

## RENTAL APPLICATION

Complex: _____ Type Unit Requested: _____ Bedrooms <input type="checkbox"/> Handicap	<i>Office Use Only</i>
All blanks must be filled in for this application to be considered complete and processed for eligibility. Write N/A if the information requested does not apply. If additional space is needed, please attach separate sheet(s). Return this application to the manager of the apartment complex you wish to reside in.	Date _____ Time _____ AM / PM

### Primary Applicant Information

Full Legal Name	Social Security No.	Date of Birth	Driver's Lic. No.
Primary Applicant:			
Co-Applicant:			
Co-Applicant or Household Member:			
Co-Applicant or Household Member:			
Household Member:			
Household Member:			

1. Have you ever lived in an RD, HUD or other federal housing program project?  Yes  No  
 If yes, where? \_\_\_\_\_ Vacate Date: \_\_\_\_\_
2. Have you ever been evicted from private housing, public housing or any other federal housing program?  Yes  No  
 If yes, where, when and why? \_\_\_\_\_
3. Would a household member benefit from a wheelchair/other special handicap accessible unit?  Yes  No  
 If yes, are you applying for these features?  Yes  No
4. Do you have pets or service animals?  Yes  No  
 If yes, please specify: \_\_\_\_\_
5. Are you or a household member a current illegal user/distributor of a controlled substance?  Yes  No
6. Have you or a household member been convicted of the illegal use of a controlled substance?  Yes  No
7. Have you or a household member been convicted of the illegal manufacture or distribution of a controlled substance?  Yes  No
8. If questions 5, 6 or 7 were answered yes, has the person successfully completed a controlled substance abuse recovery program or is the person presently enrolled in such a program?  Yes  No  
 N/A
9. Have you or any member of your household been convicted of a misdemeanor or felony?  Yes  No
10. Do you or any member of your household have a history of violence of any kind?  Yes  No
11. Are any applicants 18 or older currently Part Time or Full Time Students?  Yes  No  
 If yes, who? \_\_\_\_\_
12. **I HAVE A PREFERENCE:** I have been displaced by government action or a presidentially declared disaster  Yes  No  
(You will be required to provide verification at time of application.)

**Primary Applicant Current/Previous Residence Information**

Applicant Phones: (home) \_\_\_\_\_ (work) \_\_\_\_\_ Current Landlord Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Move-in Date: \_\_\_\_\_ Length of Tenancy: \_\_\_\_\_

Current Landlord/Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Residency From: \_\_\_\_\\_\_\\_\_ To: \_\_\_\_\\_\_\\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Length of Tenancy: \_\_\_\_\_

Previous Landlord/Address: \_\_\_\_\_ Previous Landlord Phone: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Residency From: \_\_\_\_\\_\_\\_\_ To: \_\_\_\_\\_\_\\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Length of Tenancy: \_\_\_\_\_

Previous Landlord/Address: \_\_\_\_\_ Previous Landlord Phone: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

**Primary Applicant Current Bank Information**

Type	Account Number	Bank Name	Interest Rate %	Balance
Checking Account				
Checking Account				
Savings Account				
Certificate				
Other				

**Primary Applicant Current Investments**

Savings Bond:  Yes  No  
 No. \_\_\_\_\_ Maturity Date \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Life Insurance:  Yes  No  
 Name: \_\_\_\_\_ Policy No. \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Bonds or Stocks:  Yes  No  
 If yes, note Current Value \$ \_\_\_\_\_

Real Property:  Yes  No  
 If yes, Type: \_\_\_\_\_ Appraised Market Value \$ \_\_\_\_\_  
 Location: \_\_\_\_\_

Have you sold/disposed of any property/assets in the last 2 years?  Yes  No  
 If property/asset sold, list type of property/asset: \_\_\_\_\_  
 Date property/asset sold: \_\_\_\_\_ Amount received from asset \$ \_\_\_\_\_

List other assets not listed above (excluding household goods): \_\_\_\_\_

### Primary Applicant Income From Assets, Employment and Other Sources

List all income sources including, but not limited to income from sale of property, interest on assets, dividends, and annuities, full or part-time employment, pension, SS, SSI, welfare agencies, food stamps, disability, armed forces reserves, unemployment, alimony, child care, child support, student grants, regular contributions from people not residing with you. Please show sources of income for at least the last 12 months for Primary Applicant.

