

# 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**

Applicant's Full Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Have you ever used another name(s) \_\_\_\_\_ If yes, name(s) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Current Phone #: \_\_\_\_\_

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 Holder \_\_\_\_\_ Telephone \_\_\_\_\_

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

**RESIDENCE HISTORY:**

Previous Address \_\_\_\_\_ How long at this address? From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Rent/Mort. Amount: \$ \_\_\_\_\_

Previous Landlord or Mortgage Holder \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for moving \_\_\_\_\_

Name of nearest living relative \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Who should we contact in case of emergency? \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Do you have pets? \_\_\_\_\_ If yes what kind \_\_\_\_\_

Do you need language assistance in completing this application? \_\_\_\_\_

**Do you have any special needs or requirements that we need to be aware of? Y/N**

**If yes, please describe.** \_\_\_\_\_

\_\_\_\_\_

**CRIMINAL & RENTAL HISTORY (ANY UNANSWERED QUESTION WILL BE CONSIDERED A "YES")**

1. Have you or any member of your household ever been convicted of or pleaded guilty or "no contest" to a felony or sex-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?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you, your spouse or any applicant on the application ever been charged with a felony or sex-related crime that was resolved by probation, deferred adjudication, court-ordered community supervision or pre-trial diversion?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you ever been evicted or been asked to move out of an apartment?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you in the past had a pattern of abuse of alcohol that has disrupted the peaceful enjoyment of your neighbors? Yes \_\_\_\_\_  
No \_\_\_\_\_
6. Have you ever broken a rental agreement?  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. Have you ever been sued for rent?  
Yes \_\_\_\_\_ No \_\_\_\_\_
8. Have you ever been sued for property damage?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Failure to respond to the above questions may jeopardize the approval of your application. If you answered YES to any of the questions above, please explain further in the space provided immediately below:**

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

**EMPLOYMENT INFORMATION:**

Employed By \_\_\_\_\_

How Long? \_\_\_\_\_ Yrs \_\_\_\_\_ Mos.

Employers Address \_\_\_\_\_

Telephone \_\_\_\_\_

Position \_\_\_\_\_ Monthly Income \_\_\_\_\_ Supervisor \_\_\_\_\_

Previously Employed By \_\_\_\_\_ How long? \_\_\_\_\_ Yrs \_\_\_\_\_ Mos.

Employers Address \_\_\_\_\_ Telephone \_\_\_\_\_

Position \_\_\_\_\_ Monthly Income \_\_\_\_\_ Supervisor \_\_\_\_\_

**Other sources of income** (include financial aid, social security, loans, mutual funds, stocks, bonds, etc.)  
**Provide recent copies documenting each source of income**

Income Source	Amount of yearly income	Income Source	Amount of yearly income
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**BANKING & CREDIT INFORMATION:**

Bank \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Checking Acct. # \_\_\_\_\_

Bank Contact/ Loan Officer \_\_\_\_\_ Savings Acct # \_\_\_\_\_

Have you ever filed bankruptcy? Y / N When? \_\_\_\_\_ Are there any judgments against you? Y / N

If yes, list specifics of judgments and collections: \_\_\_\_\_

List financial obligations (include student loans, credit cards, auto or home loans, child support, etc.)

- 1) \_\_\_\_\_ \$ \_\_\_\_\_ / Mo
- 2) \_\_\_\_\_ \$ \_\_\_\_\_ / Mo
- 3) \_\_\_\_\_ \$ \_\_\_\_\_ / Mo
- 4) \_\_\_\_\_ \$ \_\_\_\_\_ / Mo
- 5) \_\_\_\_\_ \$ \_\_\_\_\_ / Mo

**AUTOMOBILE INFORMATION:**

**Provide a copy of registration for each vehicle**

Make \_\_\_\_\_ VIN # \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate No/State: \_\_\_\_\_

Make \_\_\_\_\_ VIN # \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate No/State: \_\_\_\_\_

**How did you learn about this community?**

- Friends  Resident of this community.  Advocacy Group, if yes please indicate which one?
- Relatives  Newspaper, if yes please indicate which one.  Other, please specify

I acknowledge that in the event I enter into a lease \_\_\_\_\_ that lease may be with \_\_\_\_\_

Cancelled by the lesser in the event any information provided by me in this application or any other document furnished by me is materially inaccurate or incomplete. I understand that the Rules and Regulations are adopted for the benefit of all residents and proper operation of the property, and I agree that the residency will be subject to them. I furthermore acknowledge that I have received, read and understand the *Residents' Rights and Responsibilities, "Is Fraud Worth It?", RHIP Information Sheet for Tenants, EIV and you Brochure, HUD consent forms 9887 & 9887/a and the HUD Fact Sheet "How your Rent is Determined"*.

By signing below, you declare that all of your responses are true and complete and authorize \_\_\_\_\_ to verify this information.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

