

Rental Application

To be completed by office staff:
 Date Application Rec'd _____
 Time Application Rec'd _____
 Signature of Staff member receiving application _____

Please print or type:

Full Name: _____

Current Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Phone: _____

Household Composition & Characteristics

Member's Name	Relationship to Head	Date of Birth	Birth Place (City, State)	Age	Sex	Social Security No.
	HEAD					

Residential History

1. Present Landlord/Property Name: _____
 Present address: _____ Apt. # _____
 City, State, Zip: _____
 Landlord Day Phone: (_____) _____ Rent Amt: \$ _____ per month
 Dates Rented/From: _____ To: _____

2. Previous Landlord/Property Name: _____
 Previous address: _____ Apt. # _____
 City, State, Zip: _____
 Landlord Day Phone: (_____) _____ Rent Amt: \$ _____ per month
 Dates Rented/From: _____ To: _____

3. Previous Landlord/Property Name: _____
 Previous address: _____ Apt. # _____
 City, State, Zip: _____
 Landlord Day Phone: (_____) _____ Rent Amt: \$ _____ per month
 Dates Rented/From: _____ To: _____

4. List all states in which any member of the household has resided & name of person who resided there:

General Questionnaire

- Have you or any members of your household ever been evicted from a rental property? Yes No
 If yes, Property/Landlord Name: _____ City/State: _____
- Are you or any members of your household currently receiving assistance from HUD? Yes No



If yes, Property/Landlord Name: _____ City/State: _____

3. Have you ever been convicted of a criminal offense? Yes No

If yes, Offense: _____ City/State: _____

4. Have you or any members of your household been evicted in the last three years from federally assisted housing for drug-related criminal activity? Yes No

If yes, Property/Landlord Name: _____ City/State: _____

5. Are you or any members of your household currently using an illegal substance or drug? Yes No

6. Are you or any members of your household subject to the State Sexual Offenders Registration? Yes No

If yes, list the State where the offence occurred: _____

List all states where applicant and family members have lived _____

7. Will the apartment for which you are applying be the family's only residence? Yes No

8. Do you or any members of your household need an accessible unit? Yes No

9. How did you hear about our apartment community? _____

Eligibility:

Yes No

1. I have a family member who is absent from the home due to:

Employment _____

Military service _____

Placement in foster care _____

Temporarily in nursing home or hospital _____

Permanently confined to nursing home _____

Away at school _____

Other: _____

2. I have a live-in attendant _____

Live-in attendants will be subject to the criminal/sex offender screening outlined in the Tenant Selection Plan.

3. Expected changes in household:

Baby due on _____

Adopting a child(ren) on _____

Obtaining custody of a child(ren) on _____

Obtaining joint custody of a child(ren) on _____

Receiving a foster child(ren) on _____

4. Are any members of the household enrolled as a student at an Institution of higher education as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002) _____

Income:

Yes No Monthly Income

1. Are you or any other member of the household currently receiving income from any of these sources? (if yes, give name of source)

Wages/Salaries _____

Wages earned through a government program such as Senior Aides, Older American Community Service Employment Program, Americorps _____

If yes, which program: _____



Tips, Bonuses, Commissions, or Overtime Pay	_____	_____	_____
Scholarships, Educational Grants or Work Study	_____	_____	_____
Income from operation of a business	_____	_____	_____
Social Security	_____	_____	_____
Disability/SSI	_____	_____	_____
Death benefits	_____	_____	_____
Pensions/retirement funds	_____	_____	_____
Annuities or non-revocable trust	_____	_____	_____
Unemployment	_____	_____	_____
Military pay	_____	_____	_____

Income: (cont.)

Yes No Monthly Income

Workman's Compensation	_____	_____	_____
Public assistance/TANF	_____	_____	_____
Alimony	_____	_____	_____
Child Support	_____	_____	_____
Income from rent or sale of property	_____	_____	_____
Periodic payments from lottery winnings	_____	_____	_____
Regular recurring contributions from persons or agencies outside of household	_____	_____	_____
Insurance policies	_____	_____	_____
Severance pay	_____	_____	_____
Other	_____	_____	_____

2. Did you or any other members of the household file a federal tax return last year? _____

3. Are there any adult members of the household (18 years of age or older) receiving income not listed above? _____
 If yes, specify the source of the income _____

Assets:

Yes No Monthly Income

1. Do you or any other members of the household have any of the following: (give name of institution)

Checking accounts	_____	_____	_____
Savings accounts	_____	_____	_____
Certificates of deposit	_____	_____	_____
Money market funds	_____	_____	_____
IRA/Keogh account	_____	_____	_____
Stocks	_____	_____	_____
Bonds	_____	_____	_____
Treasury bills	_____	_____	_____
Trust funds	_____	_____	_____
If yes, is the trust irrevocable?	_____	_____	_____
Real estate	_____	_____	_____
Whole life or universal life insurance policy	_____	_____	_____
Cash held in safety deposit boxes or home	_____	_____	_____
Assets held in another state or foreign country	_____	_____	_____
Other _____	_____	_____	_____

2. Have you or any other members of the household received any lump sum payments, such as:



Inheritance	_____	_____	_____
Lottery winnings	_____	_____	_____
Insurance settlements	_____	_____	_____
Other _____	_____	_____	_____

3. Have you or any other household members disposed of any asset(s) for less than fair market value in the past two (2) years?
 If yes, please list: _____

4. Do you or any other household members have any assets that are held jointly with another person? _____

Deductions:

Yes **No**

1. Are there any fulltime students 18 years of age or older in the household? _____

2. Is any household member elderly (age 62 or older) or a person with disabilities? _____

3. Do you have medical expenses that are not paid for by an outside source such as insurance? _____

4. Do you have disability expenses that are not paid for by an outside source?
 If yes, is this service necessary to enable a family member (including the member with a disability) to be employed? _____

5. Do you have attendant care expenses?
 If yes, is this service necessary to enable a family member (including the member with a disability) to be employed? _____

6. Do you currently pay for childcare services for any children under the age of 13 residing in your household?
 If yes, is this service necessary in order for you to be employed or to attend school? _____
 If yes, are any of these expenses reimbursed by an outside source? _____

FALSE OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THE APPLICATION

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



