

# Rental Application

New  Updated \_\_\_\_\_

|                     |                            |
|---------------------|----------------------------|
| <b>Property</b>     | <b>Date Received:</b>      |
| <b>Address:</b>     | <b>Time Received:</b>      |
| <b>City, State:</b> | <b>Received by:</b>        |
| <b>Phone:</b>       | <b>Apt Size requested:</b> |

**PLEASE PRINT – ALL HOUSEHOLD MEMBERS OF 18 MUST SIGN**

| Full Name (exactly as on driver's license or other govt. document) | Relationship to Head of HH  | Date of Birth | Student Status   | Social Security No./ Alien Registration No. | Marital Status (Optional) | Gender (Optional) |
|--|---|---------------|--|---|---------------------------|-------------------|
| 1  | Head of Household   |               | <input type="checkbox"/> F/T<br><input type="checkbox"/> P/T<br><input type="checkbox"/> N/A |   |                           |                   |
| 2  | <input type="checkbox"/> Co-Head<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent<br><input type="checkbox"/> Other Adult |               | <input type="checkbox"/> F/T<br><input type="checkbox"/> P/T<br><input type="checkbox"/> N/A |   |                           |                   |
| 3  | <input type="checkbox"/> Co-Head<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent<br><input type="checkbox"/> Other Adult |               | <input type="checkbox"/> F/T<br><input type="checkbox"/> P/T<br><input type="checkbox"/> N/A |   |                           |                   |
| 4  | <input type="checkbox"/> Co-Head<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent<br><input type="checkbox"/> Other Adult |               | <input type="checkbox"/> F/T<br><input type="checkbox"/> P/T<br><input type="checkbox"/> N/A |   |                           |                   |
| 5  | <input type="checkbox"/> Co-Head<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent<br><input type="checkbox"/> Other Adult |               | <input type="checkbox"/> F/T<br><input type="checkbox"/> P/T<br><input type="checkbox"/> N/A |   |                           |                   |
| 6  | <input type="checkbox"/> Co-Head<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent<br><input type="checkbox"/> Other Adult |               | <input type="checkbox"/> F/T<br><input type="checkbox"/> P/T<br><input type="checkbox"/> N/A |   |                           |                   |
| 7  | <input type="checkbox"/> Co-Head<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent<br><input type="checkbox"/> Other Adult |               | <input type="checkbox"/> F/T<br><input type="checkbox"/> P/T<br><input type="checkbox"/> N/A |   |                           |                   |
| 8  | <input type="checkbox"/> Co-Head<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent<br><input type="checkbox"/> Other Adult |               | <input type="checkbox"/> F/T<br><input type="checkbox"/> P/T<br><input type="checkbox"/> N/A |   |                           |                   |

**CONTACT INFORMATION**

|                                |  |  |
|--------------------------------|--|--|
| <b>Current Address:</b>        | <input type="checkbox"/> Rent <input type="checkbox"/> Own | <b>Apt #:</b>                              |
| <b>City/State/Zip:</b>         |  | <b>Phone:</b>                              |
| <b>E-Mail:</b>                 |  |  |
| <b>Mailing Address:</b>        |  | <b>Apt #:</b>                              |
| <b>City/State/Zip:</b>         |  | <b>Occupied For: _____ Yrs. _____ Mos.</b> |
| <b>Contact/Landlord Name:</b>  |  | <b>Phone:</b>                              |
| <b>Email Address:</b>          |  |  |
| <b>Emergency Contact Name:</b> |  | <b>Phone: ( )</b>                          |

**PREVIOUS RESIDENCY INFORMATION (list last 3 years use additional sheet if necessary)**

|   |  |
|---|--|
| <b>Previous Street Address:</b><br><input type="checkbox"/> Rent <input type="checkbox"/> Own | <b>Occupied For: _____ Yrs. _____ Mos.</b> |
| <b>City/State/Zip:</b>  |  |
| <b>Contact/Landlord Name:</b>   | <b>Phone:</b>                              |

**HOUSEHOLD ADDITIONAL INFORMATION**

If you or any member of household have no Social Security Number, were you or they 62 of years of age or older as of January 31, 2010 or who do not contend eligible immigration status ?

