

APPLICATION COVER SHEET

Thank you for applying with us. We have a waiting list for all of our units and only **completed** applications are placed on the waiting list. In order to swiftly process your application, we will need the following items:

Married couples fill out one application. Single couples must each fill out a separate application.

1. **Fully completed application.** If a question doesn't apply to you draw a line through it or write NA across it. **Do not leave anything blank!**
2. **Credit check fee paid \$8 per person or \$10 for married couple**
3. Copies of ALL Social Security Cards for all family members.
4. Age Verification Documents: drivers license, birth certifications or social security benefit letter
5. Proof of income - **We cannot accept households with no income.**
 - a. 4 paycheck stubs,
 - b. TANF or TEA statement from DHS,
 - c. SS and or SSI benefits letter.
 - d. Unemployment benefit letter
 - e. Last year tax return with w-2/s
 - f. Proof of Child Support or Alimony
 - g. Divorce Decree
6. Last year's tax return for student status if you are a college student and under the age of 24. (Proof you are independent of parents)

Please note that if you do not return these needed items your application cannot be processed for housing. If you have any questions, or need assistance in filling out your application, we would be happy to help.

Thank you.

Management

USDA is an Equal Opportunity Provider, Employer, and Lender



Rental Application for: _____

(Project Name)

For Site Manager Only	
Date:	____/____/____
Time:	_____
Manager:	_____

The information collected below will be used to determine if you qualify as a tenant. It will not be disclosed without your consent except to your employer (s) for verification of income and employment and to financial institutions for verification of assets, and as required and permitted by law. You do not have to provide the information, but if you do not your application may be delayed or rejected.

Applicant's Name: _____

Address: _____ City _____ State _____ Zip: _____

Number of years at current address: _____ Phone: _____

Name of Employer: _____ Self Employed Yes _____ No _____

Business Phone _____ Type of Business _____

Position and Title _____

Spouse's Name: _____

Name of Employer: _____ Self Employed Yes _____ No _____

Business Phone: _____ Type of Business _____

Household Composition

List all persons who will reside in the apartment including all members who live there on a part time basis

Name	Relation to Head	Birth Date	AGE	Social Security Number	Gender	Marital Status See Below	Full Time Student Yes or No	Ethnic Hispanic Yes or No	Race See Below
	HH								

Gender = M for Male and F for Female

Marital Status = M for Married S=Single LS=Separated W = Widow(er) C = Co-habitant

Race = 1 for Am Indian or Alaskan Native 2= Asian 3=Black or A/A 4= Native Hawaiian or Other Pacific Islander 5 = White 6 = Declined to Provide

This institute is an Equal Opportunity Employer and Provider.



Student Status

Are **ALL** members of your household full-time students? Yes () No ()

Will **ALL** members of your household become full-time students during any 5 months of this year? Yes () No ()

Will **ALL** members of your household be full-time students during any 5 months of next year? Yes () No ()

Is **ANY ADULT** member of your household a part or full-time student of higher education? Yes () No () If yes, who is enrolled? _____ Which School are they enrolled in? _____

How do they pay for their education? What is the cost of tuition per semester? _____

Does ANY ADULT member of your household intend to become a student within the next 12 months Yes () No () If yes, who will be enrolling in school? _____

If yes, will they be enrolling as a full-time or part-time student? _____

1. Do you anticipate any additions to the household within the next 12 months? Yes () No ()
If yes, explain: _____
 - a. Does anyone live with you that is not listed above? Yes () No ()
If yes, explain: _____
 - b. In what states has each household member resided? (Please list all states for every household member.) _____
2. **Are you or any member of your household currently using an illegal controlled substance or have been convicted of doing so?** Yes () No () If yes, explain: _____
3. **Is ANY household member subject to a lifetime sex offender registration requirement in any state?** Yes () No () If yes, explain: _____
4. **Have you or any member of your household been convicted of a felon?** Yes () No ()
If yes, explain: _____
5. **Have you or any member of your household been evicted or refused housing?** Yes () No ()
If yes, when _____ and for what reason _____
6. Have you ever filed bankruptcy? Yes () No () If yes, explain: _____
7. Do you or anyone in your household require a caregiver? Yes () No ()
If yes, explain: _____
8. Do you have child care expenses for children 12 or under? Yes () No () If yes, how much: _____
Yes () No () If yes, describe: _____

Attention Handicapped / Disabled Applicants

Applicants may be eligible for income adjustments if the tenant or co-tenant has a handicap or disability, as defined by federal law. Certain other adjustments to income may be applicable if a household member other than the tenant or co-tenant has a handicap or disability, as defined by federal law. Additional information will be required to verify eligibility.

- PLEASE CHECK HERE to request adjustments for a tenant or co-tenant who is disabled / handicapped.
- PLEASE CHECK HERE to request adjustments for another household member who is disabled/handicapped.
- PLEASE CHECK HERE TO REQUEST A WHEELCHAIR ACCESSABLE UNIT: Apartments with special modifications for accessibility to persons in wheelchairs or other mobility impairments may be available.

Rent on the above apartments is determined by the applicant's income. Handicap units are available and priority will be given to those who require special design features. All responsible requests for special accommodations will be reviewed by management and in all cases possible will be met. Arkansas State Relay Service provides a toll free 24-hour a day service for the hearing impaired. That phone number is 1-800-285-1131. White River Regional Housing Authority provides equal Housing Opportunities.

