



## Rental Application

<b>Property Name</b>	<b>Property Address</b>	<b>Property Phone</b>	<b>Fax Number</b>
		or National Relay 711 available	
Property Email Address:			

Household Summary Information – List each member applying to reside in the apartment

First Name	MI	Last Name	Relationship to Head of Household Options: Spouse   Co-Head   Dependent   Live-in Aide   Foster   Other Family Member	Are you enrolled as a student at an institute of higher education? Y/N	Sex-Optional M/F/blank
			Head of Household		

How did you hear about us? \_\_\_\_\_

Are there any unborn/adopted/foster children in the process of adding to this household within the next year? ☐ Yes ☐ No

I/We certify the information given in this application is accurate and complete. I/We understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application. I/We, by signature below, authorize the Owner/Agent to request and complete a criminal background check, rental history check, and credit check, through an outside independent background service company and secure a written report of all information pertaining to landlord/rental history, sex offender records, criminal background, credit records, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine eligibility or level of assistance.

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 use 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Federal law prohibits the Landlord from discriminating against any applicant because of race, color, sex, familial status, religion, handicap, disability, sexual orientation, gender identity, marital status, or national origin. Additional state protections may apply. Applicants on the waiting list may be contacted by management to ensure continued interest to remain on the waiting list and to update any changes to the original information provided at the time of initial application. Failure to respond to this inquiry may result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive and denied applications will be held for three years as required by federal regulation.

Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed to the following person, responsible for related policies: 504 Coordinator.

\_\_\_\_\_  
Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Signature

\_\_\_\_\_  
Date

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## Rental Application-Member Information

**Do not leave blanks or the form will be considered incomplete.**

**This questionnaire must be completed for each household member, regardless of age**

Member Name: _____		
Date of Birth: _____	SSN: _____	
Are you contending eligible immigration status?	<input type="checkbox"/> Yes <input type="checkbox"/> No, I am not claiming to be an eligible US Citizen/noncitizen	
Were you 62 years old or older as of 1/31/2010?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, were you a part of a HUD Housing Program as of 1/31/2010? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide evidence of program participation with this application (lease or move in 50059).		
Current Full Address: Street Address _____ City, State, Zip: _____		
Cell Phone Number <input type="checkbox"/> NA _____ Work Phone Number <input type="checkbox"/> NA _____ Home Phone Number <input type="checkbox"/> NA _____		
List here all states you have ever resided in (regardless of duration): _____		
Are you subject to a state sex offender lifetime registration requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, which state? _____		
Are you temporarily displaced from your prior home due to a presidentially declared disaster?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require any accessibility features in the unit related to a disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a military veteran?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Race (disclosure is optional and only gathered for statistical purposes when updating marketing efforts)	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander	
Ethnicity (disclosure is again optional here)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
<b>Criminal History Questions</b>		
Is this member 18 years of age or older	<input type="checkbox"/> Yes <input type="checkbox"/> No, skip to the Income Section	
A public records search will be conducted on each adult member.		
Do you have any felony or misdemeanor convictions involving the following?		
Sexual misconduct	Prior Conviction <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____	Pending Conviction <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____
Illegal possession, manufacturing, sale or distribution of a controlled substance	Prior Conviction <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____	Pending Conviction <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____
Physical crime against a person/persons or another person's property	Prior Conviction <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____	Pending Conviction <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____
Have you been evicted from federally assisted housing in the last 3 years for drug-related criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____	
Are you currently engaged in illegal drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Member Name:

Rental History Questions		
Is this member 18 years of age or older	<input type="checkbox"/> Yes <input type="checkbox"/> No, skip to Income Section	
<b>You have rental history if your name was listed on a prior lease as a lease signer. Lack of rental history will not be considered a negative factor.</b>		
Are you homeless or lacking a fixed nighttime residence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Landlord Name		
Rent you pay each month		
Apartment Community Name		
Street Address		
City, State, Zip		
Landlord Phone Number		
Do you currently live in HUD subsidized housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are you currently receiving assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior Landlord Name		
Rent you paid each month		
Apartment Community Name		
Street Address		
City, State, Zip		
Landlord Phone Number		
Income Questions		
Do you have employment income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Start date:	Employer Company Name:	
Employer address:		
Employer Phone Number/ Fax number:		
Do you have additional employment income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Start date:	Employer Company Name:	
Employer address:		
Employer Phone Number/Fax Number:		

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

Are you receiving unemployment benefits ☐ Yes ☐ No.

If yes, provide name of issuing agency \_\_\_\_\_ Start Date: \_\_\_\_\_

Weekly Benefit: \_\_\_\_\_

Other Income Sources:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SSI Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SSP (State Supplemental Payment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dual Entitlement Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VA Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Long/Short Term Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Court Ordered Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case Number(s):
Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Regular Assistance from friends/family to help with bills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of individuals providing assistance:
Voluntary Child Support payments (not court ordered)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of individual providing assistance:
Business Income documented on Schedule C of tax return	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rideshare, delivery App income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Periodic Retirement Payments/Pension Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Asset Section

Checking account(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Single <input type="checkbox"/> Joint <input type="checkbox"/> Financial Institution Name:
Savings Account(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Single <input type="checkbox"/> Joint <input type="checkbox"/> Financial Institution Name:
Direct Express Debit Card/Wage paycard	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Money Market/CD Account(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Single <input type="checkbox"/> Joint <input type="checkbox"/> Financial Institution Name:
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Institution Name:

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Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Institution Name:
Retirement Accounts you are not receiving periodic payments from	<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Institution Name:
Whole Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Institution Name:
Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable Financial Institution Name:
Cash on hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is yes, state amount:
Do you own real estate (home, land, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you own a collection held that has investment value?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you disposed of any assets for less than fair market value within the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide date of disposal: _____ Amount disposed: _____ Estimated market value: _____

Medical/Disability Expenses: Is the Head, Co-Head or Spouse of your household age 62(or older) or disabled: ☐ Yes ☐ No If no, skip this section.

If Yes, only list below, the out of pocket expenses the member named on the top of this form pays on a regular basis for which he/she/they are not reimbursed.

Medicare Premiums	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prescription copay costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list pharmacy name:
Installment payments on outstanding medical bills	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is name of entity paid:
Medical insurance other than Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list name of company:
Routine doctor visits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s) of Doctors:
One-time medical expenses paid but not previously reported on the last certification completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Only list if date paid was after your move in date.

Childcare expenses: Are you paying out of pocket expenses for the care of a child under the age of 13? ☐ Yes ☐ No

If yes, provide name(s) of child(ren):

\_\_\_\_\_

Does this care allow you to ☐ work ☐ seek employment ☐ go to school?

Name of childcare provider individual or facility name: \_\_\_\_\_

Member Signature or Parent Signature for Minor: \_\_\_\_\_

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