

# Rental Application

To be completed by office staff:

Date Application Rec'd \_\_\_\_\_  
 Time Application Rec'd \_\_\_\_\_  
 Signature of Staff member receiving application \_\_\_\_\_

Please print or type:

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Household Member Information (List all household members who will be living in the unit at least 50% of the time.)**

Member's Name	Relationship to Head	Date of Birth	Age	Social Security Number (SSN) *
	HEAD			

\*Applicants do not need to disclose or provide verification of a SSN for household members to be placed on the waiting list. However, prior to admission, all applicant and tenant household members must disclose and provide verification of the complete and accurate SSN assigned to them except for those individuals who do not contend eligible immigration status or tenants who were age 62 or older as of January 31, 2010, and whose initial determination of eligibility was begun before January 31, 2010.

**Residential History (Indicate the number of years' worth of rental history or number of previous landlords required according to the company policy or the tenant selection plan)**

1. Present Landlord/Property Name: \_\_\_\_\_

Present address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per month

Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_
2. Previous Landlord/Property Name: \_\_\_\_\_

Previous address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per month

Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_
3. Previous Landlord/Property Name: \_\_\_\_\_
4. \_\_\_\_\_

Previous address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per month

Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_



**General Questionnaire**

1. Have you or any members of your household ever been evicted from a rental property?  Yes  No  
If yes, Property/Landlord Name: \_\_\_\_\_ City/State: \_\_\_\_\_
2. Are you or any members of your household currently receiving assistance from HUD?  Yes  No  
If yes, Property/Landlord Name: \_\_\_\_\_ City/State: \_\_\_\_\_
3. Have you ever been convicted of a criminal offense?  Yes  No  
If yes, Offense: \_\_\_\_\_ City/State: \_\_\_\_\_
4. Have you or any members of your household been evicted in the last three years from federally assisted housing for drug-related criminal activity?  Yes  No  
If yes, Property/Landlord Name: \_\_\_\_\_ City/State: \_\_\_\_\_
5. Are you or any members of your household currently using an illegal substance or drug?  Yes  No
6. Are you or any members of your household subject to the State lifetime sexual offenders registration?  Yes  No If yes, list the State where the offence occurred: \_\_\_\_\_
7. HUD requires criminal history background checks be completed in every state in which any household member has resided. List **all** the States in which any household member has ever resided:  
\_\_\_\_\_
8. Are you or any members of your household a U.S. Citizen or national of the United States?  Yes  No
9. Are you or any members of your household a noncitizen with eligible immigration status?  Yes  No  
If yes, list the names of the household members who are a noncitizen with eligible Immigration status: \_\_\_\_\_
10. Will the apartment for which you are applying be the family's only residence?  Yes  No
11. Do you or any members of your household need an accessible unit?  Yes  No
12. How did you hear about our apartment community? \_\_\_\_\_

ADDITIONAL HOUSEHOLD INFORMATION	YES	NO
Are any members of the household absent from the home due to: Employment, Military Service, and Placement in foster care, Temporarily or Permanently confined to a nursing home or hospital, Away at school, or any other reason? If yes, please explain:		
Do you expect any changes to the number of household members in the next 12 months? If yes, please explain:		
Are there any Live-in Attendants in the household? (Live-in Attendants will be subject to the criminal/sex offender screening outlined in the Tenant Selection Plan)		
Are any members of the household enrolled as a student at an institution of higher education as defined under Section 102 of the Higher Education Act of 1965?		



