



## Rental Application

For Internal Use Only	
Property: Soco 121	Received Date (DD/MM/YY):
Property Number: 512-443-4444	Time Received:
Property Fax Number: 512-443-4445	Wait List Number:

### Instructions to Applicant

- ✓ Each Household Member over 18 years of age and not a spouse of applicant must complete an application
- ✓ Do not leave any space blank. Write "No" or "N/A" where appropriate.
- ✓ All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined
- ✓ If you need to make a correction mark one line through the incorrect information, write the correct information above and initial the change
- ✓ It is your responsibilities to contact us whenever your address, telephone number, or income status changes, or should you need to add or remove a household member
- ✓ Once your application is received, we will make a preliminary determination of eligibility. If your household appears to be eligible, your application will be placed on the waiting list. This does not necessarily mean your household will be offered an apartment. If it is determined that later in the process that your household is not eligible, or does not meet the Tenant Selection Criteria, your application will be declined.
- ✓ We will process your application according to our standard procedures as outlined in the Tenant Selection Plan that includes the eligibility requirements of students that are 18 years of age and older and a full-time or part-time student status in an institution of higher learning, income requirements and criminal and credit requirements
- ✓ UAH Property Management, LP is an equal housing opportunity provider. We do not discriminate on the basis of Race, Color, Religion, National Origin, Sex, Familial Status or Disability.
- ✓ Please use a separate sheet of paper to provide the last three years of rental/residency history (if applicable)
- ✓ Please print clearly

Head of Household	I. FAMILY DATA
Full Name: <i>(as shown on driver's license or government ID)</i>	Phone: (     )
Complete Address: <i>(as shown on driver's license or government ID)</i>	Apt #
Driver's License or govt. photo ID # and State:	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Former Last Names:

Spouse	
Full Name: <i>(as shown on driver's license or government ID)</i>	Former Last Names:
Complete Address: <i>(as shown on driver's license or government ID)</i>	Apt #
Driver's License or govt. photo ID # and State:	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

Current Residence	II. RENTAL HISTORY	
Address City/State/Zip :	Apt #:	Current Rent: \$
Current owner/Landlord's Name:	Phone: (     )	
Reason for Moving:	Date moved in:	
Previous Residence (HUD requires 3 years Rental History)		
Previous Address/City/State:	Cost per Month:	
Reason For Leaving:	Occupied For:	Yrs     Mos
Owner/Landlord Name:	Phone:	

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### EMERGENCY CONTACT

<b>Name:</b>	<b>Phone:</b>
<b>Address:</b>	<b>Relationship:</b>

### Instructions to Applicant

- ✓ Please Complete the Table Below.
- ✓ Include all Members who you anticipate will live with you at least 50% of the time during the next 12 months.
- ✓ A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive.
- ✓ If you need additional space to for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number and your name.
- ✓ List each person living in the unit including the Head of Household and all other household members who will comprise the household.

### C. HOUSEHOLD COMPOSITION

HH#	Full Name (exactly as on driver's license or other govt. document)	Relationship Head of HH	Date of Birth	Gender	Student Status (circle one)	Social Security#/ Alien Registration No.	Receiving income
1		Head of Household			FT PT N/A		Yes No
2					FT PT N/A		Yes No
3					FT PT N/A		Yes No
4					FT PT N/A		Yes No
5					FT PT N/A		Yes No
6					FT PT N/A		Yes No
7					FT PT N/A		Yes No
8					FT PT N/A		Yes No

Do all above household members reside in the household 100% of the time?  Yes  No

If no, please list: \_\_\_\_\_

Are there any anticipated changes in household size within the next 12 months?  Yes  No

If yes, please explain: \_\_\_\_\_

Are there any anticipated changes in the number of students within the next 12 months?  Yes  No

If yes, please explain: \_\_\_\_\_

Are any of the household members listed above Foster Children?  Yes  No

If yes, please list their names: \_\_\_\_\_

Are any of the household members absent from the home?  Yes  No

if yes, indicate their names and reason for their absence: \_\_\_\_\_

Is any adult household member subject to State or Federal lifetime sex offender registry?  Yes  No

