

Garden Gate Apartments

6901 North Beach Street,
Fort Worth, TX 76137
Phone: 817-234-9200 Fax: 817-234-9205
TTY: 800-735-2929
GardenGateFtWorth@Related.com

Application For Occupancy

Related Management Company For Office Use Only Date Received: _____ Application #: _____

**This information is to be filled out by the head of the household.
Please complete all sections and sign the last page.**

**Garden Gate is a Smoke Free
Community!**

Name: _____

Street Address/Apt #: _____ City, State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Email Address: _____

Check what size units you would want to be considered for:
 One Bedrooms Three Bedrooms
 Two Bedroom Four Bedrooms

Please indicate if you are requesting a unit with special accommodations for any member of your household due to a
 mobility, visual, or hearing disability.

Household Information

List all persons who will occupy the apartment including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, etc). If a member of the household is a Foster Child or Foster Adult, note this in the Relationship column. Social Security Numbers must be disclosed for all members who are U.S. citizens or claiming eligible immigration status. If a member does not have a Social Security Number, enter "None" in the Social Security Number column.

Full Legal Name (First, MI, Last)	Relationship to the Head of Household	Sex (M/F) Optional	Birth Date (mm/dd/yyyy)	Student (Y/N)	Social Security Number	List all States lived in (use abbreviation, i.e. FL for Florida)
1.	Head					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

Housing Status (Past Three Years)

If additional space is required, use the back of this page.

Describe your current housing situation:

- Standard Housing Substandard Housing Public Housing Property
- Lacking a Fixed Nighttime Residence Fleeing or Attempting to Flee from Violence

Why do you want to move from your current residence? _____

Current Street Address	City, State	Zip Code
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Landlord Name & Address	City, State	Zip Code
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Landlord Telephone Number	Managing Agent Telephone Number:	
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Is the apartment lease in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you pay your own rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who does?
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Are you sharing your apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your landlord a relative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Monthly rent: \$	Does your rent include utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average monthly utility expenses: \$
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How much do you contribute to the monthly rent? \$
(If you do not contribute anything, write "0")

How long have you lived at this address? _____ years _____ months	Reasons for wanting to move?	
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Do you currently have a Section 8 voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please check the size of your present residence:	
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Is your rent presently being subsidized through Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No	___ Studio ___ One Bedroom ___ Two Bedrooms	___ Three Bedrooms ___ Other: please specify _____
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Prior Street Address	City/State	Zip Code
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Prior Landlord Name & Address	City/State	Zip Code
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Prior Landlord Telephone Number	Prior Managing Agent Name	
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\$ Previous rent per month	Reason for moving	
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Prior Street Address	City/State	Zip Code
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Prior Landlord Name & Address	City/State	Zip Code
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Prior Landlord Telephone Number	Prior Managing Agent Name	
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\$ Previous rent per month	Reason for moving	
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Resident History

Have you or your spouse/co-applicant every been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?

Yes No If yes, explain:

Do you live or have you lived in subsidized housing?

Yes No If yes, explain:

Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community, or Previous Landlord?

Yes No If yes, explain:

Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?

Yes No If yes, explain:

Have you ever lived at this or any other Related Management Company community?

Yes No

Utility Providers

You may not live in the apartment unless you can establish utilities in the apartment.

Do you have any overdue/outstanding balances owed to any utility providers?

Yes No If yes, explain:

Will you be unable to establish utilities in your apartment for electricity, gas or water?

Yes No If yes, explain:

Do you receive assistance for paying your utility bills?

Yes No If yes, explain:

Are any payments or allowances made under the HHS Low-Income Home Energy Assistance Program (LIEAP)?

Yes No If no, how much do you receive monthly to assist with your utilities?

Household Questions

Are any members of the household claiming they are exempt from the Social Security Number requirement because the member(s) were 62 years old and receiving HUD rental assistance as of January 31, 2010 at another property?

Yes No If yes, explain:

Have any of the household members used names or a social security number other than the names and numbers used above?

Yes No If yes, explain:

Are any members of the household, currently married to, separated from, or in the process of getting a divorce from a person who will not be living in the unit?

Yes No If yes, explain:

Have you or any members of the household ever filed or are currently filing for bankruptcy?

Yes No If yes, explain:

Will any of the household members live anywhere except the unit you are applying for?

Yes No If yes, explain:

Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?

Yes No If yes, explain:

Do you expect the number of household members to change in the future?

Yes No If yes, explain:

Will you or any ADULT household member require a live-in caregiver or aide?

Yes No If yes, explain:

Will your household receive rental assistance from a federal, state, or local government?

Yes No If yes, explain:

Are any household members applicants on a Public Housing Waiting List?

Yes No If yes, explain:

Do you know or are you related to any of our residents or staff?

Yes No If yes, explain:

Program Information

Do you presently reside in a development where your rent is based upon your income?

Yes No If yes, explain:

Were you or any member of your household ever convicted of a felony?

Yes No If yes, when? _____

Explain circumstances briefly:

Have you or any member of your household ever been evicted?

Yes No If yes, when? _____

Explain circumstances briefly:

If yes, was the eviction from federally assisted housing for drug-related criminal activity?

Yes No

Has anyone in your household been convicted of violating any drug-related laws?

Yes No If yes, when? _____

Explain circumstances briefly:

Is anyone in your household currently engaged in the use of illegal drugs?

Yes No

If yes, explain circumstances briefly:

Is anyone in your household engaged in a pattern of alcohol abuse that could interfere with others' health, safety and right to peaceful enjoyment?