**INCOME - List all income sources and monthly income amount:**

Are you or any other members of the household currently receiving income from any of the following sources?	YES	NO	MONTHLY INCOME
Wages, salaries (includes overtime, tips, bonuses, or commissions) If yes, list name(s) and address(es) of employer(s):			
Does any member of the household work for someone who pays them in cash? If yes, list name(s) and address(es) of employer(s):			
Wages earned through a government program such as Workforce Investment Act (formerly the Job Training Partnership Act) or Senior Aides, Older American Community Service Employment Program, AmeriCorps: If yes, which program:			
Income from the operation of a business If yes, provide a copy of most recent income tax return.			
Scholarships, Educational Grants, Work Study If yes, list the name and address of the college:			
Social Security Benefits If yes, list the name of the household member receiving the benefit and the claim number for the benefit:			
Disability/SSI Benefits If yes, list the name of the household member receiving the benefit and the claim number for the benefit:			
Death Benefits If yes, list the name and address of the agency paying the benefit:			
Pensions/Retirement Funds If yes, list the name and address of the agency paying the benefit:			
Periodic payments from IRA/Keogh/Any other Retirement accounts If yes, list the name and address of the financial institution:			
Annuities or non-revocable trust If yes, list the name and address of the financial institution:			
Unemployment Compensation or Severance Pay If yes, list the name and address of the agency paying the benefit:			



**INCOME - List all income sources and monthly income amount: (cont.)**

Are you or any other members of the household currently receiving income from any of the following sources?	YES	NO	MONTHLY INCOME
<b>Military Pay</b> If yes, list the name and address of the agency paying the benefit:			
<b>Workman's Compensation</b> If yes, list the name and address of the agency paying the benefit:			
<b>Public Assistance/TANF/Cash Assistance</b> If yes, list the name and address of the agency paying the benefit:			
<b>Do you have a court order for Alimony or are you receiving Alimony payments?</b> If yes, list the name and address of the agency paying the benefit:			
<b>Do you have a court order for Child Support or are you receiving child support payments?</b> If yes, list the name and address of the agency paying the benefit:			
<b>Income from rent or sale of property</b> If yes, provide a copy of most recent income tax return.			
<b>Periodic payments other sources, such as lottery winnings</b> If yes, list the name and address of the agency paying the benefit:			
<b>Regular recurring contributions or gifts from organizations or persons not living in the unit, these sources may include rent and utility payments or other expenses, or cash</b> If yes, list the name and address of the individual <u>or</u> agency paying the benefit:			
<b>Insurance Policies</b> If yes, list the name and address of the agency paying the benefit:			
<b>Are there any adult members of the household (18 years of age or older) receiving income not listed above?</b> If yes, list the source of the income:			
<b>Are there any adult members of the household (18 years of age or older) claiming zero income or no income from the sources listed above?</b> If yes, list the name of the household member:			
<b>Did you or any other members of the household file a federal tax return last year?</b>			



**ASSETS - List all asset sources and the value of the asset:**

Do you or any other members of the household have money in any of the following assets?	YES	NO	VALUE OF THE ASSET
Checking Account If yes, list the bank or financial institution:			
Savings Account If yes, list the bank or financial institution:			
Certificate of Deposit (CD) If yes, list the bank or financial institution:			
Money Market Funds If yes, list the bank or financial institution:			
Stocks/Bonds/Treasury Bills If yes, list the bank or financial institution:			
Annuities If yes, list the bank or financial institution:			
Access to a revocable Trust Funds If yes, list the bank or financial institution:			
IRA/Keogh Account/Any other Retirement accounts If yes, list the bank or financial institution:			
Real Estate (Includes homes and farmland) If yes, list the county in which the real estate is located and the address of the property: If you own Real Estate, is the real estate for sale or for rent?			
Own any Royalties or Mineral Rights If yes, list organization that can verify the income:			
Whole Life or Universal Life Insurance Policy (This does <u>not</u> include term life insurance policies which have no cash value) If yes, list the insurance agency:			
Cash held in a safety deposit box <u>or</u> in your home			
Assets held in another state or foreign country			
Do you or any other members of the household have any assets not listed above? If yes, list the asset and the bank or financial institution:			
Is money received from any of the assets or income sources listed above being deposited onto a pre-paid debit card? (such as: Direct Express, ReliaCard, NetSpend, Citi Bank, Etc.) If yes, list the card type and provide verification documentation:			