If yes, please list their name \_\_\_\_\_

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<i>Head of Household</i>		III. EMPLOYMENT	
<b>Current Employer:</b>		<b>Position:</b>	
<b>Address City/State/Zip</b>		<b>Phone:</b> (     )	
<b>Supervisor's Name:</b>		<b>Fax Number:</b> (     )	
<b>Date you Began this job:</b>		<b>Gross Mo. Income:</b> \$	

<b>Add/Prev. Employer:</b>		<b>Position:</b>	
<b>Address City/State/Zip</b>		<b>Phone:</b> (     )	
<b>Supervisor's Name:</b>		<b>Fax Number:</b> (     )	
<b>Dates you began and ended this job:</b>		<b>Gross Mo. Income:</b> \$	

<i>Spouse</i>			
<b>Employer:</b>		<b>Phone:</b> (     )	
<b>Address City/State/Zip</b>		<b>Position:</b>	
<b>Supervisor's Name:</b>		<b>Fax Number:</b> (     )	
<b>Date you Began this job:</b>		<b>Gross Mo. Income:</b> \$	

<b>Add/Prev. Employer:</b>		<b>Position:</b>	
<b>Address City/State/Zip</b>		<b>Phone:</b> (     )	
<b>Supervisor's Name:</b>		<b>Fax Number:</b> (     )	
<b>Dates you began and ended this job:</b>		<b>Gross Mo. Income:</b> \$	

Primary Source of Income ( <i>Head of Household</i> )							
<i>Source</i>	<i>Yes</i>	<i>No</i>	<i>Amount Received</i>	<i>Weekly</i>	<i>Monthly</i>	<i>Annually</i>	<i>Other (describe)</i>
<b>Salary?</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$				
<b>Tips/Bonus?</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$				
<b>Commissions/Fees?</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$				
<b>Overtime Pay?</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$				
<b>Other?</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$				

Primary Source of Income ( <i>Spouse</i> )							
<i>Source</i>	<i>Yes</i>	<i>No</i>	<i>Amount Received</i>	<i>Weekly</i>	<i>Monthly</i>	<i>Annually</i>	<i>Other (describe)</i>
<b>Salary?</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$				
<b>Tips/Bonus?</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$				
<b>Commissions/Fees?</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$				
<b>Overtime Pay</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$				

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Other?	<input type="checkbox"/>	<input type="checkbox"/>	\$				
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Additional Sources of Income							
Identify Income from the following sources, including periodic payments	Yes	No	Head of Household	Co-head/ Spouse	Other Adult Members	Child and/or Dependent	Totals
Interest/Dividends	<input type="checkbox"/>	<input type="checkbox"/>					
Net Business Income	<input type="checkbox"/>	<input type="checkbox"/>					
Net Rental Income	<input type="checkbox"/>	<input type="checkbox"/>					
Social Security	<input type="checkbox"/>	<input type="checkbox"/>					
Supplemental Security Income	<input type="checkbox"/>	<input type="checkbox"/>					
Disability/ Death Benefits	<input type="checkbox"/>	<input type="checkbox"/>					
Pension / Retirement Fund	<input type="checkbox"/>	<input type="checkbox"/>					
Familial Support	<input type="checkbox"/>	<input type="checkbox"/>					
Recurring Monetary Gifts	<input type="checkbox"/>	<input type="checkbox"/>					
Alimony	<input type="checkbox"/>	<input type="checkbox"/>					
Child Support (circle type) Anticipated / Voluntary / Court Order	<input type="checkbox"/>	<input type="checkbox"/>					
AFDC/TANF or other public assistance	<input type="checkbox"/>	<input type="checkbox"/>					
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>					
Workman's Compensation	<input type="checkbox"/>	<input type="checkbox"/>					
Work Study/Training Program	<input type="checkbox"/>	<input type="checkbox"/>					
Educational Scholarships/Grants	<input type="checkbox"/>	<input type="checkbox"/>					
Military Income	<input type="checkbox"/>	<input type="checkbox"/>					
Salary from 2 <sup>nd</sup> Job	<input type="checkbox"/>	<input type="checkbox"/>					
Other Income	<input type="checkbox"/>	<input type="checkbox"/>					

