
Applicant Information

_____ provides affordable housing for very low, low and moderate income households. This is an Equal Housing Opportunity community and we all are welcome to apply.

Inquire at the community management office about our current rental rates.

As set forth in the management plan, we enforce an occupancy standard as follows:

Unit Size	Min-Max (persons per household)
1-bedroom	1 - 3
2-bedroom	2 - 5
3-bedroom	3 - 7

To apply for an apartment you must complete an application. For an application to be considered complete, at a minimum the following information will be needed:

1. Income and assets of the household (total gross income and assets)
2. Household composition
 - a. Name(s) of all household members
 - b. Number in household
 - c. Households current address and a contact telephone number
 - d. Handicap/disability status
 - e. Birthdates and Social Security numbers of household members
 - f. Driver's license or ID number for adult household members
3. Prior and present landlord information
4. Credit history
5. Personal references
6. The application must be signed by all adults applying for occupancy

You will be notified in writing that you have been placed on the waiting list. It is the applicant's responsibility to notify the Resident Manager with any changes of address, phone number, employment, income, or household size. The Resident Manager can give you an estimate of when a unit may be available. The verification process will be begin when your name is near the top of the waiting list.

Current and previous landlords will be contacted, Criminal History will be verified, and a Credit Check will be run on all adult household members.

At any point of the verification process if a negative verification report is received, the application process will be discontinued and the application rejected in writing. Otherwise, when all of the verifications are received, eligibility will be determined. The applicant will be notified that they have been accepted for occupancy or rejected in writing.

If an applicant misses two (2) scheduled appointments with the Manager, their application will be withdrawn.

OFFICE USE ONLY
Date Rec'd: _____
Date Completed _____
Time: _____
Apt. Size: _____

OFFICE USE ONLY
Gross Income: _____
V: L: M:
Adj Income: _____



APPLICATION FOR OCCUPANCY



FOR: _____
TDD AND VOICE
1-800-735-2929

GENERAL INFORMATION:

HEAD OF HOUSEHOLD

Name -- -- -- -- SSN# -- -- -- Birth date/Age -- -- Drivers Lic./State

Marital Status of Head of Household: Married Separated Unmarried (single, divorced, or widowed)

LIST ALL OTHERS WHO WILL OCCUPY THE UNIT:

Name -- -- -- -- SSN# -- -- -- Birth date / Age -- -- DriverLic./State

- Does **anyone live with you now** who is **not** listed above? yes no
If yes, who? _____ Relationship: _____
- Have you ever been a **prior tenant or applied at this property before**? yes no If yes, when? _____
- Have you ever been **evicted**? yes no If yes, explain: _____
- Have you been **convicted of a felony** in the last 10 years? yes no
- Are you a **convicted sex offender** or required to register as a sex offender? yes no
If yes, when _____ and what for? _____
- Do you wish to **claim a \$400 deduction** from your household income based on an elderly "Household Status", where the tenant or co-tenant is 62 or older, or disabled? yes no
Which member of your household entitles you to this deduction? _____
Do you wish to request a **handicap accessible unit**? yes no
Specify: _____
Are there any **reasonable accommodations** or services that you would like to request? yes no
Specify: _____
- Are you or any members of your household 18 or older **attending school**? yes no If yes, who? _____
- Do you own a **pet**? yes no If yes how many? _____ Description: _____
- Do you have a **waterbed**? yes no If yes, do you have waterbed insurance? yes no
Name of insurance company: _____

APARTMENT SIZE REQUESTED: 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom

AUTOMOBILE:

Make: _____ Model: _____ Color: _____ Year: _____ License Plate # _____

Do you own a trailer, boat, camper, moped, motorcycle, etc? yes no

If yes, what type? _____

CURRENT ADDRESS:

Street Apt # _____ City _____ State _____ Zip _____

Phone Number: _____ Dates you lived here: _____

CURRENT MAILING ADDRESS:

Street or PO Box _____ City _____ State _____ Zip _____

CURRENT LANDLORD: _____ Address: _____

Is this landlord related to you? yes no If yes, what is the relation? _____

Phone Number: _____ If Apt., name of complex: _____

Reason you want to move: _____

Amount of rent you are paying: \$ _____ Are you currently living in a subsidized complex? yes no

Type: _____ Do you have a Section 8 certificate? yes no

Are you being displaced? yes no If yes, why? _____

Has your household's assistance or tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedures? yes no

If yes, circumstances: _____

PREVIOUS ADDRESS:

If apt., name of complex: _____ Dates you lived here: _____

Previous landlord: _____ Reason for moving: _____

Address: _____ Phone number: _____
(previous landlord) *(previous landlord)*

Is this landlord related to you? yes no If yes, what is the relation? _____

PREVIOUS ADDRESS:

If apt., name of complex: _____ Dates you lived here: _____

Previous landlord: _____ Reason for moving: _____

Address: _____ Phone number: _____
(previous landlord) *(previous landlord)*

Is this landlord related to you? yes no If yes, what is the relation? _____

PREVIOUS ADDRESS:

If apt., name of complex: _____ Dates you lived here: _____

Previous landlord: _____ Reason for moving: _____

Address: _____ Phone number: _____
(previous landlord) *(previous landlord)*

Is this landlord related to you? yes no If yes, what is the relation? _____

PERSONAL REFERENCES (do not list relatives):

Name Address Phone # Relationship

EMERGENCY CONTACT PERSON:

Name Address Phone # Relationship

HOUSEHOLD FINANCIAL OBLIGATIONS: Include all medical expenses, car payments, child support, loans, etc...

