

Rental Application

Property: _____ Address: _____
 Phone Number: _____ TTY # (800) 735 - 2962 _____

- 1) How did you hear about our Apartments? _____
- 2) Do you currently reside in Subsidy Housing? () YES () NO
- 3) Will the Apartment you are applying for be your permanent fulltime residence? () YES () NO
- 4) Do you agree not to maintain a separate subsidized apartment? () YES () NO
- 5) Are you or a member of your household a Victim under VAWA status to include: () YES () NO
 Victim of Domestic Violence, dating violence, sexual assault and/or stalking?
- 6) Are you lacking a fixed nighttime residence? () YES () NO
- 7) Are you a victim of a Presidentially Declared Disaster? () YES () NO
- 8) If you do not have a social security number; are you 62 or older as of 1/31/10? () YES () NO
 - a) If you answered "YES", were you receiving HUD rental assistance at another location as of 1/31/10? () YES () NO

Household Members Information NOTE: Disclosure of SEX is optional

Name of Head of Household:		Sex:	Maiden Name (if applicable):	Date of Birth:	Age:
Home Phone #:	Cell Phone #:	Business Phone #:	Occupation:	U.S. Veteran? () YES () NO	
Social Security #:		Driver's License #:	State Issued:		
Are you currently enrolled in an Institute of Higher Education? () YES () NO					
Name of School:		Amt. of Financial Assistance(semester/year):	Graduation Date:		

Name of Co-Head (if applicable):		Relationship:	Sex:	Maiden Name (if applicable):	Date of Birth:	Age:
Home Phone #:	Cell Phone #:	Business Phone #:	Occupation:	U.S. Veteran? () YES () NO		
Social Security #:		Driver's License #:	State Issued:			
Are you currently enrolled in an Institute of Higher Education? () YES () NO						
Name of School:		Amt. of Financial Assistance(semester/year):	Graduation Date:			

List ALL adults (age 18 & over) who will reside in the Apt. (if more than 4 give details on separate signed paper).

1) Name		Relationship:	Sex:	Maiden Name (if applicable):	Date of Birth:	Age:
Home Phone #:	Cell Phone #:	Business Phone #:	Occupation:	U.S. Veteran? () YES () NO		
Social Security #:		Driver's License #:	State Issued:			
Are you a Foster Adult? () YES () NO						
Are you currently enrolled in an Institute of Higher Education? () YES () NO						
Name of School:		Amt. of Financial Assistance(semester/year):	Graduation Date:			

2) Name		Relationship:	Sex:	Maiden Name (if applicable):	Date of Birth:	Age:
Home Phone #:	Cell Phone #:	Business Phone #:	Occupation:	U.S. Veteran? () YES () NO		
Social Security #:		Driver's License #:	State Issued:			
Are you a Foster Adult? () YES () NO						
Are you currently enrolled in an Institute of Higher Education? () YES () NO						
Name of School:		Amt. of Financial Assistance(semester/year):	Graduation Date:			



3) Name	Relationship:	Sex:	Maiden Name (if applicable):	Date of Birth:	Age:
Home Phone #:	Cell Phone #:	Business Phone #:	Occupation:	U.S. Veteran? () YES () NO	
Social Security #:	Driver's License #:	State Issued:			
Are you a Foster Adult? () YES () NO					
Are you currently enrolled in an Institute of Higher Education? () YES () NO					
Name of School:	Amt. of Financial Assistance(semester/year):	Graduation Date:			

4) Name	Relationship:	Sex:	Maiden Name (if applicable):	Date of Birth:	Age:
Home Phone #:	Cell Phone #:	Business Phone #:	Occupation:	U.S. Veteran? () YES () NO	
Social Security #:	Driver's License #:	State Issued:			
Are you currently enrolled in an Institute of Higher Education? () YES () NO					
Name of School:	Amt. of Financial Assistance(semester/year):	Graduation Date:			

List ALL minors (under age 18) who will reside in the Apt. (if more than 4 give details on separate signed paper).

1) Name	Relationship:	Sex:	Date of Birth:	Age:	Social Security #:
Is this minor child a Foster Child? () YES () NO					
Is this minor child enrolled in school? () YES () NO					
Name of School:					

2) Name	Relationship:	Sex:	Date of Birth:	Age:	Social Security #:
Is this minor child a Foster Child? () YES () NO					
Is this minor child enrolled in school? () YES () NO					
Name of School:					

3) Name	Relationship:	Sex:	Date of Birth:	Age:	Social Security #:
Is this minor child a Foster Child? () YES () NO					
Is this minor child enrolled in school? () YES () NO					
Name of School:					

4) Name	Relationship:	Sex:	Date of Birth:	Age:	Social Security #:
Is this minor child a Foster Child? () YES () NO					
Is this minor child enrolled in school? () YES () NO					
Name of School:					

Race & Ethnicity - Statistical Information

In compliance with Fair Housing Marketing Requirements, we are required to collect and maintain data by Race & Ethnicity for both Applicants and Occupants. If you wish to provide this statistical information, please indicate so below. If you do not wish to provide this information, your status will be summarized into an "unknown" category and will not jeopardize you as a prospective occupant.