Source of Income	Address of Income Source	Begin Date	End Date	Length	Annual <u>Gross</u> Income

### Deductions

1. Other than applicant and co-applicant, is any household member a full-time student and 18 years of age or older? (Student must carry a "full-time" subject load as defined by the attended college/school.)  Yes  No
2. Do you request an adjustment to income due to payment of child care which enables you or a member of your household to work? (Note: Only non-reimbursed amounts for child care of minors under 13 years of age may be deducted and is permitted only when such care is necessary to enable a household member to further his/her education or to be gainfully employed.)  Yes  No

If Yes, Expected Annual Expense: \$ \_\_\_\_\_

Care Provider Name, Address and Phone: \_\_\_\_\_

3. Do you or any household member request a handicap/disability adjustment to income?  Yes  No  
 (Note: This deduction is allowed only if applicant or co-applicant is **62 years of age or older or disabled or handicapped**. *DO NOT INCLUDE EXPENSES COVERED BY MEDICARE OR INSURANCE.*)

If yes, complete the following (attach additional sheet to this application if needed):

Anticipated Expense for Prescriptions and Non-Prescription Items  
as Prescribed by a Physician for the Next 12 Months

<u>Pharmacy Name</u>	<u>Address</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____

Anticipated Expense for Hospital, Medical, Dental, Optical and  
Medical Insurance Premium for the Next 12 Months

<u>Name/Policy #</u>	<u>Address</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____

Anticipated Expense for Hospital, Medical, Dental or Optical

<u>Provider</u>	<u>Address</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Primary Applicant Personal References**

**Personal References - Non-related Persons Not Living With You Whom You Have Known 1+ Years**

Name	Address	Area Code/Phone

**Automobiles**

Year	Make and Model of Vehicle	License Plate Number	State Vehicle is registered in

**Primary Applicant Debt & Credit Information**

Please provide all information on your current debt history as requested below, complete and accurate information is required. Include auto loans, equipment and furniture loans, credit cards, revolving accounts (i.e. department store accounts), student loans, personal loans and any other debts that you owe.

Credit Source/ Company's Name	Address of Credit Source	Account Number	Current Balance	Minimum Monthly Payment	Current on Payments Yes or No

This institution is an equal opportunity provider and employer.

Applicant and/or Co-applicant hereby certifies that this apartment will be their permanent residence and that they will not maintain a separate subsidized rental unit in a different location.

Applicant(s) authorizes owner or owner's representative to investigate and obtain a credit rating, current and past rental records, criminal records, employment history, sources of income in my household, current and past utility records and any information necessary to determine eligibility. The information obtained will be used for management purposes only and will be held in confidence. A conviction or convictions for any felony or any misdemeanor which involves theft, dishonesty, assault, intimidation, drug-related or weapons charges shall be grounds for the denial of the rental application.

Your signature below certifies that the statements made on this application are true and correct, and gives management consent to verify the information contained in this application. You acknowledge also that due to changes in circumstances additional information may be requested at a later date to complete the processing of this application.

**GIVING FALSE INFORMATION ON THIS APPLICATION MAY RESULT IN EVICTION AFTER OCCUPANCY.**

**WARNING:** Section 1001 of Title 18, United States Code provides, "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or use any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined under this title or imprisoned not more than five years, or both."

\_\_\_\_\_  
**Primary Applicant**                              **Date**                              \_\_\_\_\_  
**Co-Applicant**    **Date**

\_\_\_\_\_  
**Co-Applicant**    **Date**                              \_\_\_\_\_  
**Co-Applicant**    **Date**

Screening Fee Required: \$ \_\_\_\_\_

<b>Race Codes:</b>	
1	American Indian or Alaskan Native
2	Asian
3	Black or African American
4	Native Hawaiian or Other Pacific Islander
5	White

*Optional:*

Household Member	Sex	Ethnicity	Race Code (Use Table Above)
Applicant	<input type="checkbox"/> Male <input type="checkbox"/> Female	(a) <input type="checkbox"/> Hispanic or Latino (b) <input type="checkbox"/> <i>NOT Hispanic or Latino</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Co-Applicant	<input type="checkbox"/> Male <input type="checkbox"/> Female	(a) <input type="checkbox"/> Hispanic or Latino (b) <input type="checkbox"/> <i>NOT Hispanic or Latino</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Household Member	<input type="checkbox"/> Male <input type="checkbox"/> Female	(a) <input type="checkbox"/> Hispanic or Latino (b) <input type="checkbox"/> <i>NOT Hispanic or Latino</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Household Member	<input type="checkbox"/> Male <input type="checkbox"/> Female	(a) <input type="checkbox"/> Hispanic or Latino (b) <input type="checkbox"/> <i>NOT Hispanic or Latino</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Household Member	<input type="checkbox"/> Male <input type="checkbox"/> Female	(a) <input type="checkbox"/> Hispanic or Latino (b) <input type="checkbox"/> <i>NOT Hispanic or Latino</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Household Member	<input type="checkbox"/> Male <input type="checkbox"/> Female	(a) <input type="checkbox"/> Hispanic or Latino (b) <input type="checkbox"/> <i>NOT Hispanic or Latino</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

"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, ethnicity and sex of individual applicants on the basis of visual observation or surname."

