

Applicant Information

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

Inquire at the community management office about current rental rates.

As set forth in the management plan, the following occupancy standards are enforced:

| | | RHCP Limits | |
|------------------|--|--------------------|--|
| Unit Size | Min-Max (persons per household) | Unit Size | Min-Max (persons per household) |
| Studio | 1 - 2 | Studio | 1 - 2 |
| 1-Bedroom | 1 - 3 | 1-Bedroom | 1 - 3 |
| 2-Bedroom | 2 - 5 | 2-Bedroom | 2 - 5 |
| 3-Bedroom | 3 - 7 | 3-Bedroom | 4 - 7 |
| 4-Bedroom | 4 - 9 | 4-Bedroom | 6 - 9 |
| 5-Bedroom | 5 - 10 | | |

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. Household's 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 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 the verifications are received, eligibility will be determined. The applicant will be notified in writing that they have been placed on the waiting list or rejected for occupancy.

If an applicant misses two (2) scheduled appointments with the Manager, their application will be withdrawn.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

CO-HEAD OF HOUSEHOLD

| Name | SSN# | Birth Date/Age | Drivers Lic. #/State |
|-------|-------|----------------|----------------------|
| _____ | _____ | _____ | _____ |

LIST ALL OTHERS WHO WILL OCCUPY THE UNIT:

| Name | SSN# | Birth Date/Age | Drivers Lic. #/State |
|-------|-------|----------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

- Does **anyone live with you now** who is **not** listed above? yes no
If yes, who? _____ Relationship: _____
- List all states you or a member of your household have lived in: _____
- Have you ever been a **prior tenant 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 lifetime 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

How many adults in household? _____ (A rental history must be attached for each adult.)

Is a rental history attached? yes no

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? _____

AUTOMOBILE:

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

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

If yes, what type? _____

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.)

| | YES NO | | AMOUNT RECEIVED (per time period) | BY WHICH <u>FAMILY MEMBER</u> | SOURCE OF INCOME (name, address, & phone #) |
|----------------------------------|--------------------------|--------------------------|--------------------------------------|----------------------------------|--|
| 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"/> | _____ | _____ | _____ | _____ |
| Direct Debit Card (s) (EDD, SS, C/S, TANF, etc.) | <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 _____ 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.

