



Justus Property Management, Inc.



RENTAL APPLICATION

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

Please include a \$16.00 fee for each adult household member. (Sorry, no cash accepted)
Thank you. Date Paid _____

(Office use only)

Date Received _____

Time Received _____

Received by: _____

(Manager's signature)

Please Print when completing this application

IF CO-APPLICANTS ARE APPLYING FOR RESIDENCY, AND HAVE NOT LIVED TOGETHER AT THE SAME ADDRESS FOR AT LEAST 2 YEARS, SEPARATE APPLICATIONS MUST BE COMPLETED.

Date of Application _____ Apartment Community _____

Type and Size of Apartment _____ Desired Move-In Date _____

APPLICANT'S FULL NAME _____

Telephone # _____ Alternate phone or Cell# _____

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 _____

PERSONAL REFERENCES

Name _____ Address _____

Day Phone _____ Evening Phone _____ Relationship _____

Name _____ Address _____

Day Phone _____ Evening Phone _____ Relationship _____

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Regulations prohibit admission of a household member if they are subject to a State lifetime sex offender registration requirement.

HOUSEHOLD COMPOSITION

NAMES OF HOUSEHOLD MEMBERS TO OCCUPY THIS APARTMENT	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	DATE OF BIRTH	STUDENT? YES or NO
1				
2				
3				
4				
5				
6				

Yes ___ No ___ Is any applicant member of my household, as listed above, subject to a lifetime registration requirement under any State Sex offender registration program?

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

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 ___ In the last three years, have you or any household member been evicted from federally assisted housing for criminal activity?

ANNUAL INCOME	Gross Wages and Salaries	Social Security Pensions, SSI, etc.	TANF, AFDC, Welfare	Other (Support, Regular gifts)
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Head of Household \$ \$ \$ \$

Employer or Income source Address Phone number Fax number

Co-Head or Spouse \$ \$ \$ \$

Employer or Income source Address Phone number Fax number

Co-Head (additional) \$ \$ \$ \$

Employer or Income source Address Phone number Fax number

Please provide any additional information necessary for contact regarding any other source of Household income that may not be listed above: _____

EXPENSES

(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

BANKING AND NET FAMILY ASSETS

Bank or Credit Union name _____

Branch & address _____

Checking Account # _____ Savings Account # _____

Checking amount \$ _____ Savings amount \$ _____ CD's \$ _____

Other Financial Institution _____

Address _____ CD's \$ _____

Stocks & Bonds \$ _____ Real Estate \$ _____ Other (specify) _____

ASSET DISPOSAL/ MARITAL STATUS/ PET QUESTION

Asset Disposal

Have you, your spouse, or co-head disposed of any assets in the past two years for less than fair market value?

Yes _____ No _____ If yes, please explain the nature of disposal, the amount disposed for, and the fair market value at the time of disposal on back of this application.

Marital Status

Head of Household Status: (check one) Married ☐ Divorced ☐ Legally Separated ☐ Single (never married) ☐

Co-Head Status: (check one) Married ☐ Divorced ☐ Legally Separated ☐ Single (never married) ☐

Co-Head (add'nl) Status: (check one) Married ☐ Divorced ☐ Legally Separated ☐ Single (never married) ☐

Pet or Qualified Companion Animal Question

Do you currently own a pet or qualified companion animal? Yes ___ No ___ Dog _____ Cat _____

Description _____ Height _____ inches Weight _____ lbs.

If this community accepts pets you will need a complete pet packet: policy, information sheet & agreement.

In considering this application from you, Management will rely heavily on the information that you have supplied. It is most important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize Management to verify any references or information that has been supplied to the community management. Failure to accurately respond to any question during the application process is cause to deny the family admission. **Please be advised that persons with disabilities have the right to request reasonable accommodations to participate in the application process.**

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The Community and its Management will not discriminate based on race, color, age (except as an eligibility requirement), marital or familial status, religion, sex, national origin, handicap, disability, sexual orientation, gender identity, or socioeconomic class and will comply with all Federal, State and local fair housing and civil rights laws and with all equal opportunity requirements in all phases of the occupancy process.

Section 42 of the Internal Revenue Code- I hereby certify that the information provided is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - I understand that providing false or misleading information may subject me to criminal penalties.

I hereby certify that the federally subsidized apartment being applied for will serve, as my permanent residence and that I will not maintain a separate subsidized or other rental unit in a different location.

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 give my permission for the managing agent to investigate and verify any & all information given in this application.

