

Office Use Only

Rec'd Date/Time

\_\_\_\_\_ / \_\_\_\_\_

By

TBC

Property Name

Status

Date

**The Barcus Company, Inc.**

# RENTAL APPLICATION



We do not discriminate with respect to an applicant's race, color, national origin, religion, sex, disability, family status or military status. We will assist any applicant who requests assistance in filling out this application. If you are handicapped or disabled, or have difficulty completing this application, please advise us of your needs when you receive the application or call us to schedule assistance. Information you provide on income, handicap, or disability status will be treated as confidential by Management.

Providing false or misleading information, or omitting information where asked, may result in disapproval of your application, or should your application be approved, may result in disqualification for your continued occupancy at any time in the future, upon discovery that answers to questions in this application are false, misleading, or wrongfully omitted.

## HOUSEHOLD COMPOSITION

Please provide information about all persons who will reside in the apartment home.

### ➤ Head of Household and Co-Head/Spouse

1. \_\_\_\_\_  
 NAME (HEAD)                      DATE OF BIRTH      AGE      SEX      SOCIAL SECURITY NUMBER      TELEPHONE

2. \_\_\_\_\_  
 NAME (CO-HEAD/SPOUSE)                      DATE OF BIRTH      AGE      SEX      SOCIAL SECURITY NUMBER      TELEPHONE

**CURRENT MAILING ADDRESS:** \_\_\_\_\_

\* If you have no Social Security Number, you claim that you are exempt because:

You are an ineligible non-citizen

You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/10

### ➤ Other Members of Household

3. \_\_\_\_\_  
 NAME                      DATE OF BIRTH      AGE      SEX      SOCIAL SECURITY NUMBER      RELATIONSHIP

If this member of the household is under 18 years of age what percentage of time does he/she live in your home? \_\_\_\_\_%

Can anyone else claim the above member for housing assistance?  Yes  No

4. \_\_\_\_\_  
 NAME                      DATE OF BIRTH      AGE      SEX      SOCIAL SECURITY NUMBER      RELATIONSHIP

If this member of the household is under 18 years of age what percentage of time does he/she live in your home? \_\_\_\_\_%

Can anyone else claim the above member for housing assistance?  Yes  No

5. \_\_\_\_\_  
 NAME                      DATE OF BIRTH      AGE      SEX      SOCIAL SECURITY NUMBER      RELATIONSHIP

If this member of the household is under 18 years of age what percentage of time does he/she live in your home? \_\_\_\_\_%

Can anyone else claim the above member for housing assistance?  Yes  No

6. \_\_\_\_\_  
 NAME                      DATE OF BIRTH      AGE      SEX      SOCIAL SECURITY NUMBER      RELATIONSHIP

If this member of the household is under 18 years of age what percentage of time does he/she live in your home? \_\_\_\_\_%

Can anyone else claim the above member for housing assistance?  Yes  No

➤ In the next 12 months do you plan on any additions to your household?  Yes  No If yes, explain.

(Examples: Foster Children, New Born, or Adoption) \_\_\_\_\_

**BACKGROUND**

Have you or any member of your household ever been evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever been convicted for any drug-related criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any household member currently, or have during the last 12 months, used illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any household member been convicted of a crime? If yes, indicate if the conviction was a felony, misdemeanor, or check both if convicted of both. <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you enlisted in the U.S. Military or are you a veteran of the U.S. military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a victim of a recent presidentially declared disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any household member subject to the state sex offender registration program requirements? sex offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No

➤ **List all states in which each applicant and members of the applicant's household have ever resided?**

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➤ **How did you learn about this community?**

<input type="checkbox"/> Friends	<input type="checkbox"/> Housing Authority referral	<input type="checkbox"/> Property website	<input type="checkbox"/> Radio/TV
<input type="checkbox"/> Relatives	<input type="checkbox"/> Current resident referral	<input type="checkbox"/> Internet ad	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Drive By	<input type="checkbox"/> Previous resident referral	<input type="checkbox"/> Locator service	<input type="checkbox"/> Other
<input type="checkbox"/> Phone Book	<input type="checkbox"/> Social service referral	<input type="checkbox"/> Advocacy Group	Specify _____

➤ **For Affirmative Action purposes, please provide the following: (This Section is Optional)**

Please check:       American Indian       Alaskan / Hawaiian       Hispanic

African American       Asian / Pacific Islander       White / Non-minority

➤ **Citizenship Status**

United States Citizen     Eligible Non-Citizen     Ineligible Non-Citizen

➤ **Personal Reference** (Name Of At Least Two Nearest Relatives Not Living With You)

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

**RENTAL HISTORY**

Please furnish us with the names of prior landlords and/or any friends and relatives who can verify as to your ability to meet lease requirements; specifically ability to pay rent, provide good housekeeping, not be threatening to either neighbors or the property and other conditions of tenancy.

