

# RENTAL APPLICATION



Equal Opportunity Housing

Please Return Completed Application to:

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

## INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED

All areas must be completed, please answer each question.

Property(ies) Applying For: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Best Time to be reached? \_\_\_\_\_

Email to: \_\_\_\_\_

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

Toll Free: \_\_\_\_\_

TTY: \_\_\_\_\_

Fax: \_\_\_\_\_

### For Office Use Only

Application Received Initial: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

New Application  Update My Application  
 Bedroom Size Needed:  1 BR  2 BR  3 BR

Brochure/Flyer  TV  Cable  
 Radio  Drive By  Yard Sign

Direct Mail  
 If you checked Referral, please complete the following:

### How did you learn about the apartment? Please check all that apply:

- Newspaper \_\_\_\_\_  Internet \_\_\_\_\_  
 Referred By Resident \_\_\_\_\_  Phone Book \_\_\_\_\_  
 Referred By Other \_\_\_\_\_  Other: \_\_\_\_\_

Referral Name, address and phone number: \_\_\_\_\_

## Section A: Household Composition and Characteristics

1. Familial Status: (check all that apply):  single  married  widowed  separated  divorced  pregnant
2. Are you or any member of your family enrolled in an institute of higher education under Section 102 of the Higher Education Act of 1965?  YES  NO  
 If YES, give name of member \_\_\_\_\_
3. List the head of household and all other members who will be living in the unit. Give the relationship of each family member to the head of household below:

Full Name	Relationship to Head	Sex	Date of Birth	Age	Social Security #	Student?

## Section B: Income Rural Development may conduct wage and benefit matching to identify the accuracy of the income and benefits reported.

1. Eligibility for rental of this facility is based on very low, low or moderate income for the next 12 months. Declare the gross income each household member will receive in the next 12 months. Include children and students.

Type of Income	Yes	No	Amount (before deductions)	Person Receiving Income	Name of Provider	Address
Employment	<input type="checkbox"/>	<input type="checkbox"/>				
Employment	<input type="checkbox"/>	<input type="checkbox"/>				
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>				
TANF or General Assistance	<input type="checkbox"/>	<input type="checkbox"/>				
Welfare or ADC	<input type="checkbox"/>	<input type="checkbox"/>				
Child Support	<input type="checkbox"/>	<input type="checkbox"/>				
Alimony	<input type="checkbox"/>	<input type="checkbox"/>				
Social Security	<input type="checkbox"/>	<input type="checkbox"/>				
Disability Benefits/SSI	<input type="checkbox"/>	<input type="checkbox"/>				
Pension	<input type="checkbox"/>	<input type="checkbox"/>				
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>				
Have you ever had child support or alimony awarded to you by the court?	<input type="checkbox"/>	<input type="checkbox"/>				

## Section C: Assets

1. List assets owned by all household members. Include children and student assets. Do not include vehicles.

Type of Asset	Yes	No	\$ Value	\$ Income from Assets	Owner	Name of Financial Institution/Title Holder, Address
Checking	<input type="checkbox"/>	<input type="checkbox"/>				
Savings	<input type="checkbox"/>	<input type="checkbox"/>				
CD	<input type="checkbox"/>	<input type="checkbox"/>				
Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>				
Real Estate/Lots/House	<input type="checkbox"/>	<input type="checkbox"/>				
Income from Real Estate	<input type="checkbox"/>	<input type="checkbox"/>				
Annuities/Money Market	<input type="checkbox"/>	<input type="checkbox"/>				
Cash on Hand	<input type="checkbox"/>	<input type="checkbox"/>				
Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>				
Whole Life Insurance (Cash Value)	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>				

2. Has anyone listed on this application disposed of any assets in the last 2 years?  Yes  No If yes, complete the following:

Assets Disposed of	Date	\$ Market Value	\$ Amount Received

## Section D: Expenses

1. Do you have any out of pocket expenses for prescribed medications?  Yes  No If yes, please complete the following:

Provider/Pharmacy Name	Address	Phone Number

2. Do you have any out of pocket expenses for health/hospitalization insurance?  Yes  No If yes, please complete the following:

Provider Name	Address	Phone Number

3. Do you have or currently owe any other out of pocket medical expenses (i.e. doctor, dentist, eyeglasses, hospital, etc.)?  Yes  No If yes, please complete the following:

Provider Name	Address	Phone Number

4. Do you pay a care attendant or pay for any equipment for handicapped or disabled household member(s), thus permitting any household member to work?  Yes  No If yes, complete the following:

Provider Name	Address	Phone Number

5. Do you pay for **childcare** or **handicapped care** while a family member is working?  Yes  No

Provider Name	Address	Phone Number

## Section E: Criminal History *(This portion applies to anyone in your household)*

- Do you have any criminal history that would threaten the health and safety of other residents?  Yes  No
- Are you a current user/abuser of a controlled substance?  Yes  No
- Have you ever been convicted of the illegal use, distribution or manufacturing of a controlled substance?  Yes  No
- Have you ever been convicted of a crime or do you have a criminal record?  Yes  No
- Have you ever been placed on probation or parole?  Yes  No
- Is there a current warrant for your arrest, or are you currently involved in any criminal activity?  Yes  No
- Are you required to register on any state or national lifetime sex offender registries?  Yes  No