APPLICANT (Head of Household) Signature

DATE

APPLICANT (Co-Applicant) Signature

DATE

Rural Development Disclosure: Please fill out the information below "The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disabled/handicapped are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname."

This Institution is an equal opportunity provider and employer. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (866) 877-8339 (TDD) or (866) 377-8642 (relay voice users).

(Rural Development only)

Race, Ethnicity & Gender of the HEAD of HOUSEHOLD

Race: ____ American Indian or Alaskan Native

Ethnicity: ____ Hispanic or Latino

(check ____ Asian or Pacific Islander

(Check one) ____ Non-Hispanic

one or ____ Black or African American

more) ____ Native Hawaiian or Other Pacific Islander

Gender: (check one) ____ Male ____ Female

____ White

You are not required to furnish this information

RD, RD/TC & TC Criminal Background Check & Sex Offender Registry Policy

In accordance with Federal Regulations implementing criminal background screening of all applicants for housing assistance, we conduct criminal background checks on all applicants (18 years of age and older) giving special attention to those applicants with a history of conviction for criminal activity or eviction involving drug related activity and crimes of physical violence to persons or property, or other criminal acts which adversely affect the health, safety, or welfare of other residents, including but not limited to possession or distribution of drugs, gang-related activity, theft, B&E, murder/attempted murder and those items cited below:

- Any household member that has been evicted from Federally-assisted housing for drug-related criminal activity, for three years from the date of eviction will be denied admission. If the evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist, the Owner may, but is not required to, admit the household.
- Any household member that is currently engaging in illegal drug use will be denied admission. In addition, if it is determined that there is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents they will be denied admission as well.
- If it is determined that there is reasonable cause to believe that a household member's illegal use or a pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. (Examples of evidence of illegal activities may include a conviction record, former landlord references, etc.) In addition, a pattern of continuous or repeated arrest and conviction for the same activity, including but not limited to: public intoxication, disturbance, receiving stolen property/conversion, public indecency or intoxication will be denied admission.

The right to disapprove or reject applicants is limited to any felony conviction that is less than 5 years old from the date of conviction to the time of admission.*

*The above limitation is contingent upon the type of felony conviction and whether or not the crime is likely to be repeated causing harm to property or persons (including other residents) and/or could cause harm to the property's reputation in the community. This disclaimer presumes that all other references or background checks (landlord checks) made by the application processor have been thoroughly examined. A previously incarcerated applicant must have served all probation time (if any) and have been released from the justice system at least two years.

Any open or pending felony charges will put an application on hold pending the outcome of the charge. A single felony conviction, EXCLUDING violent or sex crimes, over 5 years old from the date of application will not automatically result in denial of admission.

During the admissions screening process, the Owner must perform the necessary criminal background checks in the state where the housing is located and in other states where the household members are known to have resided.

Applicants: I have read & understand the denial criteria above. I understand that the apartment community listed above will conduct a criminal background check on all members of the household 18 years of age and older. In addition they will conduct a Sex Offender Registry Check on all household members (18 years of age or older). I consent to the release of my personal history allowing all relevant criminal or sex offender information to be released for this purpose. I further understand that my application will be denied on the basis of an unfavorable criminal or sex offender history regarding myself or another family member.

Household member (18 year of age or older) Date

Need one for each person 18 or older

Maintain original in Resident's file.
901 RD CBC 4-16 revised

NATIONAL TENANT NETWORK

NTN – Indiana/Ohio
877-579-3520 - Phone

Justus Property Management
Order Form Kewanna Village
IN 3696
Fax- 574-653-2802

This order is for:

□ Applicant Screening

☐ Employment Screening

Applicant Personal Information (Print legibly)

Name: _____

Last	First	Middle
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Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ - _____ - _____ DOB: _____ / _____ / _____

To be filled in by Justus Employees:

☐ Nationwide Criminal (includes Nationwide Sex Offender)☐ Indiana County Super Search☐ Marion County Criminal (Not in Super Search)

Other County Criminal: Please specify State & County

☐ _____ ☐ _____

Please check box(es) if applicant previously lived in these states:

☐ Colorado

☐ Kentucky

☐ New York* (*\$65 surcharge)

☐ North Carolina

Designate County for each State checked above:

☐ _____ County Criminal ☐ _____ County Criminal

I certify that the above information is correct and complete and hereby authorize a criminal background check for resident screening or employment screening purposes only. I understand that if I am applying for employment and am hired, I will be an employee of Justus Property Management Inc.

Signature of Applicant: _____

Date Signed: _____

Fax order to: 877-579-3524