



# RENTAL APPLICATION



Property Name  
\_\_\_\_\_

FOR MANAGEMENT USE ONLY  
Date Rec'd: \_\_\_/\_\_\_/\_\_\_  
Time: \_\_\_\_\_  
Application Number: \_\_\_\_\_

**\*\*PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate.\*\***

Bedroom size requested:  Studio  One Bedroom  Two Bedroom  Three Bedroom  Other: \_\_\_\_\_  
 Current Telephone(s) # \_\_\_\_\_ Receive text messages at this number: YES  NO   
 Email Address: \_\_\_\_\_ Receive emails at this address: YES  NO   
 Current Address: \_\_\_\_\_  
 (Address) (City) (State) (Zip Code)

**PART I – HOUSEHOLD COMPOSITION - To be completed by applicant**

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related, including all members who you anticipate will live with you at least 50% of the time during the next 12 months. All unmarried adults must complete a separate rental application.

Name <u>ALL</u> People to Occupy Unit Full name (exactly as on driver's license or another govt. document)	DOB	Age	Sex	Relationship	*Marital Status* (Single/Never Married, Married, Divorced, Separated, Widowed)	Last 4 digits of your Social Security number	Student? Yes or No
1.				HEAD			
2.				<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent			
3.				<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent			
4.				<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent			
5.				<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent			
6.				<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent			

1. Are any of the above-listed household members foster children or adults? YES  NO   
 If yes, please list name: \_\_\_\_\_

**\*\* If Divorced/Separated list the date(s), city/county & state where filed: \_\_\_\_\_ \*\***

If any member of the household has used another name, please list this below (maiden name, former name, etc.)

Former name used	Current name used
Former name used	Current name used

2. Do you expect any changes in the household composition over the next twelve months? YES  NO

If yes, check the following that applies:

Baby due on (date): \_\_\_\_\_  Adopting a child(ren) on (date): \_\_\_\_\_

Obtaining custody of child(ren) on (date): \_\_\_\_\_  Receiving a foster child(ren) on (date): \_\_\_\_\_

Obtaining joint custody of a child(ren) on (date): \_\_\_\_\_

3. Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e., seeking employment, expecting child support/alimony, expecting a promotion, etc.)? YES  NO

If yes, please explain: \_\_\_\_\_

4. Are there any household members who reside in the unit less than 100% of the time? YES  NO

If yes, please list household members and why: \_\_\_\_\_

**PART II – HOUSEHOLD INCOME (continued) - To be completed by applicant**

For questions (5) through (28), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12-month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

**Do you or anyone in your household have:**

Income	Applicant #1	Applicant #2	Monthly Amount:
5. Wages or Salaries (gross income)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
6. Child Support	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Amount Received: \$ _____
7. Alimony	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Amount Received: \$ _____
8. Social Security (gross amount)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
9. Railroad Pension (gross amount)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
10. Supplemental Security Income (SSI) (gross amount)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
11. Public Assistance – AFDC, TANF, General Assistance (excl. Food Stamps)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
12. Veterans Administration Benefits	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
13. Pensions	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
14. Are any periodic withdrawals being made from a retirement account?  If yes how much and how often? (such as IRA's, 401K, Keogh, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
15. Annuities (regular periodic payments)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
16. Unemployment Compensation	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
17. Disability, Death Benefits, Adoption Assistance and/or Life Insurance Dividends	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
18. Net Income from a Business (Self-Employment, including Uber or Lyft driver, Door Dash, Uber Eats, Independent contractor (cash pay, odd jobs) or similar types of positions, rental property, land contracts, or other forms of real estate)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
19. Regular Contributions and/or Gifts	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
20. Interest / Dividends	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$

