

SIZE OF UNIT \_\_\_\_\_  
DATE AND TIME APPLICATION REC'D \_\_\_\_\_  
RECEIPT # \_\_\_\_\_

# APPLICATION PACKET

*Aldridge Apartments*  
200 E Carl Albert Pkwy  
McAlester, OK 74501

Phone: 918-423-4567      TTY: 711      Fax: 918-347-5548

Dear Applicant,

Thank you for your interest in our community. Included in this packet you will need to sign and return the Application for Rental, Application Declaration & Authorization, Tenant Release and Consent, and Security Deposit Payment Agreement.

**PER USDA'S REGULATIONS, ALL HOUSEHOLD MEMBERS 18 YEARS AND OVER MUST SIGN THE APPROPRIATE PAGES IN THIS PACKET AND PROVIDE A COPY OF THEIR PHOTO ID AND SOCIAL SECURITY CARD. ONCE THIS INFORMATION IS COMPLETED IN FULL, YOU WILL BE PLACED ON THE WAITING LIST.**

Additionally, please include the following information with your Application Packet to expedite your future interview appointment:

- \_\_\_\_\_ Birth certificates for all persons who will be living in the unit.
- \_\_\_\_\_ Social Security Cards for all persons who will be living in the unit.
- \_\_\_\_\_ Letter from Social Security Administration if any household member receives benefits.

Thank you,

Management

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**APPLICATION FOR RENTAL  
with  
Aldridge Apartments**

Date Received: _____
Time Received: _____
Bedroom Size: _____
Received By: _____

Please complete this application with pertinent details. This information requested provides the basis for our selection of the best neighbors for you and all residents. If accepted as a resident, this application will become part of your resident file.

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Alt Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status (check one):  Married  Single  Divorced  Separated  Widow/Widower

For statistical purposes only, please check all that apply:

White  Black  Am. Indian/Alaskan Native  Asian  Native Hawaiian/Other  Choose not to Disclose

Also please designate your ethnicity:  Hispanic  Non-Hispanic  Choose not to Disclose

**HOUSEHOLD INFORMATION**

Complete the following information for each household member that will occupy the unit at time of move-in.

*\*Those household members that were 62 or older as of January 31, 2010 and receiving HUD rental assistance at another location on January 31, 2010, please write exempt in the SSN box and provide information to validate the exemption of disclosing and providing verification of a SSN.*

Name (Last, First, MI)	Relationship to the Head of Household	Birth Date (mm,dd,yyyy)	M or F (optional)	Student (Y/N)	Social Security Number
#1	Self				
#2					
#3					
#4					
#5					
#6					

Please provide a complete list of states where each household member has lived. This disclosure is mandatory under HUD rules and criminal/sex offender screening will be reviewed in each state listed. Failure to provide a complete and accurate list will result in the rejection of the application.

#1
#2
#3
#4
#5

1. Does anyone live with you who is not listed above?  Yes  No
2. If the Head of Household or Co-Head/Spouse is not 62 or older, do you claim eligibility because the Head of Household or Co-head/Spouse is disabled and requires the features of an accessible unit? \*  Yes  No
3. Are you a student enrolled in an institute of higher education?  Yes  No
4. Are you a victim of a recent presidentially declared disaster?  Yes  No
5. Are you currently homeless?  Yes  No
6. Are you now living in a federally subsidized housing unit?  Yes  No
7. Have you ever been evicted?  Yes  No  
 If yes, please provide the following information: When? \_\_\_\_\_  
 For what reason? \_\_\_\_\_  
 Name of the Housing Authority/Owner \_\_\_\_\_
8. Are you or any member of your household registered as a sex offender or lifetime sex offender in ANY state in the United States?  Yes  No  
 If Yes, list each state; \_\_\_\_\_
9. Have you, or a member of your household, ever been arrested of a felony or misdemeanor?  Yes  No  
 If Yes, what was the date of the arrest? \_\_\_\_\_  
 If Yes, what was the charge? \_\_\_\_\_  
 If arrested for a felony, did the arrest result in a conviction?  Yes  No  
 If No, is the case still pending?  Yes  No  
 If the case is not pending, were you acquitted of the charge?  Yes  No  
 If you were convicted of the felony, were you incarcerated?  Yes  No  
 If Yes, what was the date of your release? \_\_\_\_\_

**FAILURE TO ANSWER QUESTIONS 8 AND 9 WILL BE REASON FOR DENIAL OF APPLICATION.**

\* These questions are asked only for the purposes of calculating total tenant payment and determining the family's need for an accessible unit.

10. Name and address of current landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dates of occupancy: From \_\_\_\_\_ to \_\_\_\_\_ Amount of rent: \_\_\_\_\_

**IF YOU ARE STAYING IN A SHELTER OR WITH FAMILY YOU MUST STILL ANSWER THE ABOVE QUESTION.**

Please list your place of dwelling for the past three years:

ADDRESS	LANDLORD NAME AND ADDRESS	LANDLORD'S PHONE	DATES TO AND FROM

**PETS & ASSISTANCE/COMPANION ANIMALS**

The presence of any animal must be approved before the animal is allowed to be kept in the unit.

- Do you plan to house an animal in the unit?  Yes  No
- Is this animal required to live in the unit to alleviate the symptoms of a disability for a household member?  Yes  No

If No, please move on to the next section. If yes, please provide the following information.

ANIMAL TYPE	BREED	HEIGHT	WEIGHT

### FINANCIAL INFORMATION

Please answer each of the following questions. For each "yes", please provide detail in the chart below.

