

Date Received _____ Time _____ Complex Location: _____
(manager fill in date and time received completed application)

Date: _____

RENTAL APPLICATION

Relay # 711

Name of Project: _____

This application is for housing at the complex listed above. Please complete this application and return to the complex manager. THE APPLICATION WILL BE PROCESSED ONLY AFTER IT IS ENTIRELY COMPLETED.

GENERAL INFORMATION:

Applicant Name: _____ Telephone# _____
First Middle Initial Last

Present Address: _____
Street City State Zip

Marital Status: Single Married Divorced Widowed If divorced, do you receive child or spousal support? Yes/ No

(Please circle which applies)

Number of Bedroom Size Requested: One Bedroom _____ Two Bedroom _____ Three Bedroom _____

Name of present landlord: _____ address: _____ phone: _____

How long have you been at this address: _____ Current rent you now pay \$ _____

Reason for wanting to move: _____

Previous Landlord: _____ address: _____ phone: _____

How long did you live there: _____ Reason for moving: _____

Are you currently living in Subsidized Housing? Yes / No

Have you ever been evicted from an apartment for any reason? Yes / No

If yes, Why? _____

Name and address of Subsidized/Government Housing you have lived in at present or in the past: _____

Do you have a letter from HUD/USDA Rural Development describing you as displaced? Yes / No

Have you or anyone who will be residing in the household ever been convicted of a felony? Yes / No

Are you applying for status as an "ELDERLY HOUSEHOLD", where the tenant or co-tenant is 62 or older, disabled as defined by USDA Rural Development? Yes / No

If so, do you realize that you will be eligible for a \$400.00 elderly deduction and your eligibility must be verified? Yes _____ (Please initial if you agree)

Would you or any household member benefit from a wheelchair or accessible unit? If yes, would you like to request an adapted accessible unit? Yes / No

How did you hear about this housing? _____

List the date you need the apartment: _____ will you take a unit when one is available _____

LIST ALL PERSONS WHO WILL LIVE IN THE APARTMENT: LIST HEAD OF HOUSEHOLD FIRST:

(You must provide proof of a social security # for all members of the household. If no number has been issued, a written statement must be provided by the applicant.)

	<u>Name</u>	<u>Relationship</u>	<u>Birth date</u>	<u>Age</u>	<u>Social Security #</u>
1.	_____	<u>Head of Household</u>	_____	_____	____/____/____
2.	_____	_____	_____	_____	____/____/____
3.	_____	_____	_____	_____	____/____/____
4.	_____	_____	_____	_____	____/____/____
5.	_____	_____	_____	_____	____/____/____
6.	_____	_____	_____	_____	____/____/____
7.	_____	_____	_____	_____	____/____/____
8.	_____	_____	_____	_____	____/____/____



EQUAL HOUSING OPPORTUNITY

This institution is an equal opportunity provider and employer.

PERSONAL NON-RELATED REFERENCES KNOWN FOR AT LEAST TWO YEARS:

Name: _____ address: _____ phone: _____
 Name: _____ address: _____ phone: _____
 Name: _____ address: _____ phone: _____

OTHER REQUIRED INFORMATION

List all cars, trucks or other vehicles owned: Parking is guaranteed for only one vehicle, arrangements will be necessary for more than one vehicle owned.

Type of Vehicle _____ Year/Make _____ Color: _____ Plate # _____
 Type of Vehicle _____ Year/Make _____ Color: _____ Plate # _____
 Your Drivers License # _____ State: _____ expires: _____
 Spouses License # _____ State: _____ expires: _____

Do you own any pets? Yes / No Describe: _____
 I am aware that no pets are allowed in family projects except for service/assistance/companion animals. In elderly projects pets are allowed and a pet deposit will be required.

Will you be or are you a part-time or full-time student? Yes / No
 Is there anyone else in the household who is or will be a full-time student? Yes / No
 The income of this student must be counted.

INCOME INFORMATION

<u>FAMILY MEMBER NAME</u>	<u>SOURCE OF INCOME</u>	<u>MONTHLY \$ AMT</u>	<u>HOW LONG EMPLOYED</u>
_____	<u>Employer:</u> _____	_____	_____
_____	<u>Employer:</u> _____	_____	_____
_____	<u>Social Security</u>	_____	
_____	<u>Social Security</u>	_____	
_____	<u>SSI</u>	_____	
_____	<u>Pension:</u>	_____	
_____	<u>Retirement:</u>	_____	
_____	<u>Unemployment Comp</u>	_____	
_____	<u>AFDC</u>	_____	
_____	<u>Child Support</u>	_____	
_____	<u>Alimony</u>	_____	
_____	<u>Family Assistance</u>	_____	
_____	<u>Interest</u>	_____	

ASSETS:

