

Rental Application

New Updated _____

Property	Date Received:
Address:	Time Received:
City, State	Received by:
Phone# TTY 711	Apt Size requested:

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	Gender
1	Head of Household		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
2	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
3	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
4	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
5	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
6	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
7	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
8	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			

CONTACT INFORMATION	
Current Address:	Apt #:
<input type="checkbox"/> Rent <input type="checkbox"/> Own	
City/State/Zip:	Phone:
Mailing Address:	Apt #:
(If different from above)	
City/State/Zip:	Occupied For: ____ Yrs. ____ Mos.
Contact/Landlord Name:	Phone:
Email Address:	
Emergency Contact Name:	Phone: ()

PREVIOUS RESIDENCY INFORMATION	
Previous Street Address:	Occupied For: ____ Yrs. ____ Mos.
<input type="checkbox"/> Rent <input type="checkbox"/> Own	
City/State/Zip:	
Contact/Landlord Name:	Phone:

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 ?

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

Please list below list of all states the household members over the age of 18 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 nd 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: 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 \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

2 nd 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 \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <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 \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

2 nd 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 \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <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 \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

2 nd 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 \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <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 \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

2 nd 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 \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

CHILD SUPPORT/ ALIMONYDoes 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

Dependent	Type <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

Dependent	Type <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

Dependent	Type <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

Dependent	Type <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

Alimony	Type <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			
	Other _____	<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+, NO YES If yes, do you have out-of-pocket medical expense?
 NO YES , If yes, please complete below

Household Member	Type <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 <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

Household Member	Type <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 <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

Household Member	Type <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 <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

Household Member	<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

Household Member	<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'l'es, 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 TTY 711

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 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 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

