

REQUESTED BEDROOM SIZE: \_\_\_\_\_

**FILL OUT COMPLETELY  
DATE & TIME RECEIVED:**

<b>AFFORDABLE RENTAL APPLICATION</b>						COMPLEX			
LAST NAME OF APPLICANT					FIRST		INITIAL	DAY PHONE	
STREET ADDRESS			CITY		STATE		ZIP	EVENING PHONE	
DATE OF BIRTH		SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.				MESSAGE PHONE	
LAST NAME OF CO-APPLICANT					FIRST		INITIAL	DAY PHONE	
DAY OF BIRTH		SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.					
<b>RACE/ ETHNICITY CODES</b>	D WHITE	D AMERICAN INDIAN OR ALASKAN NATIVE			D OTHER		CHECK ONE		
	D BLACK	D ASIAN OR PACIFIC ISLANDER ETHNICITY					D NON-HISPANIC		
							D HISPANIC		
<b>PETS</b>	DO YOU HAVE ANY PETS? (INCLUDE BIRDS, FISH, ETC.)						APARTMENT TO BE OCCUPIED		
	D NO    D YES – IF YES, WHAT KIND?						BY # _____ PERSONS		
<b>OCCUPANTS</b>	LIST PERSONS WHO WILL OCCUPY APARTMENT – LIST YOURSELF & YOUR CO-APPLICANT.							IF MORE THAN 6 USE ADDITIONAL INFORMATION	
NAME		BIRTH DATE		SEX (OPTIONAL)	STUDENT	SOCIAL SECURITY NUMBER		RELATIONSHIP TO APPLICANT	
1				DMALE DFEMALE	DYES DNO				
2				DMALE DFEMALE	DYES DNO				
3				DMALE DFEMALE	DYES DNO				
4				DMALE DFEMALE	DYES DNO				
5				DMALE DFEMALE	DYES DNO				
6				DMALE DFEMALE	DYES DNO				
<b>INCOME SOURCES</b>	LIST SOURCES OF INCOME FOR ALL FAMILY MEMBERS 18 YEARS OR OLDER.								
Employment		\$ _____ /per _____		AFDC/TANF		\$ _____ /per _____		Pension	
								\$ _____ /per _____	
Social security		\$ _____ /per _____		General Relief		\$ _____ /per _____		Alimony/Child Support	
								\$ _____ /per _____	
SSI		\$ _____ /per _____		Unemployment		\$ _____ /per _____		Disability	
								\$ _____ /per _____	
<b>ASSET/BANK ACCOUNTS</b>	CHECKING		SAVINGS		STOCKS/BOND		REAL ESTATE/PROPERTY		
	DYES DNO		DYES DNO		S DYES DNO		DYES DNO		
<b>PRESENT EMPLOYER</b>		NAME			TELEPHONE		SALARY		DATE OF EMPLOYMENT FROM:
		ADDRESS							
<b>PRESENT LANDLORD</b>	DREN	NAME			TELEPHONE		MONTHLY PAYMENT		DATE OF RESIDENCE FROM:
	T								
		ADDRESS							TO:
<b>PREVIOUS LANDLORD</b>	DREN	NAME			TELEPHONE		MONTHLY PAYMENT		DATE OF RESIDENCE FROM:
	T								
		ADDRESS							TO:
<b>PREVIOUS LANDLORD</b>	DREN	NAME			TELEPHONE		MONTHLY PAYMENT		DATE OF RESIDENCE FROM:
	T								
		ADDRESS							TO:
<b>OUT OF STATE RESIDENTIAL HISTORY</b>		HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD 18 YEARS OF AGE OR OLDER EVER RESIDED IN ANOTHER STATE? IF SO, PLEASE COMPLETE THE FOLLOWING: SHOULD YOU NEED ADDITIONAL SPACE PLEASE USE A SEPARATE SHEET OF PAPER.							
NAME OF HOUSEHOLD MEMBER					DATES OF RESIDENCY				
OUT OF STATE ADDRESS			CITY		STATE		ZIP		

TO BE PROCESSED, THIS APPLICATION MUST BE FILLED OUT COMPLETELY ON BOTH SIDES AND SIGNED.

**PREFERENCE ELIGIBILITY**

The Department of Housing and Urban Development has established requirements for ensuring that housing assistance is directed to those with the most urgent housing needs. These categories that may include one or more of the following as may be required by individual programs pursuant to statute or based upon HUD regulation.

