

RENTAL APPLICATION (HUD)

Do you have a Section 8 Certificate or Voucher? () Y () N

Are you seeking housing as a result of a Presidential declared disaster? () Y () N

NAME: _____

Birthdate: _____

Social Security #: _____

Current Address: _____

City: _____

State: _____

Zip Code: _____

How Long at this address?: _____

Home Phone #: _____

Current Landlord: _____

Landlord Address: _____

City: _____

State: _____

Zip Code: _____

Landlord Phone #: _____

Current Employer: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Employer Phone #: _____

Occupation: _____

Length of Employment: _____

Name of Supervisor: _____

Have you ever been convicted of a felony or misdemeanor ? _____

If yes, when ? _____

Reason for Moving: _____

Driver's License #: _____

State Issued: _____

How Many Vehicles ? _____

*Are you or will you be a Student anytime during the next 12 months? F/T P/T

Are you a veteran? () Y () N

Previous Complete Address (Last 5 Years)

Landlord

Landlord Phone #

From - To

List any other state(s) you have resided: _____

CO-APPLICANT INFORMATION:

NAME: _____

Birthdate: _____

Social Security #: _____

Current Address: _____

City: _____

State: _____

Zip Code: _____

How Long at this address?: _____

Home Phone #: _____

Current Landlord: _____

Landlord Address: _____

City: _____

State: _____

Zip Code: _____

Landlord Phone #: _____

Current Employer: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Employer Phone #: _____

Occupation: _____

Length of Employment: _____

Name of Supervisor: _____

Have you ever been convicted of a felony or misdemeanor? _____

If yes, when ? _____

Reason for Moving: _____

Driver's License #: _____

State Issued: _____

How Many Vehicles ? _____

*Are you or will you be a Student anytime during the next 12 months? F/T P/T No

Are you a veteran? () Y () N

Previous Complete Address (Last 5 Years)

Landlord

Landlord Phone #

From - To

List any other state(s) you have resided: _____

OTHER INTENDED OCCUPANTS OF APARTMENT

Full Name	Relationship	DOB	Soc. Sec. #	Student Status
				F/T P/T No
				F/T P/T No
				F/T P/T No

List all states other occupants have resided: _____

AUTOMOBILE(S) INFORMATION:

Model	Make	Tag #	Color

IN CASE OF EMERGENCY, ILLNESS, OR ACCIDENT, PLEASE NOTIFY:

NAME: _____

Relationship: _____

Phone #: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Doctor: _____

Phone #: _____

Hospital: _____

RD/HUD regulations require that all applicants/tenants reveal all sources of income and assets. This application is not considered complete and therefore can not be processed until the following questionnaire of income and assets has been completed by both the applicant and co-applicant. In cases of elderly, handicapped or disabled applicants a medical expense questionnaire must also be filled out as part of the application process. To determine if you meet the definition of handicapped or disabled, refer to the handicapped/disabled definition and questionnaire which must be completed by both the applicant and/or co-applicant in order to receive the deduction.

A. Assets Section

Est. Amount/Value

Interest Rate

- | | | |
|--|-----------|----------|
| a. Checking Accounts | () Yes | () No |
| b. Saving Accounts | () Yes | () No |
| c. Certificate of Deposits | () Yes | () No |
| d. Money Market Funds | () Yes | () No |
| e. Stocks/Bonds | () Yes | () No |
| f. Treasury Bills | () Yes | () No |
| g. IRA/Keough Accounts | () Yes | () No |
| h. Company Retirement Accounts | () Yes | () No |
| i. Pension Funds | () Yes | () No |
| j. Trust Accounts | () Yes | () No |
| If yes, is it irrevocable? | () Yes | () No |
| k. Cash Held in Safety Deposit Boxes, etc. | () Yes | () No |
| l. House | () Yes | () No |
| m. Rental Property | () Yes | () No |
| n. Other Investments | () Yes | () No |

- | | | |
|---|---------|--------|
| a. Inheritances | () Yes | () No |
| b. Lottery Winnings | () Yes | () No |
| c. Insurance Settlements | () Yes | () No |
| d. Workman's Compensation Settlements | () Yes | () No |
| e. Social Security Disability Settlements | () Yes | () No |
| f. Unemployment Compensation Settlements | () Yes | () No |
| g. VA Disability Settlements | () Yes | () No |
| h. Severance Pay | () Yes | () No |
| i. Capital Gains | () Yes | () No |
| j. Educational Grants or Scholarships | () Yes | () No |
| k. Other | () Yes | () No |