- **Are you currently homeless? If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.**  Yes  No
  
- **Present Landlord** *(If Co-head, Spouse or Other Adult has separate rental history for current and/or past 3 years, they will need to complete a separate page 3 of application)*

<b>CURRENT ADDRESS</b>	
<b>DATES OF RESIDENCE</b>	<b>TO</b>
<b>MONTHLY RENT</b>	\$
<b>REASON FOR LEAVING</b>	
<b>NAME OF LANDLORD</b>	
<b>ADDRESS OF LANDLORD</b>	
<b>TELEPHONE OF LANDLORD</b>	

- **Prior Landlords (last 3 years)**

<b>PREVIOUS ADDRESS</b>	
<b>DATES OF RESIDENCE</b>	<b>TO</b>
<b>MONTHLY RENT</b>	\$
<b>REASON FOR LEAVING</b>	
<b>NAME OF LANDLORD</b>	
<b>ADDRESS OF LANDLORD</b>	
<b>TELEPHONE OF LANDLORD</b>	

<b>PREVIOUS ADDRESS</b>	
<b>DATES OF RESIDENCE</b>	<b>TO</b>
<b>MONTHLY RENT</b>	\$
<b>REASON FOR LEAVING</b>	
<b>NAME OF LANDLORD</b>	
<b>ADDRESS OF LANDLORD</b>	
<b>TELEPHONE OF LANDLORD</b>	

**FINANCIAL INFORMATION**

Provide all income and all financial and real estate asset information for all persons who will live in the apartment. Add additional pages if necessary.

➤ **INCOME** (If Co-head, Spouse or Other Adult has separate income, they will need to complete a separate page 4 of application)

How much do you expect to receive in monthly income? Write NA or None if you receive no income from these sources.  
**THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.**

SOURCE	MONTHLY	VERIFICATION ADDRESS
EMPLOYMENT	\$	
SELF-EMPLOYMENT	\$	
UNEMPLOYMENT	\$	
PUBLIC ASSISTANCE	\$	
UNEMPLOYMENT	\$	
SOCIAL SECURITY	\$	
SSI	\$	
CHILD SUPPORT	\$	
PENSION / RETIREMENT	\$	
INTEREST & DIVIDENDS	\$	
CONTRIBUTIONS FROM FAMILY OR FRIENDS FOR RENT, CHILD CARE OR OTHER BILLS	\$	
OTHER INCOME	\$	

➤ **ASSETS** (If Co-head, Spouse or Other Adult has assets, they will need to complete a separate page 4 of application)

What is the approximate value of each account? Write NA or None if you have no assets from these sources.  
**THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.**

SOURCE	VALUE	VERIFICATION ADDRESS
CHECKING ACCOUNT	\$	
SAVING ACCOUNT	\$	
DIRECT EXPRESS DEBIT CARD	\$	
PREPAID DEBIT CARD	\$	
401K, ANNUITY, IRA	\$	
STOCKS, BONDS, CD'S	\$	
REAL ESTATE	\$	
OTHER ASSETS	\$	

➤ Are you a full or part-time student?  Yes  No

If yes, please provide name and address of institute: \_\_\_\_\_

➤ Are you receiving any student financial aid, grants, or scholarships?  Yes  No

If yes, please state what and amount received: \_\_\_\_\_

➤ During the past two years, have you or any member of the household given away more than \$1,000 or disposed of other assets for less than their market value?  Yes  No

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

### SPECIAL HOUSING NEEDS

**Program Accessibility Statement:** We have a legal requirement to provide reasonable accommodations to applicants and residents if they or any family members have a disability or handicap. A reasonable accommodation is some modification or change we can make to the rules or procedures or to the structure of the Property that will assist an otherwise eligible applicant or resident with a disability to take advantage of the program.

In order to be eligible for residence in an accessible unit with special features, some member of the Household must require a unit for the mobility impaired and have physical impairment that: is expected to be of long-continued and indefinite duration; substantially impedes the person's ability to live independently; and is such that the person's ability to live independently could be improved by more suitable housing conditions. Answers to the following questions are optional. However, if you decline to answer, we may be unable to determine your eligibility for this housing program or your priority for a special apartment.

➤ I choose to  complete  not to complete this section of the form. Please Initial: \_\_\_\_\_

➤ Do you or any member of the household have a mobility impairment that meets the definition above?  Yes  No

➤ Do you or any member of your family have a condition that requires:

One-level unit  A separate bedroom  Unit for hearing impaired  Unit for vision impaired

Barrier-free unit Other Modifications – Explain: \_\_\_\_\_

➤ Can you and all members of your family go up and down stairs unassisted?  Yes  No

➤ Will you or any member of your family require a live-in aide to assist you?  Yes  No

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

➤ Please list the name(s) of family members who need the features or assistance requested:

\_\_\_\_\_

➤ Are there any other accommodations which you or a family member will need?  Yes  No

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

### Chapter 4. PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA 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).

**RELEASE AND ACKNOWLEDGEMENT**

Applicants are required to show third party verification of income and assets in order to qualify to become residents. In addition to verifications of income and assets, as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through personal interview with third parties such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry may include information as to your character, general reputation, personal characteristics, and mode of living.

You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. Additional information may be requested to complete processing of your application. Your signature gives written consent to the management to verify information in the application. Any false statement or misrepresentation on your application is grounds for disapproval of this application.

In accordance with program regulations, information may be released to appropriate Federal, State or local agencies. Any misrepresentation of information related to eligibility, preference for admission, allowance, rent, family composition or prior tenant history will affect approval for residency.

It is understood by the undersigned that this is an application only and does not insure occupancy.

By signing below I (we) hereby authorize the release of any and all information relative to this application.

**I acknowledge reading and understanding the foregoing statements.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*The Barcus 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.*

*The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).*

Name:       Randi Cutshall      

Address:       1601 Bethel Road        
      Columbus, Ohio 43220      

Telephone:       (740) 622-8536      

TTY:       (800) 750-0750