If you think you may be eligible for the preference required by individual programs pursuant to statute or based upon HUD regulation, please check the box below.

- I have been displaced from an urban renewal area, or as a result of government action, or as a result of a disaster determined by the President to be a major disaster.
- I do not think I am eligible for the displacement preference at this time.
- I am 62 year or older.
- I am handicapped or disabled.

I agree to provide documentation sufficient to verify my qualification for a preference when the resident if manager request that I do so.

my eligibility for a preference changes in the future, I will contact the resident manager.

INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

**SPECIAL UNIT REQUIREMENT(S)**

THIS SECTION TO BE INCLUDED IN EVERY APPLICATION. It is used to determine whether an applicant needs special features in its apartment. The need for special adaptations be verified in order to assure that the limited number of apartments with special features go to families must that actually need the features.

I choose not to complete this section of the form.

INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

1. Do you, or does any member of your family have a condition that requires:

- a separate bedroom  unit for vision-impaired  physical modifications to a typical apartment
- a barrier-free unit  unit for hearing-impaired
- one-level unit  bedroom/bath on 1<sup>st</sup> floor

2. Can you and your entire family member go up and down stairs unassisted?  YES  NO

No, please indicate how we could accommodate your family: \_\_\_\_\_

3. Will you or any of your family members require a live-in aide to assist you?  YES  NO

If Yes, please explain: \_\_\_\_\_

4. If you checked any of the above listed categories of apartments, please explain exactly what you need to accommodate your situation:

5. What is/are the name(s) of the family member(s) who need/s the features \_\_\_\_\_

6. Who should be contacted to verify your needs for the features you have

Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

**PRIOR TENANCY** Has your family's assistance or tenancy in a subsidized housing program ever been terminated  
 Fraud  YES  NO If Yes, for: explain \_\_\_\_\_

Nonpayment of rent  YES  NO If Yes, explain \_\_\_\_\_

Failure to cooperate with recertification procedures  YES  NO If Yes, explain \_\_\_\_\_

**CRIMINAL CONVICTION**

Have you or any member of your household ever been convicted of a crime?  YES  NO

Have you or any member of your household ever been convicted of possession, usage, or distribution of a controlled, illegal substance?  YES  NO

Are you or any member of your household subject to state lifetime sex offender registration in any state?  YES  NO

If Yes, which family member \_\_\_\_\_  misdemeanor or  felony  
 If Yes, which family member \_\_\_\_\_  misdemeanor or  felony

WHEN \_\_\_\_\_ WHERE – CITY & STATE \_\_\_\_\_

WHEN \_\_\_\_\_ WHERE – CITY & STATE \_\_\_\_\_

EXPLAIN DETAILS \_\_\_\_\_

EXPLAIN DETAILS \_\_\_\_\_

We are an equal housing opportunity provider. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap, or national origin in compliance with the Fair Housing Act. Your signature below authorizes management to obtain a "consumer report" at any time during the application process or any time after initial occupancy as defined in the Fair Credit Reporting Act. 15 U.S.C Section 1681 a(d), seeking information on creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

Owner or agent has the right to reject this application and return the deposit(s) at any time prior to execution of a lease agreement. If applicant(s) withdraws application or fails to execute a lease agreement upon request of owner or agent, the deposit(s) may be retained by owner as liquidated damages.

APPLICANT(S) HEREBY REPRESENTS THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND COMPLETE AND AUTHORIZES INQUIRIES OF ANY STATEMENT MADE HEREIN. **NOTIFY US IN WRITING OF ANY CHANGE TO INFORMATION PROVIDED WITHIN THIS RENTAL APPLICATION.**

APPLICANT SIGNATURE  
X \_\_\_\_\_

DATE \_\_\_\_\_

CO-APPLICANT SIGNATURE  
X \_\_\_\_\_

DATE \_\_\_\_\_

MANAGEMENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Resident Survey: How did you hear about us? \_\_\_\_\_ Newspaper \_\_\_\_\_ Walk-In \_\_\_\_\_ Advertisement  
 \_\_\_\_\_ Internet \_\_\_\_\_ Referral \_\_\_\_\_ Other (Explain) \_\_\_\_\_

**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). \*\* Violations of these provisions are cited as violations of 42 USC \*\*408 (a) (6), (7) and (8). \*\*