

Date & Time Received:		Received By (<i>Management Signature</i>):
Unit:	Move-In Date:	

Application for Rental Housing

Property Contact Information

Property Name:		
Street Address:		
City:	State:	Zip:
Phone:	Phone (TTY):	Fax:
Email:	Website:	
Office Hours:		

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently prohibited by law.



Reasonable Accommodations and Auxiliary Aids will be provided upon request.

An Individual with a Disability may ask for:

- a change in rules or a physical change to their apartment or shared areas in the building (either of which is a reasonable accommodation);
- an accessible apartment;
- and Auxiliary Aids and Services necessary to ensure effective communication between us.

If you or anyone in your household has a disability and needs any of these things or another type of accommodation to live in our _____ and use our services, then contact _____ staff to communicate your needs.



Preferred Unit Size:

Would anyone in this household benefit from a special needs unit or a unit accommodation due to a mobility, vision, or hearing impairment? Yes* No

If Yes, please complete a **Special Unit Questionnaire.*

HOUSEHOLD COMPOSITION - Complete one *Member Information Document* form for each member listed below.

In the space below, list all people who will live in the unit.

	Member Name	Relationship to Head of Household <i>(Ex. Head of Household, Co-Head, Spouse, Dependent, Other Adult, Live-In Aide, etc.)</i>	Phone Number <i>(Recommended)</i>
1			
2			
3			
4			
5			
6			
7			
8			

ANTICIPATED ADDITIONS TO THE HOUSEHOLD - Complete one *Anticipated Household Addition* form for each.

Certain anticipated members can have an effect on the size of the unit and/or the income limits used to determine the household's program eligibility. List all applicable members who are expected to move in over the next 12 months.

Member Name	Member Type			
	Unborn Child	Pending Adoption	Obtaining Custody	Pending Foster
	Unborn Child	Pending Adoption	Obtaining Custody	Pending Foster
	Unborn Child	Pending Adoption	Obtaining Custody	Pending Foster
	Unborn Child	Pending Adoption	Obtaining Custody	Pending Foster

1. Do you anticipate any other change in household composition over the next 12 months? Yes No
(e.g. adding a new member or removing a current member)

If Yes, please explain:

HOUSEHOLD QUESTIONS

1. Is any household member temporarily absent, but under normal conditions would live in the unit? Yes No

If Yes, please explain:

2. Does/Will this household receive rent assistance? Yes No

If Yes, please indicate the source (e.g. Housing Choice Voucher, Rural Development Rent Assistance, etc.)



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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 use 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. 408 (a) (6), (7) and (8).

REQUIRED SIGNATURES

All adult household members must view all documents in the Application Package to confirm accuracy and sign below.

Application Package Documents:

- Application Summary (*One Per Household*)
- Member Information Document (*One Per Member*)
- Tenant Income and Asset Questionnaire (TICQ) (*One Per Adult Member*)
- Supplemental Income / Asset Document (*One Per Adult Member / One Per Household*)

Under penalty of perjury, I/we certify that all information presented in the application documents above is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in rejection of my/our application, or if move-in has already occurred, termination of my/our lease.

1.	_____	_____	_____
	Member Signature	Printed Name	Date Signed
2.	_____	_____	_____
	Member Signature	Printed Name	Date Signed
3.	_____	_____	_____
	Member Signature	Printed Name	Date Signed
4.	_____	_____	_____
	Member Signature	Printed Name	Date Signed
5.	_____	_____	_____
	Member Signature	Printed Name	Date Signed
6.	_____	_____	_____
	Member Signature	Printed Name	Date Signed
7.	_____	_____	_____
	Member Signature	Printed Name	Date Signed
8.	_____	_____	_____
	Member Signature	Printed Name	Date Signed



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Preferred Language (optional):

MEMBER INFORMATION DOCUMENT (Move-In)

Complete one form for each member of the household, regardless of age. Any household member under the age of 18 and not emancipated must have a form completed and signed by a parent/guardian in the household. Please provide your full, legal name as it appears on your legal identification document. (Ex. Driver's License, Government Issued ID, etc.).

Full Legal Name: _____
First Name Middle Name Last Name

Optional Information:
Driver's License # / State ID #: _____ State Issued: _____

Date of Birth: _____ Gender: Female Male Decline to Disclose
Check box if member is an emancipated minor.

Social Security Number (SSN): _____ (If you do not have a SSN please enter 999-99-9999)

Complete Part A and Part B (as applicable), then sign and date the form.

Part A: This section is optional to household members who are **foster children, foster adults, or live-in aides.**

1. Student Status: Full-Time Student Part-Time Student Not a Student
2. Do you have a spouse/legal domestic partner who is not listed on the **Application Summary?** Yes* No
(i.e. a spouse/legal domestic partner who is not expected to reside with you in the unit)
*If you answered Yes, please complete a **Separated or Estranged Status Affidavit.**

Part B: Complete this section if the member is **under 18 years old and not emancipated:**

1. Will this member live in the unit at least 50% of the time? Yes No
2. Name of the parent/guardian who will sign paperwork on this member's behalf: _____

MEMBER SIGNATURE REQUIRED:

I hereby certify the information provided above is accurate and complete to the best of my knowledge.

