

REQUESTED BEDROOM SIZE: _____

AFFORDABLE RENTAL APPLICATION						COMPLEX
LAST NAME OF APPLICANT				FIRST	INITIAL	DAY PHONE
STREET ADDRESS				CITY	STATE	ZIP
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.		EMAIL ADDRESS		
RACE/ ETHNICITY CODES	<input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> OTHER <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER ETHNICITY				CHECK ONE <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/> HISPANIC	
PETS	DO YOU HAVE ANY PETS? (INCLUDE BIRDS, FISH, ETC.) <input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES, WHAT KIND?				APARTMENT TO BE OCCUPIED BY # _____ PERSONS _____	
OCCUPANTS	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		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
4		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
5		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
6		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCOME SOURCES LIST SOURCES OF INCOME FOR ALL FAMILY MEMBERS 18 YEARS OR OLDER.						
Employment	\$ _____ /per _____	AFDC/TANF	\$ _____ /per _____	Pension	\$ _____ /per _____	Other (Type)
Social security	\$ _____ /per _____	General Relief	\$ _____ /per _____	Alimony/Child Support	\$ _____ /per _____	
SSI	\$ _____ /per _____	Unemployment	\$ _____ /per _____	Disability	\$ _____ /per _____	
ASSET/BANK ACCOUNTS	CHECKING <input type="checkbox"/> YES <input type="checkbox"/> NO	SAVINGS <input type="checkbox"/> YES <input type="checkbox"/> NO	STOCKS/BONDS <input type="checkbox"/> YES <input type="checkbox"/> NO	REAL ESTATE/PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO		
PRESENT EMPLOYER	NAME		TELEPHONE	SALARY	DATE OF EMPLOYMENT FROM:	
ADDRESS						
PRESENT LANDLORD	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	NAME		TELEPHONE	MONTHLY PAYMENT	DATE OF RESIDENCE FROM:
ADDRESS						
PREVIOUS LANDLORD	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	NAME		TELEPHONE	MONTHLY PAYMENT	DATE OF RESIDENCE FROM:
ADDRESS						
PREVIOUS LANDLORD	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	NAME		TELEPHONE	MONTHLY PAYMENT	DATE OF RESIDENCE FROM:
ADDRESS						
OUT OF STATE RESIDENTIAL HISTORY	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 that housing assistance is directed to those with the most urgent housing needs. These categories 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 displace 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 manager request that I do so.

If 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 must be verified in order to assure that the limited number of apartments with special features go to families that actually need the features. A person with a disability may request a reasonable accommodation (a reasonable change in policies), a reasonable structural modification, an accessible unit or the provision of auxiliary aids and services, in order to have equal access to a housing program. If you or anyone in your household has a disability, and because of that disability requires a specific accommodation, modification or auxiliary aids or services to fully use our housing services, please contact our staff for a reasonable accommodation form.

I choose not to complete this section of the form.

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 1st floor

2. Can you and your entire family member go up and down stairs unassisted? YES NO If No, please indicate how we could accommodate your family:

INITIAL _____ DATE _____

1. Will you or any of your family members require a live-in aide to assist you? YES NO
If Yes, please explain:

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

3. What is/are the name(s) of the family member(s) who need/s the features: _____

4. Who should be contacted to verify your needs for the features you have requested:

Name : _____ Phone #: _____

Address: _____

PRIOR TENANCY

Has your family's assistance or tenancy in a subsidized housing program ever been terminated for:
Fraud YES NO If Yes, 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	<input type="checkbox"/> misdemeanor or	If Yes, which family member	<input type="checkbox"/> misdemeanor or
	<input type="checkbox"/> felony		<input type="checkbox"/> felony

WHEN	WHERE – CITY & STATE	WHEN	WHERE – CITY & STATE
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EXPLAIN DETAILS	EXPLAIN DETAILS
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<p>This housing is offered without regard to race, color, national origin, sex, religion, ancestry, genetic information, source of income, age, marital status, familial status, sexual orientation or preference, gender identity, or disability, or any other basis prohibited by law.</p> <p>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.</p> <p>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.</p>			
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). **