If other income, please explain: \_\_\_\_\_

Household Assets					
Does anyone in the Household have any of the following assets?	Yes	No	Value of Asset	Asset Income	Account Number
Checking Account	<input type="checkbox"/>	<input type="checkbox"/>			
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>			
Direct Express Card	<input type="checkbox"/>	<input type="checkbox"/>			
Credit Union Accounts	<input type="checkbox"/>	<input type="checkbox"/>			
Real Estate or Home	<input type="checkbox"/>	<input type="checkbox"/>			

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<b>Mutual Funds/Stocks/Bonds</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>IRA/401k</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Household Assets Continued...</b>					
<i>Does anyone in the Household have any of the following assets?</i>	<i>Yes</i>	<i>No</i>	<i>Value of Asset</i>	<i>Asset Income</i>	<i>Account Number</i>
<b>Retirement/ Pension Fund</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Annuities Income</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Whole Life Insurance (cash value)</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Rental Property</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Trust Fund</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>If yes, is the trust revocable?</b>	<input type="checkbox"/>	<input type="checkbox"/>			

<i>Have you received any lump sum payments such as the items listed below?</i>	<i>Yes</i>	<i>No</i>	<i>Value of Asset</i>	<i>Asset Income</i>	<i>Account Number</i>
<b>Inheritances</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Lottery or other winnings</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Workers compensation settlements</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Social Security disability settlements</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>VA disability settlements</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Capital Gains</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>			

If other assets please explain: \_\_\_\_\_

- When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdrawal, or any fees deducted to convert the asset to cash, For example, if you owned a home, and sold it, how much cash would you have after you paid off the mortgage, the realtor, etc.? That's the amount you should list in the "value" column.

Other than foreclosure or bankruptcy, have you disposed of any assets for less than it is worth in the last two years?  Yes  No

If yes, please explain: \_\_\_\_\_

Has anyone in your household owned a home in the last 2 years?  Yes  No If yes, who? \_\_\_\_\_

Do they currently own it?  Yes  No If no, when was it disposed of? \_\_\_\_\_

If yes, is it being rented?  Yes  No Is it sitting vacant?  Yes  No In the process of being sold?  Yes  No

<b>HOUSING ASSISTANCE</b>					
<i>List any assistance provided to or received by any member of the household</i>	<i>Yes</i>	<i>No</i>	<i>Amount</i>	<i>Date Received</i>	<i>Reason</i>
<b>Federal Emergency Management Agency</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Small Business Administration (SBA)</b>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Housing and Urban Development (Section 8)</b>	<input type="checkbox"/>	<input type="checkbox"/>			

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Tenant Based Rental Assistance (TBRA)	<input type="checkbox"/> <input type="checkbox"/>			
Insurance (homeowners)	<input type="checkbox"/> <input type="checkbox"/>			

### Signatures

I understand that the above information is being collected to determine my eligibility for residence. I authorize the owner / manager to verify information provided on this application and my signature is my consent to obtain such verification. I certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property). I further certify that the statements made in this application are true and complete to the best of my knowledge and belief and am aware that false statements are punishable under Federal law.

I understand that this application and all related inquires will be used only for its relevance to screening and occupancy at this property.

\_\_\_\_\_  
Applicant's printed name

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's printed name

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a 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 uses 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. Section

\*\*408 (a) (6), (7) and (8).\*\*

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**Additional Contact Information**

As part of your tenancy, we suggest providing the name, address, telephone number and other relevant information of a family member, friend or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care of services you may require. You may update, remove or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Tenant Name:	
Mailing address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (If Applicable):	
Relationship to Tenant:	
Reason for Contact (Check all that apply): <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of Rental Assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in Lease terms <input type="checkbox"/> Change in House Rules <input type="checkbox"/> Other: _____	
This information will be kept as part of your tenant file for the duration of your tenancy at our Community. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. Our office will check on an annual basis to ensure that the provided information is accurate and current.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the Tenant or Applicable Law.	

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management/Owner Representative

\_\_\_\_\_  
Date

If you are disabled or have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

UAH Property Management does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, Par 8 dated June 2, 1988)



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