**ASSETS - List all asset sources and the value of the asset: (cont.)**

	YES	NO	VALUE OF THE ASSET
Have you or any other household members disposed of (or given away) any asset(s) for less than fair market value in the past two (2) years? If yes, list them here:			
Are any of the assets listed above held jointly with another person? If yes, list the asset and who it is held with:			

**ASSETS - Lump Sum Payments (not received in periodic payments)**

Have you or any other members of the household received any lump sum payments, such as:	YES	NO	AMOUNT OF PAYMENT
Inheritances			
Lottery winnings			
Insurance settlements for health, accident, Workers Compensation, etc.			
Capital gains			
Social Security benefits, unemployment compensation, etc.			
Other (specify):			

**DEDUCTIONS**

HUD Regulations allow for certain deductions that may be subtracted from annual income based on allowable family expenses and family characteristics. Please answer the following questions to see if you qualify for any deductions.	YES	NO
Are there any family members under the age of 18 in the household? If yes, list their name(s) here:		
Are there any family members who are a person with disabilities in the household? If yes, list their name(s) here:		
Are there any fulltime students 18 years of age or older in the household? If yes, list their name(s) here:		
Are there any household members who are elderly (age 62 or older)? If yes, list their name(s) here:		



## DEDUCTIONS

<b>HUD Regulations allow for certain deductions that may be subtracted from annual income based on allowable family expenses and family characteristics. Please answer the following questions to see if you qualify for any deductions.</b>	<b>YES</b>	<b>NO</b>
<p>Do you have medical expenses that are not paid for by an outside source such as insurance? (i.e. Services for doctors, health care professional, health care facilities, medical insurance premiums, prescriptions, dental expenses, eyeglasses, hearing aids and batteries)</p> <p>If yes, list the provider's name and address: (use additional paper if necessary)</p>		
<p>Do you pay child care expenses for a child (or children) under the age of 13 because you (check one box only) <input type="checkbox"/> work  <input type="checkbox"/> are actively looking for work  <input type="checkbox"/> attend school?</p> <p>If yes, list the provider's name and address:</p>		
<p>Is any part of the child care expense paid by another person or agency?            If yes, list the name and address of the agency paying:</p>		
<p>Do you pay for a care attendant or any equipment for a disabled household member necessary to enable that person or someone else in the household to work?            If yes, enter the provider's name and address:</p>		

### FALSE OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THE APPLICATION

**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 U.S.C. 408 (a) (6), (7) and (8).



This application must be signed by all adults who will occupy the apartment before it can be considered. In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer credit reporting agencies and obtaining credit information from other credit institutions. Additionally, I authorize all corporations, companies, landlords, law enforcement agencies, academic institutions, and current employers to release information they may have about me and release them from any liability and responsibility from doing so.

_____ Head of Household	_____ Date	_____ Co-head of Household	_____ Date
_____ Household Member	_____ Date	_____ Household Member	_____ Date

This project 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. As required in the HUD Occupancy Handbook 4350.3 REV-1, all individuals with disabilities have the right to request reasonable accommodations. Reasonable accommodations are changes, exceptions, or adjustments to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to: participate fully in a program; take advantage of a service; live in a dwelling; or perform a job. To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability. Requests for Reasonable Accommodations should be brought to the attention of management.

**Violence Against Women Act (VAWA) 2013 Notification Requirement:** VAWA 2013 provides the following protections relating to admission, occupancy, and termination of assistance policies. Being a victim of domestic violence, dating violence, or stalking, as these terms are defined in the law, is not basis for denial of assistance or admission to assisted housing if the applicant otherwise qualifies for assistance or admission.





## Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

**Applicant Name:****Mailing Address:****Telephone No:****Cell Phone No:****Name of Additional Contact Person or Organization:****Address:****Telephone No:****Cell Phone No:****E-Mail Address (if applicable):****Relationship to Applicant:****Reason for Contact:** (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency                        | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you            | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit               | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent             |  |

**Commitment of Housing Authority or Owner:** If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

**Confidentiality Statement:** The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

**Legal Notification:** Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Check this box if you choose not to provide the contact information.

**Signature of Applicant****Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.