- fair market value in the past two (2) years? () Yes () No

TOTAL ESTIMATED AMOUNT/VALUE OF ASSETS

\$

B. Income Section

Est. Amount

- | | | |
|--|-----------|----------|
| a. Wages, Salary, etc. thru Employment | () Yes | () No |
| b. Income from a Business or Profession | () Yes | () No |
| c. Social Security | () Yes | () No |
| d. SSI | () Yes | () No |
| e. AFDC or other Public Assistance | () Yes | () No |
| f. Alimony | () Yes | () No |
| g. Child Support Payments | () Yes | () No |
| h. Unemployment Compensation | () Yes | () No |
| i. Workman's Compensation | () Yes | () No |
| j. Severance Pay | () Yes | () No |
| k. Retirement Income | () Yes | () No |
| l. Annuities Income | () Yes | () No |
| m. Insurance Policies Income | () Yes | () No |
| n. Disability or Death Benefits
(Other than Social Security or SSI) | () Yes | () No |
| o. Income from Rental Property | () Yes | () No |
| p. Other | () Yes | () No |

- | | | |
|-------------------------------------|---------|--------|
| a. Rent | () Yes | () No |
| b. Utilities | () Yes | () No |
| c. Groceries | () Yes | () No |
| d. Clothing | () Yes | () No |
| e. Miscellaneous Household Supplies | () Yes | () No |
| f. Other | () Yes | () No |

TOTAL ESTIMATED AMOUNT OF INCOME

\$

By signing below, I (we) certify the information provided is accurate and I (we) understand that any misrepresentations may disqualify me (us) for housing.

Resident Signature

Date _____

Co-Resident Signature _____

Date _____

C. Miscellaneous Information

1. Do you pay any child care expenses for children age 12 or younger that enables a family member to go to work or to school?
(Note: This amount should not exceed the amount earned at work or should not exceed a sum reasonably expected to cover class time and travel time to and from classes. Also, for this expense to be allowed as a deduction from income, the amount is not to be paid to a family member living in the household, is not to be reimbursed by an agency or individual and is allowed only if there is no adult member of the household capable of providing the care.)

() Yes () No Estimated Annual Amount_____
2. Do you have any handicapped assistance expenses which enable a family member (including the handicapped members) to work. (Note: This deduction may be given for expense amounts which exceed 3% of annual income provided they are not paid to a member of the household or reimbursed by an agency or individual.)

() Yes () No Estimated Annual Amount_____

DEFINITION OF DISABILITY AND HANDICAP

Individual with disability. A person is considered disabled if the person meets the criteria of either of the following:

1. The person has an inability to engage in any substantial gainful activity, but with use of auxiliary apparatus can otherwise participate in gainful activity, by reason of any medically determinable physical or mental impairment, where the disability:

a. Has lasted or can be expected to last for a continuous period of not less than 12 months, or which can be expected to result in death, and

b. Substantially impedes the ability to live independently, and

c. Is of such a nature that such ability could be improved by more suitable housing conditions, or

d. In the case of a sight impaired person who is at least 55 years old (within the meaning of sight impairment as determined in Section 223 of the Social Security Act), is unable, because of the sight impairment, to engage in substantial gainful activity in which he/she has previously engaged with some regularity over a substantial period of time.

e. Receipt of veteran's or Social Security Disability payments benefits for disability, whether service-oriented or otherwise does not automatically establish disability.
2. The person has a developmental disability; a severe, chronic disability which:

a. Is attributable to a mental or physical impairment or combination of mental or physical impairment; and

b. Was manifested before age 22; and

c. Is likely to continue indefinitely; and

d. Results in substantial functional limitations in three or more of the following areas of major life activity:

(1) Self-Care

(2) Receptive and expressive language

(3) Learning

(4) Mobility

(5) Self-direction

(6) Capacity for independent living

(7) Economic self-sufficiency

e. Reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, or treatment, or for other services which are of lifelong or extended duration and are individually planned and coordinated.

Individual with handicap.

1. A person with a physical or mental impairment that:

a. Is expected to be of long-continued and indefinite duration; and

b. Substantially impedes the person or is of such a nature that the person's ability to live independently could be improved by more suitable housing conditions.

2. The term handicap further means, with respect to a person, a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. THIS TERM DOES NOT INCLUDE CURRENT ILLEGAL USE OF OR ADDICTION TO A CONTROLLED SUBSTANCE. As used in this definition:

a. Physical or mental impairment includes:

(1) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or

(2) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.

b. Major life activities means functions such as caring for one's self, performing major tasks, walking, seeing, hearing, speaking, breathing, learning and working.

c. Has a record of such an impairment means has a history of, or has been misclassified as having a mental or physical impairment that substantially limits one or more of major life activities.

d. Is regarded as having an impairment means:

(1) Has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by another person as constituting such a limitation;

(2) Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward such impairment; or

(3) Has one of the impairments defined in paragraph 2 a (1) and 2 a (2) of this definition but is treated by another person as having such an impairment.

Persons which meet the definition of disabled or handicapped qualify for a \$400.00 deduction to their annual income when determining rent contribution and certain other deductions. If after reading the definitions above you feel that you qualify and would like to request this adjustment to your income, please indicate in the space provided:

() Yes, I feel that I meet the definition of handicapped and/or disabled as defined above and would therefore like to request the \$400.00 adjustment to income.

