

# Hamilton Properties

IMPORTANT- ALL APPLICANTS MUST READ

Dear Future Resident:

We have employed a credit bureau service agency to track and maintain the records of applicants and residents credit history, past conduct and performance as a resident and any criminal background.

A \$25.00 Processing fee is required for EACH ADULT on the application. This must be in the form of MONEY ORDER ONLY made out to \_\_\_\_\_ Failure to do this will result in your application not being processed.

We hope to be able to consider you a resident of Hamilton Properties when we have completed the application process.

Regards,

Hamilton Properties

Application Received: \_\_\_\_\_  
 # Bedrooms Needed: \_\_\_\_\_  
 (For Office Use Only)

**\$25.00 PROCESSING FEE**  
**Hamilton Properties Corporation**  
 APPLICATION FOR OCCUPANCY

RETURN TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Apartment Complex Name: \_\_\_\_\_

**COMPLETE ALL BLANKS OR THIS APPLICATION WILL NOT BE PROCESSED**

*First Name, Middle Initial, Last Name*

1. Tenant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Co-tenant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
 Present Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
 Number of Persons in Household? \_\_\_\_\_ Present Monthly Rent: \_\_\_\_\_

2. List all persons who will live in the rental unit: (List head of household first)
- | <u>FULL NAME</u> | <u>RELATIONSHIP</u> | <u>SOC. SEC. #</u> | <u>BIRTHDATE</u> | <u>AGE</u> | <u>SEX</u> | <u>RACE</u> | <u>SCHOOL</u> | <u>ATTENDING</u> |
|------------------|---------------------|--------------------|------------------|------------|------------|-------------|---------------|------------------|
|                  |                     |                    |                  |            |            |             |               |                  |
|                  |                     |                    |                  |            |            |             |               |                  |

1-White, Non-Hispanic 2-Black, Non-Hispanic 3-Asian, Pacific Islander 4-American Indian, Alaskan Native 5-Hispanic

3. Are all household members full time students? \_\_\_\_\_ yes \_\_\_\_\_ no  
 A. If yes, do you file a joint tax return? \_\_\_\_\_ yes \_\_\_\_\_ no
4. Have you or any member of your family been convicted of a misdemeanor or felony? \_\_\_\_\_ yes \_\_\_\_\_ no  
 If yes, describe: \_\_\_\_\_

**5. RESIDENCE HISTORY**

**TENANT:**

Current Address: \_\_\_\_\_  
 Present Landlord's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Present Landlord's Address: \_\_\_\_\_

Former Address: \_\_\_\_\_ How Long There: \_\_\_\_\_  
 Former Landlord's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_

**CO-TENANT:**

Current Address: \_\_\_\_\_  
 Present Landlord's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Present Landlord's Address: \_\_\_\_\_

Former Address: \_\_\_\_\_ How Long There: \_\_\_\_\_  
 Former Landlord's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_

6. Tenant's Employer (Name): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ How Long at Job: \_\_\_\_\_  
 Co-tenant's Employer (Name): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ How Long at Job: \_\_\_\_\_



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7. Income: List all full and/or part time employment for all household members:  
(Include self-employment earnings)

<u>HOUSEHOLD MEMBER</u>	<u>NAME/ADDRESS OF EMPLOYER</u>	<u>EARNINGS</u>	
		<u>CURRENT</u>	<u>ANTICIPATED</u>

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Other sources of Income: (Examples: Welfare, Unemployment, Social Security, Pensions, Disability Compensation, Baby Sitting, Alimony, Child Support, Annuities, Dividends, Interest, Income from Real Property, Armed Forces Reserves, Scholarships and/or Grants)

<u>HOUSEHOLD MEMBER</u>	<u>SOURCE</u>	<u>AMOUNT</u>
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_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

7b. Do you anticipate any changes in your household income in the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe: \_\_\_\_\_

8. **ASSETS: CURRENT & DISPOSED**

FmHA 515 regulations require that all applicants/tenants reveal all sources of income and assets. Applicants/tenants for housing in this FmHA 515 property must fill out this asset certification by completing in the requested information and certifying this form.

CURRENT ASSETS (List all assets currently held and the cash value. Cash value is the market value less any reasonable costs that would be incurred in converting the asset to cash, i.e. broker and legal fees).

<u>ASSET</u>	<u>CASH VALUE</u>	<u>ASSET</u>	<u>CASH VALUE</u>
Real Estate	\$ _____	Checking Account	\$ _____
CD's	\$ _____	Savings Account	\$ _____
Bonds	\$ _____	Other _____	\$ _____
Common Stock	\$ _____	Other _____	\$ _____

Applicants/tenants must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification.

Did you have any assets in the last two years not listed above? Yes ( ) No ( )

If yes, did you dispose of any assets for less than fair market value? (This means that the assets were either given away or sold at less than the allotted market value.) Yes ( ) No ( )

If yes, what were the assets, market value, amount received and date you disposed of the assets?

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Any assets listed as disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification will be counted as assets.

9. **UNUSUAL EXPENSES:**

A. Do you pay for child care or handicapped care while a family member is employed?

If "yes" list care provider's name, address, and phone number.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount paid: \$ \_\_\_\_\_ per week/month. (Circle one)

- B. Family medical expenses anticipated in the next 12 months that will not be covered by insurance. Examples of medical expenses are health insurance premiums, dental expenses, eyeglasses, hearing aids and batteries, the cost of a live-in assistant, monthly payments required on accumulated major medical bills including that portion of the spouse's or children's nursing home costs paid from tenant family income(s). \$

10. **CREDIT REFERENCES:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Acct. No. \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Acct. No. \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Acct. No. \_\_\_\_\_ Phone #: \_\_\_\_\_

11. **SPECIAL HOUSING ACCOMMODATION:**

- A. Households, where the tenant, co-tenant or member is disabled or handicapped, may qualify for an adjustment to income when calculating the rent payment, or a special handicapped accessible unit or both.