Indicate the number of Household Members as applicable:

_____ Black # _____ White # _____ Asian # _____ Alaskan Native

_____ American Indian # _____ Pacific Islander # _____ Other

Indicate the number of Household Members as applicable:

_____ Hispanic # _____ Non-Hispanic



Household Income

List the Income for each Household Member:

Name of Recipient:			
Wages:			
Overtime:			
Commissions/Fees:			
Tips/Bonuses:			

Name of Recipient:			
Social Security - Adult + SS Claim number			
Social Security - Minor + SS Claim number			
Disability			
AFDC (Welfare)			
Alimony/Child Support			
Unemployment			

Do you or any member of your Household have income from any of the following:

- | | | | | |
|------------------------------|-----------------------------|------------------------------|-------------------|-----------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Income from Business | If "YES" \$ _____ | Frequency _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Worker's Compensation | If "YES" \$ _____ | Frequency _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Severance Pay | If "YES" \$ _____ | Frequency _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Income from Insurance Policy | If "YES" \$ _____ | Frequency _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Retirement Benefits | If "YES" \$ _____ | Frequency _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Pension Benefits | If "YES" \$ _____ | Frequency _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Disability/Death Benefits | If "YES" \$ _____ | Frequency _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Educational Grants | If "YES" \$ _____ | Frequency _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Scholarships | If "YES" \$ _____ | Frequency _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Veterans Admin. Benefits | If "YES" \$ _____ | Frequency _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Armed Forces | If "YES" \$ _____ | Frequency _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Caretaking of Children | If "YES" \$ _____ | Frequency _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Caretaking of Elderly | If "YES" \$ _____ | Frequency _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Income from Minor Children | If "YES" \$ _____ | Frequency _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Gift from Family or Friends | If "YES" \$ _____ | Frequency _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Other: | If "YES" \$ _____ | Frequency _____ |



Household Assets

Do you or any member of your Household own any of the following Assets?

- () YES () NO Checking Account If "YES" \$ _____
- () YES () NO Savings Account If "YES" \$ _____
- () YES () NO SS Direct Express Debit Card If "YES" \$ _____
- () YES () NO Savings Certificate If "YES" \$ _____
- () YES () NO Bonds If "YES" \$ _____
- () YES () NO Stocks If "YES" \$ _____
- () YES () NO Money Market Funds If "YES" \$ _____
- () YES () NO Credit Union Savings If "YES" \$ _____
- () YES () NO Rental Property If "YES" \$ _____
- () YES () NO Mortgages If "YES" \$ _____
- () YES () NO Land Contract If "YES" \$ _____
- () YES () NO Deeds or Trust If "YES" \$ _____
- () YES () NO Annuities If "YES" \$ _____
- () YES () NO Financial/Real Estate Assets If "YES" \$ _____

If you answered "YES" to any of the above, please complete the section below:

Description of Asset	Amount of Income	Frequency

Have you or any member of your Household disposed any of the above Assets at less than Fair Market Value over the past (2) years? () YES () NO

If "YES", please explain in Detail: _____

Care of Family Members

The (12) Month period beginning on _____ do you expect to pay either of the following so that you or a family member can work or attend school?

- () YES () NO Child Care If "YES" \$ _____ Frequency _____
- () YES () NO Care of Elderly/Disabled If "YES" \$ _____ Frequency _____



Medical Expenses - ONLY applies to Elderly, Disabled and/or Handicap Households

The (12) Month period beginning on _____ do you expect to pay any of the following expenses?

- () YES () NO Doctor Bills If "YES" \$ _____ Frequency _____
- () YES () NO Dental Bills If "YES" \$ _____ Frequency _____
- () YES () NO Hospital Bills If "YES" \$ _____ Frequency _____
- () YES () NO Pharmacy Expenses If "YES" \$ _____ Frequency _____
- () YES () NO Health Insurance If "YES" \$ _____ Frequency _____
- () YES () NO Prescribed Equipment If "YES" \$ _____ Frequency _____
- () YES () NO Eyeglasses If "YES" \$ _____ Frequency _____
- () YES () NO Other If "YES" \$ _____ Frequency _____

Explanation of Medical/Dental Expenses: _____

() YES () NO Do you or any member of your Household participate in Medicare Part D Program?

