APPLICANT INFORMATION FORM

Property address, phone and fax

does not discriminate against any person because of race, color, religion, sex, national origin, familial status, or handicap/disability. Management will assist any applicant who requests assistance in filling out this application. If you are handicapped or disabled, or have difficulty completing this application, please advise us of your needs when you receive the application or call us to schedule assistance. Our telephone number is Please call between the hours of Monday through Friday. Management will treat information you provide on income, handicap, or disability status as confidential. In accordance with program regulations, information may be released to appropriate Federal, State or local agencies. Any misrepresentation of information related to eligibility, preference for admission, allowance, rent, family composition, or prior tenant history will affect approval for residence. It is understood by the undersigned that this is an application only and does not insure occupancy.				
PERSONAL INFORMATION	<u> </u>			
Applicant's Full Name:				D.O.B
Have you ever used another nan	ne(s)	If yes, name(s)		
Social Security Number:				
Email Address:			Dr#:	
List any other persons who will reside with you below (Include relationship, date of birth, SSN and annual income)				
Name	Relationship	Date of Birth	Social Security Number	Annual Income
Do you anticipate a change in family composition? Yes No If yes, please explain:				
Do you have full custody of your child(ren)?Yes No If no, please explain:				
Present Address			How long at this address? From	To
City	State	Zip	Rent/Mort. Amount: \$	
Present Landlord or Mortgage HolderTelephone				
Reason for moving				
Is your lease expired? Y / N (please circle one) If not, when is your lease expiration date?Are you a student? Y / N (please circle one) If yes, are your full or part time?				
RACE AND ETHNICITY OF THE HEAD OF HOUSEHOLD:				
Check one box each in "A"& "B" (This section is optional) A. Is the head of your household? ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or other Pacific Islander B. Ethnicity of Head of household: ☐ Hispanic or Latino ☐ Not-Hispanic or Latino				

RESI	DENCE HISTORY:						
Previo	us Address			How lon	g at this address? From	To	
City		State	Zip	Rent/M	Iort. Amount: \$		
Previo	us Landlord or Mortga	ge Holder			Telephone		
Reason	n for moving						
Name o	of nearest living relativ	/e		Phone	Relationship		
Who sl	hould we contact in ca	se of emergency?_					
Relatio	onship:	Phone	A	Address			
Do you	ı have pets?If	yes what kind					
Do you	ı need language assista	nce in completing	this application?				
Do voi	u have any special neo	eds or requiremen	ts that we need	to be aware of?	Y/N		
	CRIMINAL & REN	ΓAL HISTORY (£	ANY UNANSW	ERED QUESTI	ON WILL BE CONSIDEI	RED A "YES")	
1.	Have you or any me	mber of your house	ehold ever been	convicted of or p	leaded guilty or "no contest"	to a felony or s	ex-
	related crime? Yes	No		-	•	•	
2. Are you or any member of your household Subject to a lifetime registration requirement under a state sex offender registration program?							
3.	Yes No Have you, your spot		t on the applicati	ion ever been cha	arged with a felony or sex-re	lated crime that	was
	resolved by probation	on, deferred adjudic			supervision or pre-trial diver		
4.	Yes No 4. Have you ever been evicted or been asked to move out of an apartment?						
5.	Yes No Have you in the past		ouse of alcohol to	hat has disrupted	the peaceful enjoyment of y	our neighbors?	Yes
	No	•		•		C	
6. Have you ever broken a rental agreement?							
Yes No 7. Have you ever been sued for rent?							
	Yes No		1 0				
8.	Have you ever been Yes No	sued for property d	lamage?				
Failur	e to respond to the ab	ove questions may	v jeonardize the	annroval of vo	ur application. If you answ	ered VFS to an	v of the
	ons above, please exp					cred 1E5 to an	ly of the
EMPL	OYMENT INFORM	ATION:					
Emplo	yed By				How Long?	Yrs	Mos.
Employers Address				Telephone			

Position	tion Monthly Income			Supervisor		
Previously Emp	ployed By			How long?	Yrs	Mos.
Employers Add	dress			Telephone		
Position	Monthly Income			Supervisor		
		(include financial aid, soci		curity, loans, mutual f	unds, stocks, bonds, etc	c.)
Income Source		Amount of yearly income		come Source	Amount of yearly ind	come
		\$ \$			\$ \$	
		DRMATION:				
Bank				Phone #		
Bank Contact/	Loan Officer			_Savings Acct #		
Have you ever If yes, list spec	filed bankruptcy ifics of judgmen	7? Y / N When?ts and collections:		Are there any	judgments against you? Y	/ N
1) 2) 3) 4)		ide student loans, credit cards, au \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		/ Mo / Mo / Mo / Mo	etc.)	
AUTOMOBII	LE INFORMAT	ΓΙΟΝ:				
Provide a coj	py of registrat	ion for each vehicle				
Make	VIN #		_Year_	Color	Plate No/State:	
Make	VIN #		_Year_	Color	Plate No/State:	
How did you l	earn about this	community?				
□ Friends	□ Resident o	f this community.		☐ Advocacy Group, if y	es please indicate which on	e?
□ Relatives	□ Newspaper	r, if yes please indicate which on	ie.	☐ Other, please specify		
with Cancelled by furnished by for the benef to them. I fur	y the lesser in me is materia fit of all resident thermore ack	event I enter into a lease the event any information ally inaccurate or incomple ents and proper operation of the control of t	te. I u of the p ved, r	nderstand that the Ru property, and I agree ead and understand the	tles and Regulations are that the residency will have Residents' Rights and	ocument e adopted be subject
consent form	ıs 9887 & 988	87/a and the HUD Fact She	et "H	ow your Rent is Dete	rmined".	
By signing belo to verify this in		that all of your responses are true	e and c	omplete and authorize		
Applicant S	ignature: _			Date:		

Credit and Criminal Background Check:

determine resident eligibility. I understand my authori	er understand that an acceptable credit rating, criminal background check, and
By signing below I am authorizing my application.	to obtain the criminal and credit background checks to process
Applicant's signature Date	
following: Updated on Applicant's initials	Has there been changes in the information?YesNo * If the applicant acome asset checklist. All changes need to be verified by third party
This application is not a lease agreement. THE SPIRIT AND INTENT OF THE SECTION 50- REGULATION OF THE REHABILITATION ACT 1973, WE WILL NOT DISCRIMINATE ON THE E OF DISABILITY.	Office Use Only Data Pagainada

All applicants are to be given an income and asset checklist to complete when they fill out or pick up a rental application. Once completed, please staple it to this application.

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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 willingly 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 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. 408 (a) (6), (7) and (8).**