Does any member of your household:

- |   |  |
|---|--|
| 1. Work full-time, part-time or seasonally?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Expect to work for any period during the next year?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Work for someone who pays cash?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Currently receive, or expect to receive, unemployment benefits?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Currently receive, or expect to receive, child support?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have an entitlement to receive child support that he/she is not currently receiving?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Currently receive, or expect to receive, alimony?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Have an entitlement to receive alimony that is not currently being received?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Currently receive, or expect to receive, public assistance (welfare)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Currently receive, or expect to receive, Social Security benefits?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Currently receive, or expect to receive, income from a pension or annuity?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Currently receive, or expect to receive, Veteran's Administration benefits or benefits from the GI Bill?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Currently receive, or expect to receive, regular contributions from organizations or individual not living in the unit?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks or bonds, or income from rental property? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Own real estate or any assets for which you DO NOT receive income (checking account, cash)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Have you sold, given away or otherwise transferred an asset(s) for less than fair market value in the past two years?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, please explain: \_\_\_\_\_

Member #	Source of Income/Type of Income	Annual Income

### DEDUCTIONS

Household income can be reduced based on the amount of the qualified monthly expenses. Please let us know if you have out-of-pocket expenses medical costs or the following:

- |   |  |
|---|--|
| 1. Do you have expenses for child care of a child aged 12 or younger? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|
- If yes, provide the name, address, and telephone number of the care provider:

What is the weekly cost to you of the child care? \_\_\_\_\_

2. Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work?  Yes  No  
If you pay a care attendant, provide the name address and telephone number:

What is the weekly cost to you for the care attendant and/or the equipment? \_\_\_\_\_

How did you hear about applying to this property? \_\_\_\_\_

**Please note the following items relative to the processing of this application:**

1. After formal processing of this application has begun, the information and verification must be updated every six (6) months prior to move-in.
2. A credit report may be obtained prior to initial occupancy.

I (meaning all adults listed on this application) hereby consent to the release of all criminal conviction records to Gorman Management Company (GMC) as agent for the Owner of the Property I am applying for occupancy. Any law enforcement agency, court or any other organization that houses said records may release criminal conviction records concerning my household to GMC. Furthermore, I consent to the release of all rental history, credit history and driving records to GMC for use in determining my eligibility for occupancy. GMC will maintain complete confidentiality of any information attained from this release.

I/We the applicant(s) agree to give the management/Owner the authority to investigate my/our credit rating, my/our current and past rental record, and all other information necessary to determine eligibility. I/We understand that any misrepresentation of information on this form will disqualify me from consideration for leasing and may be grounds for eviction.

I hereby affirm that the foregoing information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Member

\_\_\_\_\_  
Date

**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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA 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. Section 408 (a) (6), (7) and (8).

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**Application Declarations and Authorization**  
(To accompany the rental application)

**Accurate Information:** You declare that all of your statements on the accompanying application and any supplemental information are true and correct. If you fail to fully and completely answer any question or give false information, we may reject the application, retain all application fees as liquidated damages for our time and expense. Giving false information is a serious criminal offense.

**Authorization:** You authorize us to verify all information relating to this application through any means, including but not limited to One Site Screening and any other consumer reporting agencies, public record resources, and other rental housing owners. You further authorize us to furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your lease obligations, including both favorable and unfavorable information about your compliance with any lease, rules, or financial obligations.

In the event that anything contained herein is in conflict with any additional application document, this document will be controlling.

(Each applicant must be named, sign and date/time this “Declarations and Authorization”.)

Applicant Name	Applicant Signature	Date/Time
Applicant Name	Applicant Signature	Date/Time
Applicant Name	Applicant Signature	Date/Time
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## TENANT RELEASE AND CONSENT

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below and/or the State and Local Agencies/Department's service provider.

### INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment, income assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain 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 Administrations
Support and Alimony Providers	Educational Institutions	Retirement Systems
State Unemployment Agencies	Social Security Administration	Medical and Child Care Providers
Banks and other Financial Institutions	Previous Landlords (including Public Housing Agencies)	

### 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. **Everyone 18 years or age and older must sign this form.**

### SIGNATURES

_____ Signature of Applicant/Resident	_____ Printed Applicant/Resident Name	_____ Date
_____ Signature of CO/Applicant Resident	_____ Printed Co/Applicant/Resident Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date
<u>Aldridge Apartments</u> Apartment Community Name	_____ Contact	<u>918-423-4567</u> Phone

**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 A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

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**Aldridge Apartments**  
**200 E Carl Albert Parkway**  
**McAlester, OK 74501**  
**918.423.4567**

**Security Deposit Payment Agreement**

Applicant Name: \_\_\_\_\_

Unit Number, if known: \_\_\_\_\_

Tentative Move-in Date: \_\_\_\_\_

Amount of Deposit Due \$ \_\_\_\_\_

If applicable, to fulfill their full obligation of the security deposit Applicant/Resident agrees to make scheduled payments via Cashier's Check, Money Order, or Personal Check, as follows:

Amount of Payment	Due Date	Date Received	Payment Method and Check/Document #
\$150.00	With submission of application		
\$75.00			
\$75.00			

Cancellation Policy: Applicant has three days from the date of application to rescind this agreement. If after three days the applicant chooses not to lease the unit, the fee will be kept to offset the Landlord's cost in processing the application. If the application isn't approved, the Security Deposit will be refunded. (\_\_\_\_\_ initial).

The Security Deposit will be held in a trust account for the duration of the lease and is subject to covenants and conditions of the lease agreement. See the Move Out and Security Deposit Policy for information on the return of the security deposit.

Applicant/Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant/Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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