\_\_\_\_\_  
**Management Agent**    \_\_\_\_\_  
**Date**

<i>Office Use Only</i>
Eligible Bedroom Sizes <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

## CO-APPLICANT

### Co-Applicant Information

Name: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- |   |  |
|---|--|
| 1. Have you ever lived in an RD, HUD or other federal housing program project?<br>If yes, where? _____ Vacate Date: _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 2. Have you ever been evicted from private housing, public housing or any other federal housing program?<br>If yes, where, when and why? _____  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 3. Would a household member benefit from a wheelchair/other special handicap accessible unit?<br>If yes, are you applying for these features?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you have pets or service animals?<br>If yes, please specify: _____  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 5. Are you or a household member a current illegal user/distributor of a controlled substance?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 6. Have you or a household member been convicted of the illegal use of a controlled substance?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 7. Have you or a household member been convicted of the illegal manufacture or distribution of a controlled substance?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 8. If questions 5, 6 or 7 were answered yes, has the person successfully completed a controlled substance abuse recovery program or is the person presently enrolled in such a program? | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 9. Have you or any member of your household been convicted of a misdemeanor or felony?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 10. Do you or any member of your household have a history of violence of any kind?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

### Co-Applicant Current/Previous Residence Information

*here if your current/previous residence information is the same as the primary applicant's and do not complete this section.*

Applicant Phones: (home) \_\_\_\_\_ (work) \_\_\_\_\_ Current Landlord Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Move-in Date: \_\_\_\_\_ Length of Tenancy \_\_\_\_\_

Current Landlord/Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Residency From: \_\_\_\\_\_\_\\_\_\_ To: \_\_\_\\_\_\_\\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Length of Tenancy: \_\_\_\_\_

Previous Landlord/Address: \_\_\_\_\_ Previous Landlord Phone: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Residency From: \_\_\_\\_\_\_\\_\_\_ To: \_\_\_\\_\_\_\\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Length of Tenancy: \_\_\_\_\_

Previous Landlord/Address: \_\_\_\_\_ Previous Landlord Phone: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

This institution is an equal opportunity provider and employer.

### Co-Applicant Debt & Credit Information

*✓ here if your debt & credit information is the same as the primary applicant's and do not complete this section.*

Please provide all information on your current debt history as requested below, complete and accurate information is required. Include auto loans, equipment and furniture loans, credit cards, revolving accounts (i.e. department store accounts), student loans, personal loans and any other debts that you and/or any member of your household owe.

Credit Source/ Company's Name	Address of Credit Source	Account Number	Current Balance	Minimum Monthly Payment	Current on Payments Yes or No

### Co-Applicant Applicant Current Bank Information

*✓ here if your debt & credit information is the same as the primary applicant's and do not complete this section.*

Type	Account Number	Bank Name	Interest Rate %	Balance
Checking Account				
Checking Account				
Savings Account				
Certificate				
Other				

### Co-Applicant Current Investments

*✓ here if your current investment information is the same as the primary applicant's and do not complete this section.*

Savings Bond:  Yes  No  
 No. \_\_\_\_\_ Maturity Date \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Life Insurance:  Yes  No  
 Name: \_\_\_\_\_ Policy No. \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Bonds or Stocks:  Yes  No  
 If yes, note Current Value \$ \_\_\_\_\_

Real Property:  Yes  No  
 If yes, Type: \_\_\_\_\_ Appraised Market Value \$ \_\_\_\_\_  
 Location: \_\_\_\_\_

Have you sold/disposed of any property/assets in the last 2 years?  Yes  No  
 If property/asset sold, list type of property/asset: \_\_\_\_\_  
 Date property/asset sold: \_\_\_\_\_ Amount received from asset \$ \_\_\_\_\_

List other assets not listed above (excluding household goods): \_\_\_\_\_

**Co-Applicant Income From Assets, Employment and Other Sources**

List all income sources including, but not limited to income from sale of property, interest on assets, dividends, and annuities, full or part-time employment, pension, SS, SSI, welfare agencies, food stamps, disability, armed forces reserves, unemployment, alimony, child care, child support, student grants, regular contributions from people not residing with you. Please show sources of income for at least the last 12 months.

Source of Income	Address of Income Source	Begin Date	End Date	Length	Annual <u>Gross</u> Income