



APPLICATION FOR LEASE OF APARTMENT EQUAL HOUSING OPPORTUNITY



Property Name: _____
 Address: _____
 Phone Number: _____ TDD Phone Number: _____

For Office Use Only	
Date/Time Application Rcvd	_____ / _____ AM PM
Application Rcvd By:	_____
Apt. Size Needed:	_____
Apt. # Assigned:	_____
Move-In Date:	_____

**YOU MUST ANSWER ALL QUESTIONS IN FULL. DO NOT LEAVE ANY SPACES BLANK;
 WRITE "NONE" WHERE APPROPRIATE. COPIES OF DOCUMENTS LISTED ON PAGE 5 MUST BE ATTACHED.**

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY #	DATE OF BIRTH	AGE
PREVIOUS OR MAIDEN NAME	DRIVER'S LICENSE # / STATE		STUDENT STATUS	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> No <i>Do you expect to be a student in the next 12 months?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
HOW DID YOU HEAR ABOUT THIS APARTMENT COMMUNITY?			MARITAL STATUS:	<input type="checkbox"/> Single never married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____	
EMAIL ADDRESS			PHONE NUMBER	ALTERNATE PHONE NUMBER	

CO-APPLICANT INFORMATION (adult, 18+ years old or emancipated minor)

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY #	DATE OF BIRTH	AGE
PREVIOUS OR MAIDEN NAME	DRIVER'S LICENSE # / STATE		STUDENT STATUS	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> No <i>Do you expect to be a student in the next 12 months?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER OCCUPANTS

List all **other** persons who will live in the unit **50% or more of the time** in the upcoming 12-month period, including unborn children.
No person is to live with you who is not listed.

NAME	AGE	FULL-TIME STUDENT		INCOME?		D.O.B.	SS#	RELATIONSHIP
		YES	NO	YES	NO			
1.								
2.								
3.								
4.								
5.								

HOUSEHOLD INFORMATION. You must explain any questions answered YES below.

Do you anticipate any <u>additional</u> persons residing in the unit during the next twelve (12) months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you anticipate any household member becoming a <u>full-time student</u> * in the next twelve (12) months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you currently own a pet? (<i>Note: pets are not permitted at some properties. Please ask the manager for details.</i>)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you or any members of your household receiving rental assistance through a voucher program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you or any members of your household ever had your lease terminated or ever been evicted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you or any members of your household subject to a State lifetime sex offender registration?	<input type="checkbox"/> YES <input type="checkbox"/> NO

* **Full-Time Student:** Any individual who currently is or will be enrolled at an educational institution with regular facilities during 5 calendar months for the number of hours or courses that are considered full-time attendance by that institution. The 5 months need not be consecutive.

RESIDENTIAL HISTORY: MINIMUM 3 CONSECUTIVE YEARS REQUIRED! Attach additional pages if needed.

CURRENT ADDRESS

STREET ADDRESS		CITY	COUNTY	STATE	ZIP
DATES ____/____/____ TO ____/____/____		MONTHLY <input type="checkbox"/> RENT or <input type="checkbox"/> MORTGAGE \$	MONTHLY UTILITIES \$	REASON FOR MOVING	
LANDLORD'S NAME	RELATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANDLORD'S ADDRESS		LANDLORD'S PHONE NUMBER	

PREVIOUS ADDRESS

STREET ADDRESS		CITY	COUNTY	STATE	ZIP
DATES ____/____/____ TO ____/____/____		MONTHLY <input type="checkbox"/> RENT or <input type="checkbox"/> MORTGAGE \$	MONTHLY UTILITIES \$	REASON FOR MOVING	
LANDLORD'S NAME	RELATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANDLORD'S ADDRESS		LANDLORD'S PHONE NUMBER	

HOUSEHOLD HISTORY. Please circle ALL STATES where you or any members of your household have lived.

ALABAMA	FLORIDA	LOUISIANA	NEBRASKA	OKLAHOMA	VERMONT
ALASKA	GEORGIA	MAINE	NEVADA	OREGON	VIRGINIA
ARIZONA	HAWAII	MARYLAND	NEW HAMPSHIRE	PENNSYLVANIA	WASHINGTON
ARKANSAS	IDAHO	MASSACHUSETTS	NEW JERSEY	RHODE ISLAND	WEST VIRGINIA
CALIFORNIA	ILLINOIS	MICHIGAN	NEW MEXICO	SOUTH CAROLINA	WISCONSIN
COLORADO	INDIANA	MINNESOTA	NEW YORK	SOUTH DAKOTA	WYOMING
CONNECTICUT	IOWA	MISSISSIPPI	NORTH CAROLINA	TENNESSEE	
DELAWARE	KANSAS	MISSOURI	NORTH DAKOTA	TEXAS	
DISTRICT OF COLUMBIA	KENTUCKY	MONTANA	OHIO	UTAH	

CRIMINAL HISTORY

Have you or any members of your household been arrested for or convicted of any crimes listed below? YES NO

If yes, indicate by using numbers below.

