

Office Use Only

Rec'd Date/Time _____ / _____

By _____

Property Name _____

TBC _____

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 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

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

➤ **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:
- | | | |
|---|---|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Alaskan / Hawaiian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian / Pacific Islander | <input type="checkbox"/> White / Non-minority |

➤ **Citizenship Status**

- United States Citizen Eligible Non-Citizen Ineligible Non-Citizen

➤ **What is your relationship to the Head of Household?**

- | | | | |
|---|--|---------------------------------|--------------------------------|
| <input type="checkbox"/> Head of Household | <input type="checkbox"/> Co-head | <input type="checkbox"/> Spouse | <input type="checkbox"/> Child |
| <input type="checkbox"/> Foster adult/child | <input type="checkbox"/> Live-In Aide (live in aides complete a different application and must be approved before move-in) | | |
| <input type="checkbox"/> Other adult | <input type="checkbox"/> None of the above | | |

REFERENCES

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**

_____	_____	()	_____
NAME	ADDRESS	TELEPHONE	
_____ To _____	\$ _____	_____	_____
DATES OF YOUR RESIDENCE	MONTHLY RENT	REASON FOR LEAVING	

➤ **Prior Landlords (last 3 years)**

_____	_____	()	_____
NAME	ADDRESS	TELEPHONE	
_____ To _____	\$ _____	_____	_____
DATES OF YOUR RESIDENCE	MONTHLY RENT	REASON FOR LEAVING	

_____	_____	()	_____
NAME	ADDRESS	TELEPHONE	
_____ To _____	\$ _____	_____	_____

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

_____	_____	()	_____	_____
NAME	ADDRESS	TELEPHONE	RELATIONSHIP	
_____	_____	()	_____	_____
NAME	ADDRESS	TELEPHONE	RELATIONSHIP	
_____	_____	()	_____	_____
NAME	ADDRESS	TELEPHONE	RELATIONSHIP	

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. (Indicate if the information applies to Head (H), Co-Head (CH), or Joint (J) or other members who will occupy the apartment. Identify the individual by indicating the corresponding number for the information entered in the Household Composition section on page one)

> INCOME

Source	Source Name/Description	Verification Address	Account Number (where applicable)	Monthly Income
Employment				\$
				\$
				\$
Pension				\$
				\$
Social Security				\$
				\$
Interest & Dividends				\$
				\$
				\$
Other Income				\$
				\$
				\$
				\$
TOTAL INCOME				\$

> ASSETS (Add additional pages if necessary)

Source	Source Name/Description	Verification Address	Account Number (where applicable)	Value
Checking Accounts				\$
				\$
Savings Accounts				\$
				\$
CDs				\$
				\$
Stocks & Bonds				\$
				\$
Real Estate				\$
				\$
Other Assets				\$
				\$
TOTAL ASSETS VALUE				\$

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

> 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: _____

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