NO  YES, member? \_\_\_\_\_ If so please answer next question

Was HUD rental assistance being received at another location on January 31, 2010,  NO  YES, where? \_\_\_\_\_

Are there any unborn, adopted, or foster children you are in the process of adding to the household within the next year?  NO  YES

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

Are any of the household members listed above foster children?  NO  YES, who? \_\_\_\_\_

Are any of the household members listed above a live-in attendant?  NO  YES, who? \_\_\_\_\_

Are any household members temporarily absent from the home?  NO  YES, who? \_\_\_\_\_

Indicate reason for temporary absence: \_\_\_\_\_

Do you anticipate any other members will join your household within the next 12 months?  NO  YES

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

Does Head of Household share custody of children who will reside in the household?  NO  YES

If yes what percentage of time does the child(ren) reside in your home? \_\_\_\_\_

Is any household member  Mobility Impaired  Vision Impaired  Hearing Impaired  Impaired

If yes, member: \_\_\_\_\_

Please tell about your current housing circumstances(Check all that apply to your current situation)

- substandard housing  standard housing  conventional public housing  homeless  fleeing/attempting to flee violence
- displaced due to a presidentially declared disaster

**VETERAN INFORMATION**

Are any of the household members a Veteran?  NO  YES, who? \_\_\_\_\_

\*\*\* Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Space Force, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the [www.va.gov](http://www.va.gov)

Please list below list of all states the household members have ever resided in (regardless of duration)

| Member | State | State | State | State |
|--------|-------|-------|-------|-------|
|        |       |       |       |       |
|        |       |       |       |       |
|        |       |       |       |       |
|        |       |       |       |       |
|        |       |       |       |       |
|        |       |       |       |       |

Have any household members been convicted, plead guilty, received probation, for a felony or misdemeanor assault or have a drug conviction?

NO  YES, who? \_\_\_\_\_ When? \_\_\_\_\_

Are any household members subject to a state sex offender lifetime registration requirement in any state where any household members may have resided?

NO  YES, who? \_\_\_\_\_

Have any household members been evicted, broken a lease, or been evicted for drug offences?

NO  YES, who? \_\_\_\_\_

**ANNUAL INCOME (List ALL monthly gross income of adults and children in your household, except for the earned income from employment by persons under the age of 18)**

| Identify income from any of the following sources, including periodic payments: If yes include annual amount in space under recipient. | Head of Household | Co-Head/ Spouse | Child or Dependent or Other Adult Member | Child or Dependent or Other Adult Member | Child or Dependent or Other Adult Member |
|--|-------------------|-----------------|--|--|--|
| Salary <input type="checkbox"/> Yes <input type="checkbox"/> No  |                   |                 |  |  |  |
| Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No  |                   |                 |  |  |  |
| Commissions/Fees <input type="checkbox"/> Yes <input type="checkbox"/> No  |                   |                 |  |  |  |
| Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No  |                   |                 |  |  |  |
| Salary from 2 <sup>nd</sup> job <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |                 |  |  |  |
| Business Net Income <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |                 |  |  |  |
| Income from Military <input type="checkbox"/> Yes <input type="checkbox"/> No  |                   |                 |  |  |  |
| Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |                 |  |  |  |
| Compensation for Public Housing Authority <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |                   |                 |  |  |  |
| Social Security <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |                 |  |  |  |
| Supplemental Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No  |                   |                 |  |  |  |
| Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |                 |  |  |  |
| AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |                 |  |  |  |
| Interest/Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No  |                   |                 |  |  |  |
| Welfare <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |                 |  |  |  |
| Adoption Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |                 |  |  |  |
| Pension <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |                 |  |  |  |
| Retirement Funds <input type="checkbox"/> Yes <input type="checkbox"/> No  |                   |                 |  |  |  |
| Annuity <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |                 |  |  |  |
| Insurance Policy <input type="checkbox"/> Yes <input type="checkbox"/> No  |                   |                 |  |  |  |
| Recurring Gift Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |                 |  |  |  |
| Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |                 |  |  |  |
| Workers' Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |                 |  |  |  |
| Temporary Income <input type="checkbox"/> Yes <input type="checkbox"/> No  |                   |                 |  |  |  |
| Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |                 |  |  |  |
| Educational Scholarship/Grant <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |                 |  |  |  |
| Other:<br>Explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No  |                   |                 |  |  |  |

| CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #1 <input type="checkbox"/> Not Employed |   |            |                            |                         |
|--|---|------------|----------------------------|-------------------------|
| Household Member's Name  |   | Occupation |                            | Work Phone              |
| Name and Street Address of Employer  |   |            | City                       | State      Zip Code     |
| Date Hired   | Salary \$ _____<br><input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____ |            | # of hours worked per week | Last Date of Employment |

| 2nd JOB EMPLOYMENT CONTACT INFORMATION – Household Member #1 <input type="checkbox"/> N/A |   |            |                            |                         |
|---|---|------------|----------------------------|-------------------------|
| Household Member's Name   |   | Occupation |                            | Work Phone              |
| Name and Street Address of Employer   |   |            | City                       | State      Zip Code     |
| Date Hired  | Salary \$ _____<br><input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____ |            | # of hours worked per week | Last Date of Employment |

| CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #2 <input type="checkbox"/> Not Employed |   |            |                            |                         |
|--|---|------------|----------------------------|-------------------------|
| Household Member's Name  |   | Occupation |                            | Work Phone              |
| Name and Street Address of Employer  |   |            | City                       | State      Zip Code     |
| Date Hired   | Salary \$ _____<br><input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____ |            | # of hours worked per week | Last Date of Employment |

| 2nd JOB EMPLOYMENT CONTACT INFORMATION – Household Member #2 <input type="checkbox"/> N/A |   |            |                            |                         |
|---|---|------------|----------------------------|-------------------------|
| Household Member's Name   |   | Occupation |                            | Work Phone              |
| Name and Street Address of Employer   |   |            | City                       | State      Zip Code     |
| Date Hired  | Salary \$ _____<br><input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____ |            | # of hours worked per week | Last Date of Employment |

| CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #3 <input type="checkbox"/> Not Employed |   |            |                            |                         |
|--|---|------------|----------------------------|-------------------------|
| Household Member's Name  |   | Occupation |                            | Work Phone              |
| Name and Street Address of Employer  |   |            | City                       | State      Zip Code     |
| Date Hired   | Salary \$ _____<br><input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____ |            | # of hours worked per week | Last Date of Employment |

| 2nd JOB EMPLOYMENT CONTACT INFORMATION – Household Member #3 <input type="checkbox"/> N/A |   |            |                            |                         |
|---|---|------------|----------------------------|-------------------------|
| Household Member's Name   |   | Occupation |                            | Work Phone              |
| Name and Street Address of Employer   |   |            | City                       | State      Zip Code     |
| Date Hired  | Salary \$ _____<br><input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____ |            | # of hours worked per week | Last Date of Employment |

| CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #4 <input type="checkbox"/> Not Employed |   |            |                            |                         |
|--|---|------------|----------------------------|-------------------------|
| Household Member's Name  |   | Occupation |                            | Work Phone              |
| Name and Street Address of Employer  |   |            | City                       | State      Zip Code     |
| Date Hired   | Salary \$ _____<br><input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____ |            | # of hours worked per week | Last Date of Employment |

| 2nd JOB EMPLOYMENT CONTACT INFORMATION – Household Member #4 <input type="checkbox"/> N/A |   |            |                            |                         |
|---|---|------------|----------------------------|-------------------------|
| Household Member's Name   |   | Occupation |                            | Work Phone              |
| Name and Street Address of Employer   |   |            | City                       | State      Zip Code     |
| Date Hired  | Salary \$ _____<br><input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____ |            | # of hours worked per week | Last Date of Employment |