	<u>Bank</u>	<u>Balance</u>	<u>Interest %</u>
Checking Acct # _____	_____	\$ _____	\$ _____
Checking Acct # _____	_____	\$ _____	\$ _____
Savings # _____	_____	\$ _____	\$ _____
Savings # _____	_____	\$ _____	\$ _____
CD # _____	_____	\$ _____	\$ _____
CD # _____	_____	\$ _____	\$ _____
CD # _____	_____	\$ _____	\$ _____
Credit Union # _____	_____	\$ _____	\$ _____
Other # _____	_____	\$ _____	\$ _____



Do you own property? Type: _____
Market Value: _____ Location: _____
Have you sold or disposed of any property in the last two years that is not listed? Yes / No
If yes, please list: _____

CHILD CARE:
COMPLETE ONLY FOR CHILDREN 12 YEARS OR YOUNGER

Names of Children cared for _____ age _____ Weekly cost _____
_____ age _____ Weekly cost _____
_____ age _____ Weekly cost _____

Name, Address and Phone # of person or agency caring for children:

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE#: _____

MEDICAL/DISABILITY ASSISTANCE EXPENSES

Medical/ Disability Costs: COMPLETE THIS ONLY IF HEAD OF HOUSE OR SPOUSE ARE 62 OR OLDER, DISABLED:

Medicare monthly amount \$ _____ per month
Medical Ins Premium: Company _____ \$ _____ per month
Medical Ins Premium: Company _____ \$ _____ per month
Anticipated Prescription costs not covered by Ins _____ \$ _____ per month
(you must provide a print out form from pharmacy)

Outstanding Medical bills you make monthly payments to:

Name: _____ \$ _____ per month
Name: _____ \$ _____ per month
Name: _____ \$ _____ per month
Name: _____ \$ _____ per month
Dr: _____ \$ _____ per month
Dr: _____ \$ _____ per month

Attendant care/apparatus expense that enables disabled applicants or others in the household to work: Type of expense: _____

Paid to: _____ \$ _____ per month

IN CASE OF EMERGENCY PLEASE NOTIFY:(list names other than persons living with you)

1. Name: _____ Address _____ Phone _____
2. Name: _____ Address _____ Phone _____

CERTIFICATION

I/We hereby certify that I/We will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be our permanent residence. I understand I must pay a security deposit for the apartment. My eligibility for housing will be based on USDA Rural Development or Section 8 income limits and our selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information is punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signature: _____ Date _____ CO-Tenant _____ Date _____



AUTHORIZATION

I do hereby authorize the staff/or representatives to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing programs administrated by this apartment complex. I also authorize verification of all the information listed on this application including consent to release wage matching data to RHS and the borrower.

SIGNATURE: _____ Date _____ CO-Tenant _____ Date _____

"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 the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability 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.

Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____

Race: 1.American Indian/ Alaska Native _____ 2.Asian _____ 3.Black or African American _____
4.Native Hawaiian or Other Pacific Islander _____ 5.White _____

Gender: Male _____ Female _____ “

THIS PROJECT IS AN EQUAL HOUSING OPPORTUNITY COMPANY WITH 504 AND FAIR HOUSING REGULATIONS. We will accommodate any applicant who needs assistance in filling out this application.

DO NOT WRITE IN THE AREA BELOW ----- FOR MANAGER USE ONLY

INFORMATION BELOW TO BE COMPLETED BY THE PROJECT MANAGER:

References Checked: _____

I have accepted () or rejected () this application due to the above reference information or list other reason: _____

MANAGER SIGNATURE: _____ DATE: _____

INCOME IS VERY LOW () LOW () MODERATE ()

30% of present monthly Income, less the utility allowance shows the tenant can pay: \$ _____

This tenant will pay: \$ _____ If over the 30% list reasons rented: _____

Date tenant notified: _____



COMPLEX NAME

Current Date

Dear Applicant:

This letter is to make you aware that Rural Development, the government agency that monitors this apartment complex, has implemented a wage and benefit matching system. The goal of this system is to reduce fraud, waste and abuse in Federal programs. This notice is to inform you about the program and how it may affect you.

Rural Development will receive wage and benefit information from the State Employment Security. This information will be shared with us, the owner/management servicing your housing development. This information may then be compared against information provided on your Tenant Certification (Form RD 3560-8). You may be contacted regarding any differences in income reported for explanation.

Rural Development assumes that Tenant Certifications are completed as accurately as possible. However, misunderstandings and honest errors do occur. Unfortunately, there are also those who will report wrong information in order to qualify for Federal benefits. The objective of this record check is to make sure that those needing assistance can receive assistance, while those who do not need assistance can be stopped and made to repay improperly received benefits.

If you have any further questions, please contact the owner/management agent servicing your housing development.

Sincerely,

Apt. Manager

Telephone Number