- | | | |
|-----------------------------|------------------------------------|---------------------------------------|
| 1. HOMICIDE/MURDER | 4. THREATS OR HARASSMENT | 9. PUBLIC INTOX./DRUNK AND DISORDERLY |
| 2. RAPE OR CHILD MOLESTING | 5. DESTRUCT. OF PROP./VANDALISM | 10. RECEIVING STOLEN GOODS |
| 3. BURGLARY/ROBBERY/LARCENY | 6. ASSAULT OR FIGHTING | 11. FRAUD |
| | 7. DRUG TRAFFICKING/USE/POSSESSION | 12. PROSTITUTION |
| | 8. CHILD ABUSE/DOMESTIC VIOLENCE | 13. DISORDERLY CONDUCT |

MEMBER'S NAME	CRIME(S) #	STATUS/DISPOSITION
MEMBER'S NAME	CRIME(S) #	STATUS/DISPOSITION

AUTOMOBILES. This information is necessary to keep a record of vehicles allowed on the premises and to control adequate parking.

MAKE	MODEL	COLOR	YEAR	LICENSE TAG NO./STATE	REGISTERED OWNER
MAKE	MODEL	COLOR	YEAR	LICENSE TAG NO./STATE	REGISTERED OWNER

EMERGENCY CONTACT

NAME		ADDRESS		
RELATIONSHIP	PHONE #	ALTERNATE PHONE #	In case of emergency, would this person have permission to enter your unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

Do you or any members of your household have a condition that requires:

- A Separate Bedroom Unit for Vision-Impaired Physical Modifications to a Typical Apartment
 A Barrier-Free Apartment Unit for Hearing-Impaired Any Other Accommodation

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

Who should be contacted to verify your need for the features you have identified above?

NAME	PHONE
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ADDRESS

INCOME LIST. Do you or any members of your household receive income from any of the following sources?

	APPLICANT		CO-APPLICANT		OTHER OCCUPANTS	
	YES (✓)	NO (✓)	YES (✓)	NO (✓)	YES (✓)	NO (✓)
Wages/salaries						
Tips, fees, bonuses or commissions						
Overtime pay						
Business/Self Employment						
Military Pay						
Unemployment benefits						
Worker's Compensation						
Severance Pay						
Social Security / SSI						
Public Assistance / TANF						
Alimony						
Child Support (check YES for any received <u>and/or</u> court-ordered amounts)						
Income from rent or sale of property						
Recurring monetary gifts or noncash contributions						
Student financial aid, educational grants/scholarships						
<i>Periodic payments from:</i>						
Disability Benefits (other than SSI)						
Death Benefits						
Retirement Funds / Pensions						
Annuities or non-revocable trust						
Insurance Policies						
Lottery winnings						
Other Income:						

INCOME DETAILS

List each source of income for all household members. Use gross amounts (before deductions).

INCOME/AMOUNTS FROM ALL SOURCES WILL BE VERIFIED.

FAMILY MEMBER NAME	INCOME SOURCE/TYPE (I.E., WAGES, SSI)	EMPLOYER/PROVIDER ADDRESS & PHONE #	ANNUAL GROSS AMOUNT

If any adult is currently unemployed, please provide prior job information. If none, write none.
Termination of jobs within the last 12 months will be verified.

FAMILY MEMBER NAME	PREVIOUS EMPLOYER NAME, ADDRESS & PHONE #	DATE TERMINATED

Did you or any household members file a federal tax return last year? YES NO

ASSET LIST. Do you or any household members have any of the following assets?

	APPLICANT		CO-APPLICANT		OTHER OCCUPANTS	
	YES (✓)	NO (✓)	YES (✓)	NO (✓)	YES (✓)	NO (✓)
Savings Accounts						
Checking Accounts						
Depository Debit Card (i.e. for child support or social security)						
Certificates of Deposit (CD) or Money Market Funds						
IRA / Keogh account / 401(k)						
Retirement funds / Pensions						
Stocks						
Bonds						
Mutual Funds						
Treasury Bills						
Trusts <i>If yes, is the trust non-revocable?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No						
Real Estate (Land, Homes, Rental Property, etc.)						
Whole life or universal life insurance policy						
Cash held in safety deposit boxes or home						
Assets held in another state or foreign country						
Personal Property Held As Investment						
Mortgage <i>held by</i> (not being paid by) household (i.e. contract sale)						
Lump Sum Receipts such as						
Inheritance, capital gains						
Lottery winnings						
Insurance Settlements						
Other						
Other Assets:						

ASSET DETAILS. List all assets for all household members.

