

Thank you for your interest in applying to live at a Lloyd Management property.

In order to get you in your new home as soon as possible it is very important that you read and follow the guidelines listed below. These standards adhere to government regulations.

The information that you are providing will be kept confidential by the Owner and/or Management Agent, with the exception to prove qualification. Please review each item carefully and provide the requested information truthfully and to the best of your knowledge. Giving false information may subject you to criminal penalties.

INCOMPLETE APPLICATIONS WILL BE RETURNED! Government regulations require that you submit specific documents before you can move in. If you do not have the required documents, please immediately begin the process of obtaining them. **We will begin to process your application without these documents, but you will not be able to move in until the documents are obtained for all household members.**

SUBMISSION CHECKLIST

Place a check mark next to the completed items.

- Complete this entire form by answering ALL questions. If a question does not apply to your household, please write n/a or not applicable in the space provided.
- Include complete addresses and/or contact information where requested on the application.
- If you make any changes or corrections to your information, draw a single line through the error, make the correction, and initial and date the change. Whiteout is NOT accepted!
- Each adult household member (age 18 or older) must sign and date on all signature lines. Your application will be returned if this step is not completed.
- If you don't understand something on the application, please ask questions. It's always better to be safe than sorry.
- Provide a copy of photo IDs for all household members (age 18 or older).
- Provide a copy of age verification for all household members, for example, birth certificate or driver's license.
- Provide a copy of Social Security cards for all household members.
- Proofs of income and assets noted throughout the application are attached.
- SECURITY DEPOSIT:** A security deposit of \$400 is required. Half of that (\$200) is required to start processing your application. We can accept checks or money orders written out to Nimens Espegard.



OFFICE USE ONLY	
Unit Size Requested	_____
Unit Number	_____
Targeted Move In Date	_____
Date Received	_____
Time Received	_____

APPLICATION FOR OCCUPANCY

Incomplete applications will be returned

Applicant Name _____

First
Middle
Last

Street Address _____

City _____ State _____ Zip _____ Email _____

Primary Phone # _____ Alternate Phone # _____

Alternate Contact _____

Name
Phone #

List ALL Household Members			Relationship to Head	Date of Birth	Male/Female/ Decline to Answer	Social Security Number
First	MI	Last				
			Head of Household		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	
					<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	
					<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	
					<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	
					<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	
					<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	

CURRENT HOUSING STATUS

How long have you lived at your current address? From _____ To _____ Is this family or a friend? Yes No

Name of Owner/Manager _____ Phone # _____ Email _____

Owner/Manager contact information: _____

Address
City
State
Zip

PREVIOUS HOUSING STATUS

Your previous address _____

Address
City
State
Zip

How long did you live at your previous address? From _____ To _____ Is this family or a friend? Yes No

Name of Owner/Manager _____ Phone # _____ Email _____

Owner/Manager contact information: _____

Address
City
State
Zip

List every state that each household member has lived: _____



The following questions pertain to yourself and every member of your household who will occupy the unit. Check either Yes or No in response to each question. Add an explanation if the answer is "YES". Use additional sheets if necessary. All questions must be answered; for those questions that do not apply, you are required to indicate so by answering "not applicable" or "n/a".

ELIGIBILITY INFORMATION

- 1. Do you certify that this will be your only place of residence? Yes No
- 2. Are you currently receiving Rental Assistance? Yes No
 I am currently receiving housing assistance in another complex. I understand that, according to my current lease, I must provide the required written notice to the agent currently managing the property where I live.

- 3. Have you ever been evicted from any type of housing? Yes No
- 4. Have you ever: Been Homeless Lived in Public Housing Fled Housing Due to Violence
- 5. Are you or any member of your household a veteran? Yes No
- 6. Have you ever been convicted of a felony? Yes No
- 7. Is at least one member of your household a US citizen or eligible immigrant? Yes No
- 8. Are ANY members of your household currently or expected to be a student (including children)? Yes No

If yes, then list all household members who are students:

Student Name	Age	School Name & Address	Full/Part Time (Check One)	Financial Aid (Check One)
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD INFORMATION

- 9. Is there someone not listed on this application who would normally be living in the household? Yes No
 If YES, please explain: _____
- 10. Do you have a live-in care attendant? Yes No
- 11. Do you expect the following change(s) to your household? Yes No
 Baby due or obtaining full or joint custody on: _____
 Adopting a child(ren) or receiving a foster child on: _____
 Other addition to household on: _____
- 12. Do you wish to have priority for a handicapped accessible unit with special design features? Yes No
- 13. Do you have a pet? Yes No
- 14. How did you hear about this housing? Online Newspaper Local Agency Drive By Resident Referral Other
- 15. Are you, or any member of the household, subject to a lifetime sex offender registration in any state? Yes No
 If YES, which household member: _____



INCOME

16. Do you or any household members, including minor children, currently receive or expect to receive income from the following?

A. Employment Yes No *If YES, include 4 to 6 current, consecutive paystubs.*

Household Member Name	Employer Name, Full Address, & Phone Number

B. Unemployment Benefits or Severance Pay Yes No *If YES, household member name: _____*
If YES, include a copy of your 12-month benefit payment history that is less than 120 days old.

C. Worker's Compensation Yes No *If YES, household member name: _____*
If YES, include 4 to 6 current, consecutive paystubs.

D. Are you self-employed or run your own business? (At home party sales, babysitting, cleaning, etc.) Yes No
If YES, household member name: _____ Date business opened: _____

F. Cash Benefits from the County (Do not include food or medical support) Yes No
If YES, household member name: _____ If YES, County contact info: _____

G. Military pay (including allowances) Yes No *If YES, household member name: _____*
If YES, include 4 to 6 current, consecutive statements.