Special Requirements

1) I choose **NOT** to complete the questions pertaining to Special Unit requirements? () YES () NO

If "YES" stop here and proceed to completing the remaining sections of the Application

2) Do you or any member of your Household have a condition that requires any of the following:

- () Physical Modification to a typical Apt. () Vision Impaired Apartment
- () Separate Bedroom () Hearing Impaired Apartment
- () Barrier Free Apartment () Bedroom and/or Bathroom on 1st floor
- () One Level Apartment () Live-In Aide
- () Assistance going up/down stairs () Assistance/Support Animal
- () Pet

3) If you have checked any of the above, please explain in detail exactly what will be required to accommodate your household needs: _____

4) What is the name(s) of the Household Member who needs the feature(s) identified above:

5) Who should we contact to verify the need for the feature(s) listed above?
Name/Position (Title): _____
Address: _____
Phone Number: _____



Criminal/Drug Background & Sex Offender Registration

Federal Law requires us to get Criminal & Drug background along with Sex Offender Registration information about all household members applying for Assisted Housing. To enable us to do this, all Household Members age 18 & over must answer the questions below, then sign HUD 9887 & HUD 9887A to consent to a background check. The questions ask about drug related & other criminal activity that could adversely affect the health, safety and/or welfare of other residents. Management will deny the application of any applicant who does not provide complete & accurate information on this form or does not consent to a background check.

- () YES () NO Have any Household Member been evicted from Federally Assisted Housing for a Drug related criminal activity within the past (3) years?
If "YES", list Household Member(s): _____
- () YES () NO Does any Household Member currently use Illegal Drugs and/or Alcohol abuse?
If "YES", list Household Member(s): _____
- () YES () NO Are any Household Members subject to a Lifetime registration requirement under a State Sex Offender registration Program?
If "YES", list Household Member(s): _____
- () YES () NO Has any Household Member been convicted of any Drug related crime within the past (5) years?
If "YES", list Household Member(s): _____
- () YES () NO Has an Household Member been convicted of any crime involving fraud or dishonesty within the past (5) years?
If "YES", list Household Member(s): _____
- () YES () NO Has any Household Member been convicted of any crime involving violence within the past (5) years?
If "YES", list Household Member(s): _____
- () YES () NO Is any Household Member currently charged with any of the above Criminal Activities?
If "YES", list Household Member(s): _____

Please list all ADDITIONAL states that each Household Member has lived in and/or held a Driver's License in, along with any other names that each Household Member has been known as (if more than (3) **give details on separate signed paper**):

Household Member Name	State	Other Known Name

HUD 9887 & HUD 9887A

I understand that all members of the household ages 18 and older will be required to sign & date a HUD 9887 & HUD 9887A

Proof of Identity

An applicant may apply without a Social Security Number, applicants may be placed on the waiting list, provide verification of SSN's for all household members to the owner within 90 days from the date they are first offered an available unit. Owners will accept applicant households that include a family member under the age of 6, who does not have a SSN assigned to him/her and was added to the household 6 months or less from move in date. An additional 90 day period will be granted by the O/A if failure to provide documentation of the SSN is due to circumstances that are outside the control of the household. Acceptable forms of SS# are:

driver's license, identification card(federal, state, local, medicare, employer), benefit awards letter, life insurance policy, court records.

NOTE: SS# exemption for those who were 62 or older as of 1/31/10 & whose initial determination of eligibility was before 1/31/10

Title 18, Section 1001 & 1010 of the United States Code

1001 - States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to the Dept, of the US Government, HUD and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consents form. Use of the information collected based on this verification form is restricted to the cited purpose above. Any person who knowingly or willingly requests, obtains or disclose any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by neglect disclosure of information may bring civil action for damages and provisions for misusing the social security number are contained in the Social Security Act as 42 U.S.C 208a(6), (7) and (8). Violation of the provisions are cited as violations of 42 U.S.C 408a (6), (7) and (8).

1010 - States that is a criminal offense to make willfully false statements or misrepresentation to any Department or Agency of the United States as to any matted within its jurisdiction.

Authorizations

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true & complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. I authorize any person, or credit checking agency having information on me to release any and all such information to the owner/manager/employee, their agent or credit checking agencies. I hereby release, remise and forever discharges from any action whatsoever, in law and equity all owners, managers and employees or agents, both of Landlord & their credit checking agencies in connections of processing, investigating, or credit checking this application, and will hold them harmless of any suit or reprisal whatsoever. I understand that the credit report (rental history, arrests and/or conviction records and retail credit history) will be done thru a bureau contracted with the Apartment Community.

Head of Household Signature	Owner's Agent Signature
Co- Head Signature	Date Signed
Date Signed	Date Received Time Received