Member Signature Printed Name Date

Check here if an adult signed for a child.



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For Office Use Only:

Certification Effective Date:

This document reflects the sources of income & assets received by:

Individual Member: _____
 If selected, each adult (excluding Live-In Aides and Fosters) must complete a separate Income & Asset Questionnaire, even if the adult has zero income.

OR

All Members
 If selected, one Income & Asset Questionnaire must be completed to reflect all income and asset sources within the household.

INCOME SOURCES

1. Do you receive any additional sources of income that were not reported on the **Tenant Income Certification Questionnaire (TICQ)**? Yes No

If Yes, please identify all additional income:

2. In the space below, provide additional information about each source of income that is received. Please ensure that all income sources identified in the question above and the **Tenant Income Questionnaire (TICQ)** are addressed.

Member Name	Income Type	Income Source	CONTACT INFORMATION	
			Mailing Address	Phone/Fax Number
				Ph: Fax:
				Ph: Fax:
				Ph: Fax:
				Ph: Fax:
				Ph: Fax:
				Ph: Fax:
				Ph: Fax:
				Ph: Fax:
				Ph: Fax:
				Ph: Fax:



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Supplemental Accessible Unit Questionnaire

This form may be used to indicate a request for an accessible unit with mobility, hearing, and/or vision features.

To qualify for an accessible unit, a household member must have a physical impairment that:

- is expected to be of long-continued and indefinite duration
- substantially impedes the person's ability to live independently
- is such that the person's ability to live independently could be improved by more suitable housing conditions

1. Would you like to request an accessible unit with mobility, hearing, and/or vision features?

Yes No *(If No, please skip the remaining questions and sign at the bottom)*

2. Does any member on this application have a physical impairment which meets the definitions stated above?

Yes No

a. If yes, list the name(s) of family member(s):

2. Do you or a household member have a condition which requires (check those that apply):

- a separate bedroom
- a unit for a visually-impaired person
- a unit for a hearing-impaired person
- a barrier-free apartment
- a one-level unit
- a bathroom on the first floor
- other physical modifications (please explain below):

3. Please explain exactly what you need to accommodate your situation:

4. Who should we contact to verify your need for the above housing features?

Name

Address

City

State

Zip

Phone

Applicant/Resident Signature

Printed Name

Date Signed



This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently prohibited by law.

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Housing History Disclosure

Property Name: _____ Member Name: _____

Unit Number: _____

Please provide the last _____ months of housing history. All adult household members must complete this form at move-in.

Check this box if you had no established housing during the requested timeframe and provide a brief explanation below.

Explanation: _____

Current Address

Street Address: _____

City: _____	State: _____	Zip Code: _____
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Reason for leaving: _____

Move-In Date (Month/Year): _____	Are you currently receiving assistance from HUD?*	Yes	No
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(Check One)	Rent	Own	Other _____	Rent per month: _____
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Landlord Name: _____	Landlord Phone: _____
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**Applicants currently receiving assistance from HUD, who are also receiving a Health & Medical Expense/ Attendant Care & Auxiliary Apparatus Expense Deduction, may be eligible for a Phase-In Hardship Exemption. In order to qualify for this exemption, you will need to provide a copy of the certification that is in place at the time of move-out from your current residence.*

Previous Addresses

Street Address: _____

City: _____	State: _____	Zip Code: _____
-------------	--------------	-----------------

Reason for leaving: _____

Move-In Date (Month/Year): _____	Move-Out Date (Month/Year): _____
----------------------------------	-----------------------------------

(Check One)	Rent	Own	Other _____	Rent per month: _____
-------------	------	-----	-------------	-----------------------

Landlord Name: _____	Landlord Phone: _____
----------------------	-----------------------

Street Address: _____

City: _____	State: _____	Zip Code: _____
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Reason for leaving: _____

Move-In Date (Month/Year): _____	Move-Out Date (Month/Year): _____
----------------------------------	-----------------------------------

(Check One)	Rent	Own	Other _____	Rent per month: _____
-------------	------	-----	-------------	-----------------------

Landlord Name: _____	Landlord Phone: _____
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Continue Form and Sign on Page 2



Housing History Disclosure

Street Address:		
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date (Month/Year):	Move-Out Date (Month/Year):	
(Check One) <input type="checkbox"/> Rent	Own	Other _____
Landlord Name:		Rent per month:
Landlord Phone:		

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.		
Applicant Signature	Printed Name	Date



Emergency Contact Form

Property Name: _____ Head of Household Name: _____
Unit Number: _____ Member Name: _____

Instructions: You have the right by law to include as part of your application for housing, 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 or 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.

I decline to provide emergency contact information.

Name of Emergency Contact Person or Organization: _____
Address: _____
Telephone No: _____ Cell Phone No: _____
Email Address (if applicable): _____
Relationship to Applicant: _____

Reason for Contact (Check all that apply)

- | | |
|--|-------------------------------------|
| Emergency | Assist with recertification process |
| Unable to contact you | Change in lease terms |
| Termination of rental assistance (if applicable) | Change in house rules |
| Eviction from unit | Other: _____ |
| Late payment of rent | |

If you are approved for housing, this information will be kept as part of your tenant file. 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.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Signature of Applicant

Date



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