Do you request the adjustment to income? (yes/no) \_\_\_\_\_

Are there any special housing requirements necessary? (yes/no) \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Do you request an accessible unit? (yes/no) \_\_\_\_\_

- B. The tenant selection policy grants a priority to those applicants that are a holder of a "Letter of Priority Entitlement" issued by Farmers Home Administration, and those households displaced due to housing being rendered uninhabitable.

Do you hold a "Letter of Priority Entitlement"? (yes/no) \_\_\_\_\_

Are you currently living in a housing unit that has been determined to be uninhabitable? (yes/no) \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

12. Has your family ever received housing assistance from the Dept. of Housing & Urban Development or Farmers Home Administration? (yes/no) \_\_\_\_\_

Has your family's assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment or rent, or failure to cooperate with recertification procedures? (yes/no) \_\_\_\_\_

13. Are you or any other household member a current user or been convicted of using, dealing, or manufacturing a controlled substance? (yes/no) \_\_\_\_\_

If yes, has that person(s) successfully completed a controlled substance abuse recovery program or presently enrolled in such a program? (yes/no) \_\_\_\_\_

14. Does your household have a pet? (yes/no)

15. Are you being evicted?  Yes  No. If "yes" when must you be out of your home?

Have you ever been evicted in the past?  Yes  No. If "yes", when & where? \_\_\_\_\_

16. Have you ever lived on a Hamilton Properties complex in the past? (yes/no) \_\_\_\_\_

17. **EMERGENCY CONTACT:**

Name/Address, Phone Number, & relationship of closest living relative/contact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. List any cars, trucks, or other vehicles owned by you. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

TYPE VEHICLE: \_\_\_\_\_ COLOR/MAKE: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

TYPE VEHICLE: \_\_\_\_\_ COLOR/MAKE: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

18. How did you hear about the apartment?

\_\_\_\_\_ newspaper \_\_\_\_\_ radio \_\_\_\_\_ drive-by \_\_\_\_\_ resident referral

\* \* \* \* \*  
I CERTIFY THAT THE HOUSING THAT I AM APPLYING FOR WILL BE MY PERMANENT RESIDENCE AND I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION. I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE RELEASE OF ANY INFORMATION CONTAINED HEREIN LISTED AND / OR OTHER INQUIRIES THAT MANAGEMENT FEELS NECESSARY IN DETERMINING ELIGIBILITY, (i.e. CHECK WITH CREDIT BUREAU, INQUIRE WITH LAW ENFORCEMENT, ETC.)

**WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.**

Signature: \_\_\_\_\_ (Tenant) Date Signed: \_\_\_\_\_

Signature: \_\_\_\_\_ (Co-tenant) Date Signed: \_\_\_\_\_

\* \* \* \* \*  
The information solicited on this application regarding sex and race (ethnic group) is requested by the apartment owner in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap 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 race/national origin and sex of individual applicants on the basis of visual observation or surname.

ETHNICITY: Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

RACE: (Mark one or more)

- 1. American Indian/Alaska Native \_\_\_\_\_
- 2. Asian \_\_\_\_\_
- 3. Black or African American \_\_\_\_\_
- 4. Native Hawaiian or other Pacific Islander \_\_\_\_\_
- 5. White \_\_\_\_\_

GENDER: Male \_\_\_\_\_ Female \_\_\_\_\_

\* \* \* \* \* **Non-Discrimination Statement** **Rural Development Only**

***"This institution is an equal opportunity provider and employer."***  
*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 2050-9410, or fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."*

**PLEASE RETURN THIS APPLICATION TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any additional questions, you may contact Hamilton Properties at 417-883-7887.



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HAMILTON PROPERTIES CORPORATION

REFERENCE SHEET

Property: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Apartment #: \_\_\_\_\_

**PERSONAL REFERENCES**

1.) Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ How long have you known: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

2.) Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ How long have you known: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

3.) Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ How long have you known: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

4.) Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ How long have you known: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

# HAMILTON PROPERTIES

## TENANT RELEASE AND CONSENT

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 on my/our apartment rental application.  
(owner or agent)

### 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 Public Housing Agencies) | State Unemployment Agencies      | Retirement Systems                     |
| Support and Alimony Providers                          | Social Security Administration   | Banks and other Financial Institutions |
|  | Medical and Child Care Providers |  |

### 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 SEPARATELY.



# HAMILTON PROPERTIES



## TAX CREDIT PROPERTY COVER SHEET

\_\_\_\_\_  
Complex Name

\_\_\_\_\_  
City/State

Please be advised this is a Tax Credit Property. This means you must be eligible under both the Tax Credit regulations as set by the IRS, RD regulations, and HUD regulations, (if applicable) and the Resident Selection Criteria established for the complex.

If you meet all other eligibility requirements but are ineligible under the Tax Credit regulations, you will receive a Notice of Eligibility Postponement. Your name will remain on the Waiting List in the original position. When an apartment becomes available, any tax credit ineligible applicant next in line on the Waiting List will be contacted for updated information. In the event your family composition or gross income changes, you should notify the manager.

If you are ineligible under RD regulations, HUD regulations (if applicable) or the complex Resident Selection Criteria, you will receive a Letter of Ineligibility, advising you of the reason for ineligibility and your name will be removed from the Waiting List.

Acknowledgement of receipt of this cover sheet.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

*The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the Administrator, RECD, USDA, Washington, DC 20250.*