Monthly Annual Income

List ALL sources on income as requested below. Do not leave any blanks. Write N/A if a section does not apply

Source	Applicant	Co-Applicant	Other Household Members 18 or Older	Total
Salary				
Overtime				
Fees				
Tips				
Bonuses				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Social Security				
SSI				
Pensions, Retirement Funds				
Unemployment Benefits				
Workers Compensation				
Disability Compensation				
Child Support				
Welfare Benefits				
Other Income				
Contributions Family/Group \$ _____				
Food Stamps \$ _____				
Alimony: Have an entitlement to receive alimony that is not currently being received? Yes () No () Are you currently going through the courts to collect? Yes () No ()				
Child Support: Have an entitlement to receive child support that is not currently being received? Yes () No () Are you currently going through the courts to collect? Yes () No ()				
Total Gross Annual Income based on the monthly amounts listed above X 12 \$ _____ Do you anticipate any changes in this income in the next 12 months? Yes () No () Is yes, Explain _____				

Assets

Please request an additional form if your number of assets exceeds the spaces available on the page. Do not leave any blank spaces. Write N/A if a section does not apply.

Checking Accounts/Credit Union

No.	Bank:	Balance\$
No.	Bank:	Balance\$

Savings Accounts/Credit Union

No.	Bank:	Balance \$
No.	Bank:	Balance \$

Trust Accounts

No.	Bank:	Balance \$
-----	-------	------------

Certificates of Deposit

No.	Bank:	Balance \$
-----	-------	------------

Savings Bonds

No.	Bank:	Balance \$
-----	-------	------------

Life Insurance Policy

No.	Bank:	Balance \$
-----	-------	------------

Mutual Funds

No.	Bank:	Balance \$
-----	-------	------------

Stocks or Bonds

No.	Bank:	Balance \$
No.	Bank:	Balance \$

Do you own real estate property? Yes () No ()

If yes, list type of property:
Location of property:
Appraised or Market Value \$
Mortgage or outstanding loan value \$
Amount of annual insurance premium \$
Most recent tax bill \$

Do you have any other assets not listed above (excluding personal property)?

Yes () No () If yes, please list:

Have you disposed of any property in the last 2 years? Yes () No ()

If yes, list type of property:
Market value when sold/disposed \$
Amount disposed/sold for \$
Date of transaction (mm/dd/yyyy)
Have you disposed of any other assets in the last 2 years? (Example: given money to relatives or set up Irrevocable Trust Funds? Yes () No () If yes, describe the asset:
Date of disposition (mm/dd/yyyy)
Amount disposed

Reference Information

Current Landlord

Name:	
Address:	
Home Phone:	
Business Phone:	
How Long?	

Personal Reference #1

Name:	
Address:	
Relationship:	
Phone #	

In case of emergency notify:

Name:	
Address:	
Relationship:	
Phone #	

Vehicle Information

List your vehicle below. Parking will be provided for one vehicle. Arrangements with Manager will be necessary for more than one vehicle.

Type of Vehicle		License Plate #	
Year/Make		Color	

Certification/Consent

I/we hereby certify that I/we do /will not maintain a separate subsidized rental unit in another location. I/we further certify that this will be my/our permanent residence. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I /we understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/we certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign this application. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income e and asset verification related to my/our application for tenancy.

Signature _____ Date: _____

Signature _____ Date: _____

Signature _____ Date: _____

Signature _____ Date: _____

I have requested help in filling out my application.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complain filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202)720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complain_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632-9992. Submit your completed form or letter to USDA by mail. US Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or fax (202)690-7442 or email: program.intake@usda.gov USDA is an equal opportunity provider, employer, and lender.

APPLICANT/TENANT AUTHORIZATION FOR RELEASE OF INFORMATION

WHITE RIVER REGIONAL HOUSING AUTHORITY

I authorize the release of any information including documentation and other materials pertinent to eligibility for participation in any assisted housing program

INFORMATION INQUIRIES ABOUT.

CHILD CARE EXPENSES	FEDERAL, STATE, TRIBAL OR LOCAL BENEFITS
CITIZENSHIP	HANDICAPPED ASSISTANCE EXPENSES
CREDIT HISTORY	IDENTITY AND MARITAL STATUS
CRIMINAL ACTIVITY	MEDICAL EXPENSE
FAMILY COMPOSITION	SOCIAL SECURITY NUMBERS AND BIRTH DATES
EMPLOYMENT, INCOME PENSION, & ASSETS	RESIDENCES AND RENTAL HISTORY

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

BANKS & OTHER FINANCIAL INSTITUTIONS	US SOCIAL SECURITY ADMINISTRATION
COURTS	UTILITY COMPANIES
LAW ENFORCEMENT AGENCIES	WELFARE AGENCIES
CREDIT BUREAUS	PROVIDERS OF
EMPLOYERS, PAST AND PRESENT	ALIMONY
LANDLORDS	CHILD CARE
PENSIONS AND/OR ANNUITIES	CREDIT
SCHOOLS AND COLLEGES	HANDICAPPED ASSISTANCE
US DEPARTMENT OF VETERANS AFFAIRS	MEDICAL CARE
US DEPARTMENT OF IMMIGRATION & NATURALIZATION	CHILD SUPPORT

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature

Date

Signature

Date

Social Security No.

Social Security No.

I certify that the above-named individual has read this document fully or that I have read it to him/her and I have explained its contents and answered any questions to the best of my ability and that he/she understood the significance of this document at the time of signing.

Housing Authority Representative

Date



Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051