If you answered yes to any of the above questions, please explain: \_\_\_\_\_

## Section F: General Information

- Does anyone plan to live with you in the future who is not listed?  Yes  No If yes, please explain: \_\_\_\_\_
- Do any household members intend to become students in the next twelve months?  Yes  No (Some rental programs do not allow students to participate).
- Households where the tenant, co-tenant, or a household member is disabled or handicapped, may qualify for a handicap accessible unit and/or an adjustment to income. Do you request the \$400 adjustment to income?  Yes  No **If yes, written documentation may be required.**
- We have apartments with barrier free features for the mobility impaired, the visually and hearing impaired. Does any member of the household need a unit with any of these features?  Yes  No If Yes, Describe features/equipment needed: \_\_\_\_\_
- Are you currently receiving Section 8 assistance?  Yes  No
- List of states where the applicant and members of the applicant's household have resided.: \_\_\_\_\_
- For parking purposes, please list any vehicles you own:

Vehicle Model/Make/Year	Color(s)	License Plate Number(s)

- Tenant households must possess the legal capacity to enter into a Lease Agreement. Please check one of the following:  
 Yes, I can legally enter into a lease;  No, I can not legally enter into a lease.
- Disclosure: In signing this application, I declare that the unit applied for will be my permanent residence and I do/will not maintain a separate subsidized rental unit in a different location.

## Section G: Housing References List ALL Landlords within the past 3 Years, use additional sheet of paper if necessary. DO NOT USE RELATIVES.

Current Address:	Previous Address:
Landlord Name:	Landlord Name:
Landlord Address:	Landlord Address:
Phone #:	Phone #:
Dates Occupied:	Dates Occupied:

Have you or your spouse/co-applicant ever been evicted or involuntarily removed from rental housing?  Yes  No If yes, please explain: \_\_\_\_\_

The following information is requested in order to assure the Federal Government that this Property Management Company complies with the **Federal Laws and Authority Policies** prohibiting discrimination against resident applicants on the basis of race, color, national origin, age, sex, disability, religion, marital or familial status, creed, sexual orientation or gender identity. This Property Management Company does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. 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 and national origin of individual applicants on the basis of visual observation or surname.

- White, Non-Hispanic   
 Hispanic   
 American Indian or Alaskan Native  
 Asian or Pacific Islander   
 Black, Non-Hispanic   
 Other \_\_\_\_\_

## Information Release Agreement

*The signature below indicates my application for housing has been submitted to this Property Management Company. Furthermore, I understand that this application is not a contract and is not binding in any manner. A copy of our tenant selection criteria is available upon request. I declare and affirm under the penalties of perjury that the application/information has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. Discovery of false or omitted information constitutes grounds for rejection of the application. The signature below also authorizes this Property Management Company to request and obtain verification information. I authorize all persons or firms to freely provide any requested verification information and hereby waive all right to counter-action for consequences resulting from such information provision. This authorization includes the electronic duplication of this form and/or signature via e-mail, facsimile, or copier. Credit and criminal screening will be completed when an apartment is offered.*

<b>SIGN HERE</b> (X) _____ Applicant Signature	_____ Date
<b>SIGN HERE</b> (X) _____ Spouse/Co Applicant Signature	_____ Date
<b>Note:</b> All members of the household 18 years of age and older must sign below:	
<b>SIGN HERE</b> (X) _____ Signature	_____ Date
<b>SIGN HERE</b> (X) _____ Signature	_____ Date



Equal Opportunity Housing



# Landlord Reference Form

RE: \_\_\_\_\_

SS: \_\_\_\_\_

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

This person has applied for housing in one of our communities. We ask your cooperation in providing the following information and returning it to us. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant has consented to this release of information as shown below.

Address of Apartment Rented: _____ Rental Period: From _____ to _____	
Amount of current/previous rent \$ _____ Amount in arrears at this time \$ _____	
If this rental is current, do you receive a subsidy through the Rural Housing 515 program or HUD Section 8 program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have/had you begun/completed eviction proceedings for non-payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Rent payment history for the past year/prior years: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Housekeeping: Does (did) the tenant keep the unit clean, safe & sanitary? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the security deposit refunded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are (were) any type of insect/pest infestation problems (i.e. roaches, bed bugs, fleas etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are (were) there any damages beyond normal wear and tear? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does (did) tenant permit persons other than those on the lease to live in the unit on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has (had) tenant/family members/guests damaged/vandalized the common areas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does (did) tenant/family members/guests interfere with the rights/quiet enjoyment of other tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has (had) tenant/family members/guests acted in a physically violent and/or verbally abusive manner towards neighbors, landlord, or landlord staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of tenant: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Would you rent to applicant again? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments on any of the above: _____	

\_\_\_\_\_  
Signature & Title of Person Supplying Info

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Written Name (Please Print)

\_\_\_\_\_  
Per verbal conversation with:

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

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

**(X)** \_\_\_\_\_ **Please Return By:** \_\_\_\_\_

**Penalties for misusing this consent:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, and any owner (or any employee of HUD, or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses 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 negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

 **Equal Housing Opportunity** 