**CHILD SUPPORT/ ALIMONY**Does any household member receive child support or dependent care?  NO  YES , please complete belowDoes any household member have court ordered child support?  NO  YES , please complete belowDoes any household member receive alimony?  NO  YES , please complete below

|  |  |
|--|--|
| <b>Dependent</b>                                   | Type<br><input type="checkbox"/> Voluntary <input type="checkbox"/> Court Ordered <input type="checkbox"/> Anticipated |
| Case #   | State  |
| Amount Ordered _____ <input type="checkbox"/> N/A  | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month              |
| Amount Received _____ <input type="checkbox"/> N/A | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly   |

|  |  |
|--|--|
| <b>Dependent</b>                                   | Type<br><input type="checkbox"/> Voluntary <input type="checkbox"/> Court Ordered <input type="checkbox"/> Anticipated |
| Case #   | State  |
| Amount Ordered _____ <input type="checkbox"/> N/A  | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month              |
| Amount Received _____ <input type="checkbox"/> N/A | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly   |

|  |  |
|--|--|
| <b>Dependent</b>                                   | Type<br><input type="checkbox"/> Voluntary <input type="checkbox"/> Court Ordered <input type="checkbox"/> Anticipated |
| Case #   | State  |
| Amount Ordered _____ <input type="checkbox"/> N/A  | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month              |
| Amount Received _____ <input type="checkbox"/> N/A | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly   |

|  |  |
|--|--|
| <b>Dependent</b>                                   | Type<br><input type="checkbox"/> Voluntary <input type="checkbox"/> Court Ordered <input type="checkbox"/> Anticipated |
| Case #   | State  |
| Amount Ordered _____ <input type="checkbox"/> N/A  | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month              |
| Amount Received _____ <input type="checkbox"/> N/A | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly   |

|  |  |
|--|--|
| <b>Alimony</b>                                     | Type<br><input type="checkbox"/> Voluntary <input type="checkbox"/> Court Ordered <input type="checkbox"/> Anticipated |
| Case #   | State  |
| Amount Ordered _____ <input type="checkbox"/> N/A  | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month              |
| Amount Received _____ <input type="checkbox"/> N/A | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly   |

**HOUSEHOLD ASSETS (Identify if anyone has any of the following types of assets, including dependents under the age of 18)**

| Household Member(first name) | Asset                                      |  | Bank/Institution Name | Cash Value | Interest/Income |
|------------------------------|--|--|-----------------------|------------|-----------------|
|                              | Checking                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |            |                 |
|                              | Checking                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |            |                 |
|                              | Savings                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |            |                 |
|                              | Savings                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |            |                 |
|                              | Chime/or Cash App                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |            |                 |
|                              | Debit Card (Payroll, TANIF, Child Support) | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |            |                 |
|                              | Debit Card (Payroll, TANIF, Child Support) | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |            |                 |
|                              | Direct Express Card                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |            |                 |
|                              | Money Market                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |            |                 |
|                              | Trust Funds                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |            |                 |
|                              | IRA/Keogh                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |            |                 |
|                              | Whole Life Insurance                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |            |                 |
|                              | Real Estate                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |            |                 |
|                              | Retirement/Pension                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |            |                 |
|                              | Stocks/Bonds, CDs                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |            |                 |
|                              | Cash on Hand                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |            |                 |

\*When listing the "cash value" of any asset indicate the amount you would have if you were to convert it to cash. The amount would have deducted any penalties for withdrawal, amounts used to pay off a balance, or any fees which may be assessed for the conversion.

