b><u>RACE:</u></b>	Please check one of the following:	American Indian/Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White _____
<b><u>GENDER:</u></b>	Please check one of the following:	Male _____ Female _____

<b><u>CO-APPLICANT:</u></b>	I do not wish to furnish this information	_____ (INITIALS)
<b><u>ETHNICITY:</u></b>	Please check one of the following:	Hispanic or Latino _____ Not Hispanic or Latino _____
<b><u>RACE:</u></b>	Please check one of the following:	American Indian/Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White _____
<b><u>GENDER:</u></b>	Please check one of the following:	Male _____ Female _____

For Landlord Use Only:

---



---



---



---



---

# CONSENT FOR RELEASE OF INFORMATION

Your signature on this form authorizes Landlord to obtain any information that is pertinent to eligibility, according to federal law, for residency at the housing complex in which you reside/have applied. Any individual or organization may be asked to release information.

Inquiries including, but not limited to, the following information may be made:

Employment Income	Social Security Income
Self-Employment Income	Disability Income
Pension Income	Other Sources of Income
Assets of Any Kind	Medical/Pharmaceutical Expenses
Family Composition	Childcare Expenses
Federal, State, Tribal, and Local	Handicap Apparatus Expenses
Benefits	Other Qualifying Expenses
Student Status	Landlord References
Credit References	Personal References
Prescriptions	Criminal History

Photocopies of this authorization may be used for the purpose indicated above. The original is retained by the requesting organization.

## Please Complete This Section:

I understand that failure to consent to the release of this information will render me ineligible for housing complex at which I have applied. I give my permission for Landlord, as mentioned above, to obtain any information that is pertinent to my eligibility, and to any reference or entity I have identified to release such information to Landlord.

## Applicant Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Co-Applicant Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_