

**Instructions: Please follow carefully - Incomplete applications will be returned.**

1. **Complete all areas. If an item does not apply to you, mark “N/A” on that line.**
2. **We need copies of Social Security Cards & Birth Certificates.** The government requires that all applicants submit a copy of their Social Security Card & Birth Certificate with the attached housing application.  
  
**Note:** Copies of Metal Social Security Cards are not acceptable.  
  
If you cannot provide us with your Social Security Card, it will be necessary that you certify to us that you have made application to the Social Security Office for a new card.
3. **Proof of US Citizenship:** Remember that all applicants must be US Citizens or a non citizen with eligible immigration status.
4. **We need copy of Photo Identification for all applicants 18 years of age and over.**
5. **All applicants 18 years of age and over must sign the application.**
6. **Return your application to:**

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**Note: Pets are only allowed in our Federally designated elderly properties or for persons with disabilities who require a service animal.**

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**Your application is being returned because:**

- \_\_\_\_\_ **You did not complete all areas.**
- \_\_\_\_\_ **You did not sign the application.**
- \_\_\_\_\_ **You did not provide the required social security cards for all household members.**

**Please return your application along with the information that was missing if you want to be considered for housing.**



**Arzon Apartment Communities**  
 1401 South Main St. • Stillwater, OK 74074  
 Ph: 405-780-7755 • TDD: 7-1-1 (OK Relay)



**For Office Use Only**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Accepted: ( ) Yes ( ) No  
 Reason for Rejection: ( ) Credit ( ) Other -  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_

**Return  
 Completed  
 Form To:**

\_\_\_\_\_

**APARTMENT RENTAL PRE-APPLICATION**

**All blanks must be completed. Additional documentation will be required.** The purpose of this application is to allow an initial review of eligibility. Failure to complete any item will cause the application to be rejected. If a specific item does not apply, write NONE or N/A.

1. Applicant's Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
 Address (Street, City, State, Zip): \_\_\_\_\_ Previous States Lived In \_\_\_\_\_

2. Co-Applicant's Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
 Address (Street, City, State, Zip): \_\_\_\_\_ Previous States Lived In \_\_\_\_\_

**I. Complete all information on reverse side or attached page for any additional household members.**

- a. Total number of persons who will occupy the unit, including unborn children: \_\_\_\_\_ (complete information on back for all members)
- b. Unit size desired: \_\_\_\_\_ List any other unit sizes which you would consider: \_\_\_\_\_
- c. Total monthly household gross income from all sources: \$ \_\_\_\_\_ Anticipated gross income for the next 12 months: \$ \_\_\_\_\_
- d. Total cash value of all household assets (cash, bank accts., real estate, etc., except personal autos and furniture): \$ \_\_\_\_\_
- e. Have any assets been disposed of for less than fair market value in the last 24 months? (Y/N): \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- f. Has any member of the household ever been convicted of a felony? (Y/N) \_\_\_\_\_ Member(s): \_\_\_\_\_
- g. Is any household member subject to State lifetime sex offender registration? Y/N) \_\_\_\_\_ Members(s): \_\_\_\_\_
- h. Are ALL household members, including the applicant and co-applicant, full-time students? ("yes" if all are full-time students now or if all are anticipated to be full-time students within the next 12 months, including grades K-12 and above) (Yes/No) \_\_\_\_\_
- i. Is ANY member enrolled in an institution of higher education or anticipating enrollment in the next 12 months? (Yes/No) \_\_\_\_\_
- j. To qualify for designated Elderly communities, either the applicant or co-applicant must be age 62 or older, or handicapped or disabled. If applying for an Elderly community, provide the name of the qualifying person(s): \_\_\_\_\_
- k. Would any member of the household benefit from the design features of a handicap accessible unit? (Yes/No) \_\_\_\_\_
- l. Will this apartment serve as the household's primary residence? (Yes/No) \_\_\_\_\_
- m. Where did you hear about our property: \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the US Code makes it a criminal offense punishable by fine and/or imprisonment of up to 5 years to willfully conceal, cover-up, or make false statements or misrepresentations to any Department or Agency of the United States.

**I authorize representatives of the apartment community and any state or federal funding agencies to investigate household income, credit history/report, criminal background and rental history for the purpose of determining eligibility. I understand that any determination based on this application is only preliminary and that further documentation will be required. I understand that all information will be relied upon to determine eligibility for state and federal programs and certify under penalty of law that all information provided is true and complete.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Race/Ethnicity/Sex Designation (see Required Disclosure Notice on reverse side before completing):

- Race:** ( ) 1. American Indian/Alaska Native ( ) 2. Asian ( ) 3. Black or African American  
 (All that apply) ( ) 4. Native Hawaiian or Other Pacific Islander ( ) 5. White  
**Ethnicity:** ( ) Hispanic or Latino ( ) Not Hispanic or Latino

I choose not to provide the above information regarding Race, National Origin, and/or Gender: ( )

**SEE REQUIRED DISCLOSURES AND NOTICES ON REVERSE SIDE OR ATTACHED PAGE**

**Complete for any additional Household Members** (Provide the following information for ALL household members other than applicant and co-applicant, including those temporarily absent or serving in the military):

No.	Member Name	Social Security Number	Date of Birth	Gender (M/F)	Disability (Y/N)	Previous States Lived In
3.						
4.						
5.						
6.						
7.						
8.						

**II. Provide name, phone number and address of last three landlords:**

Name	Phone	Address	City	State

**III. Emergency Contact Information (provide person to contact in event we cannot reach you):**

Name	Phone	Address

**This apartment community is an Equal Opportunity Provider and Employer and 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. Disabled applicants and tenants have the right to request reasonable modification of facilities or reasonable accommodation in policies.**

**REQUIRED DISCLOSURE NOTICE**

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the U.S. Dept. of HUD or USDA-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.

**TENANT GRIEVANCE AND APPEAL PROCEDURE**

It is your right to submit a full application. Incomplete applications will be rejected unless completed within 10 working days after notice. For developments funded by either HUD or USDA, an appeal procedure may be available, as provided in HUD Handbook 4350.3 or USDA’s RD Tenant Grievance Procedures (7 CFR 3560.160). For those programs, applicants rejected for reasons other than an incomplete application may request an informal meeting with management to present additional facts which might have a bearing on the adverse decision. If the adverse action cannot be resolved through the informal meeting, a formal hearing may be requested. All requests for review must be made in writing, to the address provided, within 14 calendar days of receipt of the adverse notice.

**FAIR HOUSING DISCLOSURE STATEMENT**

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 filed with the USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, D.C. 20250-9410, or call (202) 720-5946 (Voice and TDD), or to the Assistant Secretary for Fair Housing and Equal Opportunity, HUD, Washington, DC 20410. Properties meeting a federal definition of Elderly Housing are permitted by federal law to restrict occupancy to households meeting the qualified elderly definition, which includes disabled applicants under the age of 62.

**EQUAL CREDIT OPPORTUNITY ACT (ECOA)**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicants has the capacity to enter into a binding contract); because all or part of the applicant’s income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency which administers compliance with this law is the Federal Trade Commission, Pennsylvania Avenue at Sixth Street N.W., Washington, DC 20580.

**APPLICATION CHANGES**

**Applications must be updated at least every 6 months to remain active.** It is the applicant’s responsibility to update this application if their contact information changes. If we cannot contact you using the information you provided, or if we do not hear from you within 5 business days after contact is attempted, your application may be skipped over or removed from further consideration.

**Initials:** \_\_\_\_\_

Applicant \_\_\_\_\_

Co-Applicant \_\_\_\_\_

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.

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

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**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.