**HOUSEHOLD ASSET INFORMATION**

1. Has anyone in the household disposed of anything of value for less than Fair Market Value within the last two years? (if a home was released due to foreclosure, bankruptcy or divorce, answer no)  NO  YES If yes, who? \_\_\_\_\_

Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal): \_\_\_\_\_

\_\_\_\_\_

2. Has anyone in the household owned a home in the last two years?  NO  YES If yes, who? \_\_\_\_\_

Do they currently own it?  NO  YES If No, when was it disposed of? \_\_\_\_\_

If Yes, Is it being rented?  NO  YES

Is it sitting vacant  NO  YES

Is it in the process of being sold?  NO  YES

**EXPENSES- MEDICAL**

1. Is any household member over the age of 62+ or Disabled,  NO  YES If yes, do you have out-of-pocket medical expense?  
 NO  YES , If yes, please complete below

|                         |   |
|-------------------------|---|
| <b>Household Member</b> | Type<br><input type="checkbox"/> Pharmacy <input type="checkbox"/> Medical Care <input type="checkbox"/> _____  |
| Source                  | Description   |
| Amount                  | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |

|                         |   |
|-------------------------|---|
| <b>Household Member</b> | Type<br><input type="checkbox"/> Pharmacy <input type="checkbox"/> Medical Care <input type="checkbox"/> _____  |
| Source                  | Description   |
| Amount                  | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |

|                         |   |
|-------------------------|---|
| <b>Household Member</b> | Type<br><input type="checkbox"/> Pharmacy <input type="checkbox"/> Medical Care <input type="checkbox"/> _____  |
| Source                  | Description   |
| Amount                  | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |

**EXPENSES- Child Care**

1. Do any Household Members pay childcare expenses for the care of children (under the age of 13) to enable you to work, seek employment or further education?  NO  YES , If yes, please complete below

|                         |   |
|-------------------------|---|
| <b>Household Member</b> | <input type="checkbox"/> Work <input type="checkbox"/> Seek Employment <input type="checkbox"/> Education |
| Paid to                 | Dependent   |
| Amount                  | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month |

|                         |   |
|-------------------------|---|
| <b>Household Member</b> | <input type="checkbox"/> Work <input type="checkbox"/> Seek Employment <input type="checkbox"/> Education |
| Paid to                 | Dependent   |
| Amount                  | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month |

**APPLICANT CERTIFICATION - Please be aware that this information is being used to determine if your household appears eligible to participate under an Affordable Housing Program**

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. If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on individual needs.

Si usted est'a incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Ing'les, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales. **Arnold Grounds** 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). Jimmy Arnold 920 S. Main Street, Ste. 200, Grapevine, TX 817-488-2077 x 102 TTY 800-735-2989 / Voice 800-735-2988

Protection Provided Through the Violence Against Women Act: HUD provides protections for victims of domestic violence, dating violence, stalking and sexual assault. This is true for women and men and is true for persons affiliated with the victims who experience imminent threat. Victims are still required to comply with the requirements set forth in the lease (including lease attachments). If you would like additional information about the property VAWA policy, please reference the House Rules, the VAWA policy is posted on the property bulletin board or contact the property staff. If you would like to exercise your VAWA protections, please contact the management within (10) days of the date of this notice.

I/We under penalty of perjury, certify the information given in this application is true, accurate and complete to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in may be the basis for immediate denial of my/our application or lease termination. 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.

**RENTAL APPLICATION and TENANT SELECTION PLAN** I have received the Tenant Selection Plan in effect under which I will be screened for housing and acknowledge by my signature below that it is my responsibility to contact this apartment complex at least every 6 months to inform of my continued interest in housing. I also acknowledge that I have received the brochures EIV and You, Hud Fact Sheet and Residents Rights and Responsibilities and have reviewed these documents and the documents provided to me and my household.

|                                    |           |       |
|------------------------------------|-----------|-------|
| _____                              | _____     | _____ |
| Applicant/Resident Printed Name    | Signature | Date  |
| _____                              | _____     | _____ |
| Co-Applicant/Resident Printed Name | Signature | Date  |
| _____                              | _____     | _____ |
| Adult Member Printed Name          | Signature | Date  |
| _____                              | _____     | _____ |
| Adult Member Printed Name          | Signature | Date  |