Yes No

If yes, explain circumstances briefly:

Is any member of your household subject to a state sex offender lifetime registration requirement?

Yes No

If yes, explain circumstances briefly:

Income from Employment

List all current full- and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) See below for non-employment sources of income.

Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings Before Any Payroll Deductions and Taxes
1.		_____		\$_____ Per_____
2.		_____		\$_____ Per_____
3.		_____		\$_____ Per_____
4.		_____		\$_____ Per_____
5.		_____		\$_____ Per_____

Income from Other Sources

(Examples: List all Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, ALSO ANY OTHER SOURCE OF INCOME NOT PREVIOUSLY LISTED)

Full Name	Type of Income	Amount
1.		\$_____ Per_____
2.		\$_____ Per_____
3.		\$_____ Per_____
4.		\$_____ Per_____
5.		\$_____ Per_____

Assets

Complete each category as applicable.

Checking Account
Name of Bank:

Passbook/Savings Account
Name of Bank:

Address:

Address:

Account Number:

Account Number:

Balance/Date:
\$ / as of

Balance/Date:
\$ / as of

Checking Account
Name of Bank:

Debt/Direct Deposit Card
Name of Bank:

Address:

Address:

Account Number:

Account Number:

Balance/Date:
\$ / as of

Balance/Date:
\$ / as of

Money Market Account
Name of Bank

Savings Certificate
Name of Bank

Address:

Address:

Account Number:

Account Number:

Balance/Date:
\$ / as of

Balance/Date:
\$ / as of

Stocks and Bonds Value:
\$

Savings Bond/s Value:
\$

Do you own any real estate?
 Yes No

If yes, what is the current value?

Have you ever owned any real estate?
 Yes No

If yes, when? When sold? For how much?

Has any adult family member sold, given away, or otherwise disposed of any assets for less than fair market value during the past two years?
 Yes No

If yes, list each asset and the amount received for each asset.

Student Information: LIHTC

Are ALL members of the household full-time students?

Yes No If Yes, provide the household member and name and address of the school below.

Will ALL members of your household become full-time students during any 5 months of this year or next year? (Example: a student who goes to school full-time in January, February, April, October and November is considered a fulltime student that entire calendar year)

Yes No If Yes, provide the household member and name and address of the school below.

Student Status

List all persons who are students. Indicate whether enrollment is full time or part time.

Full Name of student	Name and address of School	Phone	Period of Enrollment
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1.

Full Time
Part Time

Full Name of student	Name and address of School	Phone	Period of Enrollment
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2.

Full Time
Part Time

Full Name of student	Name and address of School	Phone	Period of Enrollment
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3.

Full Time
Part Time

Full Name of student	Name and address of School	Phone	Period of Enrollment
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4.

Full Time
Part Time

Full Name of student	Name and address of School	Phone	Period of Enrollment
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5.

Full Time
Part Time

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

YOU HAVE CERTAIN RIGHTS UNDER FEDERAL, STATE, AND LOCAL LAWS WITH RESPECT TO YOUR CONSUMER REPORT. IN EVALUATING YOUR APPLICATION, A CONSUMER REPORTING AGENCY LISTED BELOW MAY PROVIDE US WITH INFORMATION.

CREDIT BUREAUS

- **EXPERIAN (TRW), ATTN: NCAC, P.O. BOX 2002, ALLEN, TX 75013 (888) 397-3742**
- **TRANSUNION, CONSUMER DISCLOSURE CENTER, 2 BALDWIN PLACE, P.O. BOX 1000, CHESTER, PA 19022 (800) 888-4213**
- **EQUIFAX (CBI), PO BOX 740241, ATLANTA, GA 30374 (800) 685-1111**

CIVIL RECORDS/CRIMINAL:

- **LEASINGDESK SCREENING, 2201 LAKESIDE BLVD., RICHARDSON, TX 75082 (866) 934-1124**
[HTTP://WWW.REALPAGE.COM/CONSUMER-DISPUTE](http://www.realtor.com/consumer-dispute)

ADDITIONALLY, YOU HAVE A RIGHT TO (1) INSPECT AND RECEIVE ONE FREE COPY OF SUCH REPORT BY CONTACTING THE CONSUMER REPORTING AGENCIES LISTED ABOVE; (2) OBTAIN A FREE COPY OF THE REPORT FROM EACH NATIONAL CONSUMER REPORTING AGENCY ANNUALLY, AND/OR A REPORT FROM WWW.ANNUALCREDITREPORT.COM; AND (3) DISPUTE ANY INACCURATE INFORMATION IN THE REPORT WITH THE CONSUMER REPORTING AGENCY.

I acknowledge that a criminal background check of all adult household members will be part of the application process and I authorize that check.

Signature of head of household

Date

WARNING: MISLEADING WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS OF THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT FOR FULL COMPLETION (ONLY ONCE).

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of head of household

Date

Demographic Data

The following information is required to determine program utilization and for statistical purposes only. This information will not affect the processing of this application.

Gender: Male Female

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race:

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Attention

Please do not submit more than one application per household or copies of an application.

The filing of this application in no way guarantees you an apartment.

Positively no pets, large appliances, or waterbeds are permitted without the owner's prior written approval and signed agreement.

We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.

Garden Gate Apartments is an Equal Housing Opportunity provider and does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. A senior executive 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). You may address your request for review or reconsideration to: Fair Housing Officer, Related Management Company, L.P., 423 W. 55th St, 9th Fl. NY, NY 10019, (212) 319-1200, NY TTY 1-800-662-1220.