H. Veteran's Administration Benefits Yes No *If YES, household member name: _____*
If YES, include a copy of a current award letter less than 120 days old. The letter must be dated by the VA Administration.

I. Social Security Benefits, Disability, or Death Benefits Yes No *If YES, household member name: _____*
If YES, include a copy of a current award letter less than 120 days old. The letter must be dated by the SSA Administration.

J. Regular payments from a pension or retirement plan (PERA, Railroad, etc.) Yes No
If YES, household member name: _____ Company Information: _____

K. Regular payments from an annuity, trust, or insurance policy Yes No
If YES, household member name: _____ Company Information: _____

L. Alimony or Government Ordered Child Support (include if it is court ordered even if it is not being received) Yes No
If YES, household member name: _____ If YES, include a printout showing the payments received in the last 12 months.

OR, if not paid through a government agency, provide the payor and their contact information:

M. Student Financial Aid in excess of tuition (from public or private sources; do not include student loans) Yes No
If YES, household member name: _____ Name of School: _____

N. Regular contributions from persons outside the household (including rent, utilities, groceries, cell phone, etc.) Yes No
If YES, contact person: _____ Address & Phone: _____

O. Any other source not listed above Yes No *If YES, please specify: _____*

17. Does any adult member of your household have zero income? Yes No *If YES, household member name: _____*



ASSETS

18. Do you or any other member of the household, including minor children, have any of the following?

A. Checking or Savings accounts Yes No

Household Member Name	Institution Name & Full Address

B. Prepaid Debit Card (reloadable cards such as Direct Express, NetSpend, ReliaCard, etc.) Yes No

If YES, include a current printout of the balance or a copy of your most recent statement AND a copy of the card.

Certificate of Deposit or Money Market Fund, IRA, Annuity, 401K account, or Keogh account Yes No

Household Member Name	Institution Name & Full Address

C. Pension or Retirement funds Yes No

If YES, household member name: _____ Agency: _____

D. Stocks, Bonds, Securities or Treasury bills Yes No

If YES, household member name: _____ Agency: _____

E. Trust fund Yes No

If YES, household member name: _____ Agency: _____

F. Whole life or Universal life insurance policy Yes No

If YES, household member name: _____ Agency: _____

G. Any other assets not listed above Yes No

If YES, household member name: _____ Specify: _____

19. Do you or any other members of the household own Real Estate or hold a contract for deed? Yes No

20. Have you sold or disposed of any assets for less than Fair Market Value during the two-year (24 month) period prior to the date of your application? Yes No

DEDUCTIONS

21. Do you have primary custody of your children? Yes No

22. Do you currently pay for childcare services for any children under the age of 13 residing in your household? Yes No

If YES, child's name: _____ Contact Information: _____

23. Do you currently pay for childcare services for any children under the age of 13 that you have custody of but are not living in your household? Yes No

If YES, child's name: _____ Contact Information: _____

24. Do you currently pay for a Care Attendant or any equipment for a disabled member of the household? Yes No

If YES, household member name: _____



DEDUCTIONS (CONT.)

25. Are any household members over the age of 62? Yes No

If YES, household member name: _____

26. Have any adult household members been diagnosed as disabled by a physician? Yes No

If YES, household member name: _____

If you answered NO to BOTH QUESTIONS 25 & 26, please skip question 27.

27. Do you currently pay **OUT-OF-POCKET** for any of the following medical expenses? *Please include ONLY those expenses that are paid directly by a household member and NOT covered by insurance.*

A. Medicare Yes No

If YES, household member name: _____

B. Medical insurance premiums Yes No

If YES, household member name: _____ Provider & Address: _____

Provider & Address: _____

C. Services of doctors or other health care professionals or facilities Yes No

If YES, household member name: _____ Provider & Address: _____

Provider & Address: _____

D. Prescription medications that have been prescribed by a physician Yes No

If YES, household member name: _____ Pharmacy & Address: _____

E. Over the counter medications that have been prescribed by a physician Yes No

If YES, household member name: _____ Provider & Address: _____

** You must include copies of receipts to receive this deduction.*

F. Transportation to/from treatment Yes No

If YES, household member name: _____

If YES, include your mileage log.

G. Dental expenses Yes No

If YES, household member name: _____ Provider & Address: _____

Provider & Address: _____

H. Eye care Yes No

If YES, household member name: _____ Provider & Address: _____

Provider & Address: _____

I. Hearing aids/batteries Yes No

If YES, household member name: _____ Provider & Address: _____

Provider & Address: _____

J. Live-in or periodic medical assistance such as nursing services Yes No

If YES, household member name: _____ Provider & Address: _____

K. Costs for an assistance animal and its upkeep Yes No

If YES, household member name: _____

** You must include copies of receipts to receive this deduction.*

L. Long-Term Care Insurance premiums Yes No

If YES, household member name: _____ Provider & Address: _____

M. Other Yes No

If YES, household member name: _____ Specify: _____



The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the 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.

Race / Ethnicity Info

Head	Co-Head	Dependent #1
(Print Name) <input type="checkbox"/> Non – Hispanic <input type="checkbox"/> Hispanic	(Print Name) <input type="checkbox"/> Non – Hispanic <input type="checkbox"/> Hispanic	(Print Name) <input type="checkbox"/> Non – Hispanic <input type="checkbox"/> Hispanic
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
Dependent #2	Dependent #3	Dependent #4
(Print Name) <input type="checkbox"/> Non – Hispanic <input type="checkbox"/> Hispanic	(Print Name) <input type="checkbox"/> Non – Hispanic <input type="checkbox"/> Hispanic	(Print Name) <input type="checkbox"/> Non – Hispanic <input type="checkbox"/> Hispanic
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other

Signature of Head of Household

Date

