

FILL OUT COMPLETELY
 DATE & TIME RECEIVED:

REQUESTED BEDROOM SIZE: _____

LOW INCOME RENTAL APPLICATION

COMPLEX _____

LAST NAME OF APPLICANT		FIRST		INITIAL		DAY PHONE	
STREET ADDRESS		CITY		STATE		ZIP	
DATE OF BIRTH		SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.		MESSAGE PHONE	
LAST NAME OF CO-APPLICANT		FIRST		INITIAL		DAY PHONE	
DAY OF BIRTH		SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.		E-mail	
RACE/ ETHNICITY CODES		<input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> OTHER <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER ETHNICITY				CHECK ONE <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/> HISPANIC	
PETS		DO YOU HAVE ANY PETS? (INCLUDE BIRDS, FISH, ETC.) <input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES, WHAT KIND?				APARTMENT TO BE OCCUPIED BY # _____ PERSONS _____	
OCCUPANTS		LIST PERSONS WHO WILL OCCUPY APTMENT - LIST YOURSELF & YOUR CO-APPLICANT.					IF MORE THAN 6 USE ADDITIONAL INFORMATION
NAME		BIRTH DATE	SEX	STUDENT	SOCIAL SECURITY NUMBER	RELATIONSHIP TO APPLICANT	
1			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
4			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
5			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
6			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCOME SOURCES		LIST SOURCES OF INCOME FOR ALL FAMILY MEMBERS 18 YEARS OR OLDER.					
Employment \$ _____ /per _____		AFDC/TANF \$ _____ /per _____		Pension \$ _____ /per _____		Other (Type) _____	
Social security \$ _____ /per _____		General Relief \$ _____ /per _____		Alimony/Child Support \$ _____ /per _____			
SSI \$ _____ /per _____		Unemployment \$ _____ /per _____		Disability \$ _____ /per _____		\$ _____ /per _____	
ASSET/BANK ACCOUNTS		CHECKING <input type="checkbox"/> YES <input type="checkbox"/> NO		SAVINGS <input type="checkbox"/> YES <input type="checkbox"/> NO		STOCK/BONDS <input type="checkbox"/> YES <input type="checkbox"/> NO	
						REAL ESTATE/PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRESENT EMPLOYER		NAME		TELEPHONE		SALARY	
ADDRESS						DATE OF EMPLOYMENT FROM:	
PRESENT LANDLORD		<input type="checkbox"/> RENT <input type="checkbox"/> OWN		NAME		TELEPHONE	
ADDRESS				MONTHLY PAYMENT		DATE OF RESIDENCE FROM:	
						TO:	
PREVIOUS LANDLORD		<input type="checkbox"/> RENT <input type="checkbox"/> OWN		NAME		TELEPHONE	
ADDRESS				MONTHLY PAYMENT		DATE OF RESIDENCE FROM:	
						TO:	
PREVIOUS LANDLORD		<input type="checkbox"/> RENT <input type="checkbox"/> OWN		NAME		TELEPHONE	
ADDRESS				MONTHLY PAYMENT		DATE OF RESIDENCE FROM:	
						TO:	
OUT OF STATE RESIDENTIAL HISTORY		HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD 18 YEARS OF AGE OR OLDER EVER RESIDED IN ANOTHER STATE? IF SO, PLEASE COMPLETE THE FOLLOWING: SHOULD YOU NEED ADDITIONAL SPACE PLEASE USE A SEPARATE SHEET OF PAPER.					
NAME OF HOUSEHOLD MEMBER				DATES OF RESIDENCY			
OUT OF STATE ADDRESS		CITY		STATE		ZIP	



PREFERENCE ELIGIBILITY

The Department of Housing and Urban Development has established requirements for ensuring that housing assistance is directed to those with the most urgent housing needs. These categories that may include one or more of the following as may be required by individual programs pursuant to statute or based upon HUD regulation.

If you think you may be eligible for the preference required by individual programs pursuant to statute or based upon HUD regulation, please check the box below.

- I have been displaced from an urban renewal area, or as a result of government auction, or as a result of a disaster determined by the President to be a major disaster.
- I do not think I am eligible for the displace preference at this time.
- I am 62 year or older.
- I am handicapped or disabled.

I agree to provide documentation sufficient to verify my qualification for a preference when the resident manager request that I do so.

If my eligibility for a preference changes in the future, I will contact the resident manager. INITIAL DATE

SPECIAL UNIT REQUIREMENT(S)

THIS SECTION TO BE INCLUDED IN EVERY APPLICATION. It is used to determine whether an applicant needs special features in its apartment. The need for special adaptations must be verified in order to assure that the limited number of apartments with special features go to families that actually need the features.

I choose not to complete this section of the form. INITIAL DATE

1. Do you, or does any member of your family have a condition that requires:

- a separate bedroom unit for vision-impaired physical modifications to a typical apartment
- a barrier-free unit unit for hearing-impaired
- one-level unit bedroom/bath on 1st floor

2. Can you and your entire family member go up and down stairs unassisted? YES NO

If No, please indicated how we could accommodate your family: _____

3. Will you or any of your family members require a live-in aide to assist you? YES NO

If Yes, please explain: _____

4. If you checked any of the above listed categories of apartments, please explain exactly what you need to accommodate your situation:

5. What is/are the name(s) of the family member(s) who need/s the features identified above? _____

6. Who should be contacted to verify your needs for the features you have identified above?

Name _____ Phone () _____

Address _____

PRIOR TENANCY	Has your family's assistance or tenancy in a subsidized housing program ever been terminated for:	
	Fraud <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, explain _____
	Nonpayment of rent <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, explain _____
	Failure to cooperate with recertification procedures <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, explain _____

CRIMINAL CONVICTION	Have you or any member of your household ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	If Yes, which family member <input type="checkbox"/> misdemeanor or <input type="checkbox"/> felony	If Yes, which family member <input type="checkbox"/> misdemeanor or <input type="checkbox"/> felony	
WHEN	WHERE – CITY & STATE	WHEN	WHERE – CITY & STATE
EXPLAIN DETAILS		EXPLAIN DETAILS	

We are an equal housing opportunity provider. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap, or national origin in compliance with the Fair Housing Act.

Your signature below authorizes management to obtain a "consumer report" at any time during the application process or any time after initial occupancy as defined in the Fair Credit Reporting Act. 15 U.S.C Section 1681 a(d), seeking information on creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Owner or agent has the right to reject this application and return the deposit(s) at any time prior to execution of a lease agreement. If applicant(s) withdraws application or fails to execute a lease agreement upon request of owner or agent, the deposit(s) may be retained by owner as liquidated damages.

APPLICANT(S) HEREBY REPRESENTS THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND COMPLETE AND AUTHORIZES INQUIREIES OF ANY STATEMENT MADE HEREIN.

NOTIFY US IN WRITING OF ANY CHANGE TO INFORMATION PROVIDED WITHIN THIS RENTAL APPLICATION.

APPLICANT SIGANTURE	DATE	CO-APPLICAT SIGANTURE	DATE
X		X	
MANAGEMENT SIGNATURE			DATE

Resident Survey: How did you hear about us? _____ Newspaper _____ Walk-In _____ Advertisement

_____ Internet _____ Referral _____ Other (Explain) _____