PAYABLE TO: (company name) MONTHLY PAYMENT

INCOME: Do you or any member of your household anticipate receiving income from any of the following sources during the next twelve months? (Please mark every question YES or NO. If you answer any questions YES, complete the blanks at the right.)

	AMOUNT RECEIVED		BY WHICH FAMILY MEMBER	SOURCE OF INCOME (name, address, & phone #)
	YES	NO		
Employment (Earned Income)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Employment (Earned Income)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alimony	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monetary Gifts	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Pension or Retirement/Benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
School Grants or Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supplemental Security Income	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Veterans Administration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Welfare (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Workers Disability Compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Do you anticipate any change in this income in the next twelve months? yes no

CHILDCARE: (Complete only if your child/children is/are 12 years of age or younger and living in you household.)

Do you pay for childcare expenses? yes no If yes, how much? \$ _____ /

To whom is this expense paid? Name: _____ Address: _____

Do you employ childcare in order for a household member to work or continue education? yes no

MEDICAL EXPENSES: Complete this part ONLY if the head of household or spouse is 62 or older, handicapped or disabled and you wish to be considered for deductions from your income.

Do you wish to claim ANY medical expenses within the next twelve-(12) months that are not paid for by Medicare or an insurance policy? yes no If yes, explain: _____

(examples: medical or dental expenses, including cost of insurance, prescriptions, eyeglasses, hearing aids or nursing care) DO NOT INCLUDE expenses that are reimbursed or paid by others outside your household.

DISABILITY EXPENSES: Complete the part ONLY for expenses to the extent needed to enable any family member to be employed and you wish to be considered for deductions from your income.

Do you wish to claim handicap or Attendant Care Expenses? yes no If yes, do you employ an attendant in order for a family member to work? yes no If yes, name of attendant: _____

Address of the attendant: _____

Are any of these expenses paid for or reimbursed by an outside agency? yes no

ASSETS:

Have you received or do you expect to receive any LUMP SUM payment such as inheritance, lottery winnings, or insurance settlements? yes no

If yes source of income: _____ Amount of income: \$ _____

Source Address: _____ When did you receive a payment? _____

In the last TWO years have you sold, given away or disposed of assets or real property (example: real estate and other items held for investment purposes such as gems, jewelry, coins, or collections)? yes no

If yes what type of asset: _____

Name of party who acquired asset and address: _____

Was this due to a divorce, separation, or bankruptcy? yes no

ASSETS II: Please mark every question either YES or NO. If you answer with a YES, complete the blanks on the right.

DO YOU HAVE...?	YES	NO	NAME ON	Account #	BALANCE/VALUE	BANK (name and address)
Checking Account (s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Savings Account (s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Money Market	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Certificate/Time Dep.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Trust Account (s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
IRA/Keogh/Life Ins.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Or other retirement	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Rental Property	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Other Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

I/We certify the housing I/we will occupy at _____ Apartments will be my/our permanent residence and I/We will not maintain a separate rental unit in a different location.

I/We authorize USDA-Rural Development, / Owner or Owner's Representative to obtain a criminal back ground check, credit report, wage-matching data and to contact any previous landlords.

I/We also certify that the information given is accurate and complete and understand lying or deliberate omission of relevant information will disqualify the applicant.

Signature: _____ Date: _____(A)

Signature: _____ Date: _____(B)

Signature: _____ Date: _____(C)

Signature: _____ Date: _____(D)

It is your responsibility as applicants to keep the Management notified of any changes in your application. This includes a change in household size, current address, income or assets.

HOUSEHOLD COMPOSITION:

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 Federal Laws prohibiting discrimination against tenant application 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.

GENDER / SEX: Head of Household M / F (A)

RACE/NATIONAL ORIGIN OF HEAD OF HOUSEHOLD (check at least one): American Indian or Alaska Native
 Asian Black or African American Native Hawaiian or Other Pacific Islander White

ETHNICITY (check one): Hispanic or Latino Not Hispanic or Latino

GENDER / SEX: C0-Head of Household M / F (B)

RACE/NATIONAL ORIGIN OF HEAD OF HOUSEHOLD (check at least one): American Indian or Alaska Native
 Asian Black or African American Native Hawaiian or Other Pacific Islander White

ETHNICITY (check one): Hispanic or Latino Not Hispanic or Latino

GENDER / SEX: Other Adult M / F (C)

RACE/NATIONAL ORIGIN OF HEAD OF HOUSEHOLD (check at least one): American Indian or Alaska Native
 Asian Black or African American Native Hawaiian or Other Pacific Islander White

ETHNICITY (check one): Hispanic or Latino Not Hispanic or Latino

GENDER / SEX: Other Adult M / F (D)

RACE/NATIONAL ORIGIN OF HEAD OF HOUSEHOLD (check at least one): American Indian or Alaska Native
 Asian Black or African American Native Hawaiian or Other Pacific Islander White

ETHNICITY (check one): Hispanic or Latino Not Hispanic or Latino

ADVERTISING: How did you hear about us? _____

In accordance with Federal law and U.S. Department of Agriculture policy, this Institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. 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).