Bank Accounts / Depository Debit Card				
FAMILY MEMBER NAME		NAME OF BANK	ACCOUNT TYPE	CURRENT BALANCE
Real Estate				
FAMILY MEMBER NAME		SOURCE/TYPE		VALUE
CURRENT MORTGAGE \$ BALANCE	MONTHLY MORTGAGE \$ PAYMENT	WHO HOLDS THE MORTGAGE?	WHO PAYS THE MORTGAGE?	MONTHLY RENTAL INCOME
Other Assets				
FAMILY MEMBER NAME		SOURCE/TYPE		VALUE

Have you or any household member disposed of any asset for less than fair market value within the last two years? YES NO
If yes, please list:

TYPE OF ASSET	DATE OF DISPOSITION	AMOUNT RECEIVED	MARKET VALUE

SIGNATURES

THE APPLICATION MUST BE SIGNED BY ALL ADULT MEMBERS OF THE HOUSEHOLD.

BY SIGNING BELOW, APPLICANT(S) AUTHORIZE MANAGEMENT TO VERIFY THE REPUTATION AND CHARACTER OF ALL HOUSEHOLD MEMBERS VIA REFERENCES, LAW ENFORCEMENT AGENCIES, CREDIT BUREAUS, AND CURRENT/PREVIOUS LANDLORDS. (SEE FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE BELOW.)

APPLICANT(S) HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE AND THAT ALL INCOME AND ASSETS OF THE HOUSEHOLD ARE LISTED. APPLICANT(S) UNDERSTAND AND AGREE THAT THE OWNER IS REQUIRED TO VERIFY THIS INFORMATION AND AGREES TO SIGN ALL AUTHORIZATIONS FOR RELEASE OF INFORMATION NEEDED TO VERIFY THE INFORMATION PROVIDED.

SIGNATURE: _____ (APPLICANT) DATE: _____

SIGNATURE: _____ (CO-APPLICANT) DATE: _____

SIGNATURE: _____ (CO-APPLICANT) DATE: _____

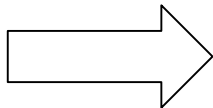
SIGNATURE: _____ (CO-APPLICANT) DATE: _____

PENALTIES FOR FALSE OR WILLFULLY OMITTED INFORMATION INCLUDE REJECTION OF APPLICATION AND/OR EVICTION.

EQUAL HOUSING OPPORTUNITY

We need the following items from you. Please bring or attach copies to this application:

1. BIRTH CERTIFICATE AND/OR DRIVER'S LICENSE FOR ALL ADULTS IN HOUSEHOLD.
2. BIRTH CERTIFICATE FOR ALL MINORS IN HOUSEHOLD.
3. SOCIAL SECURITY CARD FOR ALL MEMBERS OF HOUSEHOLD.



THIS APPLICATION CANNOT BE PROCESSED UNLESS ALL INFORMATION IS COMPLETE.

**CHECK OR MONEY ORDER FOR APPLICATION PROCESSING FEE
MUST BE RETURNED WITH THE COMPLETED APPLICATION.**

Application Fee: \$ _____ Made payable to: _____

FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE

You are hereby notified that _____ may obtain a consumer report or an investigative consumer report during the processing of your application for an apartment. These reports will be obtained from public or private record sources or through personal interviews with your neighbors, associates, friends or prior Landlords for the purpose of evaluating your ability to meet the Tenant Selection Criteria established for the property. These reports may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. Such reports will only be obtained after receipt of your written consent to obtain the information. Your signature of the rental application will serve as such authorization.

RURAL DEVELOPMENT PROPERTIES ONLY

If you feel that this application is unjustly rejected on the basis of discrimination, you have the right to appeal this decision under the RD 3560.160 Tenant Grievance Procedure.

FOR STATISTICAL PURPOSES ONLY: THIS INFORMATION WILL NOT AFFECT TENANT SELECTION

	GENDER		RACE					ETHNICITY		DISABLED (YES or NO)
	Male	Female	(1) White	(2) Black or African American	(3) American Indian/ Alaska Native	(4) Asian	(5) Native Hawaiian or Other Pacific Islander	(1) Hispanic or Latino	(2) Not Hispanic or Latino	
Applicant										
Co-Applicant										
Other Occupant 1										
Other Occupant 2										
Other Occupant 3										
Other Occupant 4										
Other Occupant 5										

DISABILITY STATUS:

Check "Y" if any member of the household is disabled according to Fair Housing Act definition for handicap (disability): A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment and other terms used, please see 24 CFR 100.201, available at www.fairhousing.com/index.cfm?method=pagename=regs_fhr_100=201.

RACE

The following race codes should be used:

- 1 – White: A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian or "Negro" apply to this category.
- 3 – American Indian/Alaska Native" A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 5 – Native Hawaiian/Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Note: Multiple racial categories may be indicated as such: 3 -1 – American Indian/Alaska Native & White, 4-1 – Asian & White, etc.

ETHNICITY

The following ethnicity codes should be used:

- 1 – Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.
- 2 – Not Hispanic: A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

EQUAL HOUSING OPPORTUNITY

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 and/or United States Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. This information will not be used in evaluating your application or to discriminate against you in any way.