() No, I feel that I do not meet the definition of handicapped or disabled as defined above and therefore do not request the \$400.00 adjustment to income.

If you have indicated your desire to request this adjustment, then we will need only sufficient information (documentation) to confirm your qualification for the handicapped/disabled status. Failure to provide this information may result in the denial of these deductions.

Would you like to request a handicapped designed unit?

() Yes

() No

Would you like to request reasonable accommodations/modifications to the unit?

() Yes, I would like to request _____

() No

FOR CONGREGATE HOUSING ONLY

Would you like to request a specific service or services?

() Yes, I would like to request _____

() No

MEDICAL EXPENSE QUESTIONNAIRE
*** FOR ELDERLY, HANDICAPPED OR DISABLED ONLY ***

1. Are you currently under the care of a physician, optometrist, ENT, etc.
where you are having to pay for bills not covered by medical insurance? () Yes () No

If yes, please provide the following:

Name of Physician _____
Address _____

Phone _____

Name of Physician _____
Address _____

Phone _____

Name of Physician _____
Address _____

Phone _____

Name of Physician _____
Address _____

Phone _____

2. Are you currently having to take medication that is not covered by medical insurance? () Yes () No

If yes, provide the following:

Name of Pharmacy _____
Address _____

Phone _____

Name of Pharmacy _____
Address _____

Phone _____

Name of Pharmacy _____
Address _____

Phone _____

Name of Pharmacy _____
Address _____

Phone _____

3. Are you currently paying for hospital bills not covered by medical insurance? () Yes () No

If yes, please provide the following:

Name of Hospital _____
Address _____

Phone _____

Name of Hospital _____
Address _____

Phone _____

Total amount owed \$ _____

Total amount owed \$ _____

What is the estimated amount that you will spend
over the next 12 months to reduce the amount owed?
\$ _____

What is the estimated amount that you will spend
over the next 12 months to reduce the amount owed?
\$ _____

4. Do you pay medical insurance premiums? () Yes () No

If yes, please provide the following:

Name of Insurance Co. _____
Address _____

Phone _____

Name of Insurance Co. _____
Address _____

Phone _____

Monthly premium amount \$ _____

Monthly premium amount \$ _____

I (we) understand that this application must be filled out completely and accurately. I (we) certify the information provided is accurate and I (we) understand that any misrepresentations will disqualify me (us). I (we) further certify that the housing occupied on these premises will be my (our) permanent residence and I (we) do not/will not maintain a separate subsidized rental unit at any other location.

By signing this application, I (we) hereby authorize the management (or it's agent) of this complex , for purposes of this application, to contact and obtain any information required from any of the individuals or entities listed on this application,or from any other individuals or entities as may be required. Management further reserves the right to release this information for purposes of collecting outstanding debts.

I (we) understand that the managing agent will verify, in writing through a third party, the information provided on this application.

I (we) also understand that my household wages are subject to being verified through a third party source(s) by Rural Development or HUD or any successor agencies designated by the U.S. Federal government to administer this housing program.

WARNING

Section 1001 of the Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined under this title or imprisoned not more than five years, or both.

If this application is approved, one month's prorated rent and security deposit or partial payment of deposit must be paid and lease and tenant certification must be executed in advance before occupancy of the apartment. NO REFUND WILL BE MADE except to comply with state and federal guidelines. All rent is due and payable in advance on the FIRST DAY OF THE MONTH.

BY SIGNING BELOW, I CERTIFY I HAVE READ AND UNDERSTAND ALL THE ABOVE.

SIGNATURES

Applicant _____ Date _____

Co-Applicant _____ Date _____

How did you hear about our apartment community? Newspaper () Phonebook () Resident ()
Drive-by () Flyer/Brochure () Other () Explain _____

Date possession of apartment desired _____

Comments:

The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through Rural Development or HUD, that federal laws prohibiting discrimination against all tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap status are complied with. You are not required to furnish the 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/national origin and sex of individual applicants on the basis of visual observation or surname.

Sex of Applicant _____ Race _____	Sex of Co-Applicant _____ Race _____
Ethnicity: Hispanic or Latino____ Not Hispanic or Latino____	Ethnicity: Hispanic or Latino____ Not Hispanic or Latino____
Marital Status: Single____ Married____ Separated____	Marital Status: Single____ Married____ Separated____



Revised 11/08

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to _____ for purposes of verifying information (owner or agent) on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including	State Unemployment Agencies	Retirement Systems
Public Housing Agencies)	Social Security Administration	Banks and Other Financial Institutions
Support and Alimony Providers	Medical and Child Care Providers	Educational Institutions

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

Applicant/Resident	(Print Name)	Date
Co-Applicant/Resident	(Print Name)	Date
Adult Member	(Print Name)	Date
Adult Member	(Print Name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, “REQUEST FOR COPY OF TAX FORM” MUST BE PREPARED AND SIGNED SEPERATELY.