

Rental Application
Everyone 18 years or older must complete an application

Application Fee: \$_____ (if applicable)

Marketing info: How did you hear about the property? _____

Date of Application:	Time: AM / PM (circle one)
First & Last Name	
Size of Apartment:	Desired Move-in Date:
Email Address	Telephone #
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	

HOUSEHOLD COMPOSITION

Ethnicity: H= Hispanic, NH= non-Hispanic D= Decline to Answer

Household Members	Relationship to Head of House	Social Security Number	Male Female Decline	Date of Birth	Student Yes or No	Race	Ethnicity	Disabled Yes or No

Race: AI/AN= American Indian or Alaska Native, A= Asian, B= Black or African American, NH= native Hawaiian or Pacific Islander, W= White, D= Decline to Answer

- Yes No Do you have a pet? (This does not include service or companion animals)
- Yes No Do you have a service or companion animal? (if the answer is yes please ask management for the reasonable accommodation form)
- Yes No Due to the disability of a household member, are you requesting an accessible apartment or would you benefit from the features in an accessible apartment?
- Yes No Does any member of the household have a felony?
- Yes No Do you have or require a live-in aid?
- Yes No Are you or any member of the household now subject to a lifetime registration requirement under any State Sex Offender registration program?
- Yes No NA Do you have 50% or more physical custody of all minors in the household? (Check NA if no minors in the household)

HUD Program Questions: If this is not a HUD Program Community, please check N/A.

Yes No NA You have no Social Security Number and are claiming you are exempt. If yes, please indicate household member name _____ . If you do not have a Social Security Number, select the exemption that applies below:

- You are an ineligible noncitizen



You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/2010 (if you claim this exemption, you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD form 50058 or 50059)

Yes No NA Does the household have a person at least 62 years of age?

Yes No NA In the last three years, have you or any household member been evicted from federally assisted housing for criminal activity?

HUD/RD Program Questions: If this is not an RD or HUD Program Community, please check N/A.

Yes No NA Does the Head, Spouse, or Co-Head qualify for an allowance based on age or disability?

Yes No NA Do you have medical expenses or Medicare Part D expenses? List amount _____

RD Program Questions: If this is not an RD Program Community, please check N/A.

Yes No NA Are you or any member of the household a U.S. Military Veteran?

Yes No NA Are you seeking housing as a result of a Presidentially declared disaster?

Annual Income	Source of Income

Medical, Childcare, or Disabled Assistance Expenses (as qualified)

(In order to qualify for unreimbursed medical expenses, the head, spouse, or co-head must be disabled or elderly)

Unreimbursed Medical expenses (as qualified above) _____ (circle one) Monthly Annual

(To qualify for Childcare expense you are working, seeking employment, or furthering your education (academic or vocational))

Anticipated Child Care (available for under 13 including foster children) _____ (circle one) Monthly Annual

(In order to qualify for disability assistance expense, a family member or members [18 or older] must be enabled to work)

Unreimbursed disabled assistance expense _____ (circle one) Monthly Annual

RESIDENT HISTORY Minimum 2-year history (every address where you have lived in the past 2 years)

Current Address (including zip code)	

Current County _____	
How long have you lived here? _____	
Landlord's Name _____	
Landlord's Phone _____	
Landlord's Address _____	

Amount of rent paid? _____	Past due? _____
Reason for Moving _____	

Previous Address (including zip code)	

Previous County _____	
How long did you live there? _____	
Landlord's Name _____	
Landlord's Phone _____	
Landlord's Address _____	

Amount of rent paid? _____	Past due? _____
Reason for Moving _____	



Previous Address (including zip code) _____

 Current County _____
 How long have you lived here? _____
 Landlord's Name _____
 Landlord's Phone _____
 Landlord's Address _____

 Amount of rent paid? _____ Past due? _____
 Reason for Moving _____

Previous Address (including zip code) _____

 Current County _____
 How long have you lived here? _____
 Landlord's Name _____
 Landlord's Phone _____
 Landlord's Address _____

 Amount of rent paid? _____ Past due? _____
 Reason for Moving _____

List all states the household members have resided in _____

Emergency Contact:

Name: _____ Phone Number: _____

Address: _____

Automobile Information:

Number of vehicles? _____ License #? _____ Make/Model? _____

License #? _____ Make/Model? _____

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). Violation of these provisions are cited as violations of 42 U.S.C.408 (a) (6), (7) and (8).

I ATTEST THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE. I have fully disclosed **all relevant information** including all household income and assets. **I hereby authorize the release and verification of the information contained in this application as requested or a second page as maybe be attached to this signature page** to the management of the apartment community to which I have applied. I give my permission for the managing agent to investigate and verify any & all information given in this application.

 Applicant Signature

 DATE

 Manager Signature

 Time Received

 Date Received

This Institution is an equal opportunity provider and employer.