Income	Applicant #1	Applicant #2	Monthly Amount:
21. Lottery Winnings or Inheritances	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
22. All regular pay paid to members of Armed Forces	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
23. Education, Grants, Scholarships or other Student Benefits	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
24. Long Term Medical Care Insurance Payments in Excess of \$180.00 per day	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
25. Do you receive funding from a State Medicaid agency (including through a managed care entity) or other State or Federal Agency to a family to enable a family member who has a disability to reside with you?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
26. I am claiming zero income and will be required to complete a separate zero-income certification form.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
27. Other Income	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
28. Does any minor in the household have unearned income? <i>If yes, please explain:</i> _____	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		\$
<b>Monthly Total (Add totals in lines 5 through 28)</b>			\$
<b>TOTAL Gross Annual Income (Monthly Total x 12)</b>			\$
<b>Total Gross Annual Income from <u>previous year</u> (separate out if <u>unrelated</u> adults)</b>			\$

29. Are any food and toiletry needs met by a food bank or similar organization? YES  NO

List these organization (s): \_\_\_\_\_

**Please note that the following income sources are considered “nonrecurring” and do not need to be reported. Please report all other income and we will help you determine what needs to be counted.**

- a. Payments from the U.S. Census Bureau for employment (relating to the decennial census or the American Community Survey) lasting no longer than 180 days and not culminating in permanent employment.
- b. Federal or State stimulus or recovery payments.
- c. Amounts for State or Federal refundable tax credits or tax refunds.
- d. Gifts for holidays, birthdays, or other significant life events or milestones (e.g., wedding gifts, baby showers, anniversaries).
- e. Non-monetary, in-kind donations, such as food, clothing, or toiletries, received from a food bank or similar organization

**PART III – ASSET INCOME - To be completed by applicant**

**CURRENT ASSETS** - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.

Do you or anyone in your household have:

Asset	Applicant #1	Applicant #2	Cash Value Amount	Name of Bank or Institution
30. Savings Account / 529 College Savings Plan	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	
31. Checking Account	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	
32. Chime Account – checking or savings	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	
33. Certificate of Deposit	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	
34. Safe Deposit Box	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	
35. Stock of Securities	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	
36. Treasury Bills	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	

Asset	Applicant #1	Applicant #2	Cash Value Amount	Name of Bank or Institution
37. Annuities	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	
38. Mutual Funds	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	
39. Savings Bonds	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	
40. Money Market Account	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	
41. Cash on Hand	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	
42. Internet Accounts – Venmo, Square, Cash App, PayPal, etc.	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	
43. Prepaid Card (Direct Express, NetSpend, Citibank, Relia Card, reloadable Wal-Mart cards, red or green dot cards, Etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	
44. Do you or any other member of your household have any Whole or Universal Life Insurance Policies? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please list Company Name: _____ Cash Value \$ _____				
45. Has any Personal Property been held as an investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques, etc.)? YES <input type="checkbox"/> NO <input type="checkbox"/> Cash Value \$ _____				
46. Have you received any Lump Sum Receipts? YES <input type="checkbox"/> NO <input type="checkbox"/> (Include inheritances, capital gains, lottery winnings, insurance settlements, and other claims) When _____ Cash Value _____ Where are Funds Held? _____				
47. Own Equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)? YES <input type="checkbox"/> NO <input type="checkbox"/> a. If yes, type of property: _____ b. Location of Property: _____ c. Appraised Market Value: _____ d. Mortgage or Outstanding loan balance due: _____ e. Amount of Annual Insurance Premium: _____ f. Amount of most recent tax bill: _____				
48. Have you sold or disposed of any other assets in the last 2 years? YES <input type="checkbox"/> NO <input type="checkbox"/> (given money away, set up Irrevocable Trust Account, property, etc.) If yes, type of asset: _____ Market Value when sold or disposed: _____ Amount sold or disposed for: _____ Date of Transaction: _____				
49. Do you have any other assets not listed above (excluding personal property)? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please list: _____				
50. Has anyone in the household received a tax refund in the last 12 months that was deposited into an account listed above?(Depending on applicable household assets, verification of the return may be needed). YES <input type="checkbox"/> NO <input type="checkbox"/> If yes: _____ Amount of the return: \$ _____ Into which account was the return deposited? _____				
51. Does your household benefit from a trust account? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please complete the below. Is trust in control of the family (can any family member change or cash in the trust)? YES <input type="checkbox"/> NO <input type="checkbox"/> Are any distributions being received from the trust? YES <input type="checkbox"/> NO <input type="checkbox"/> Contact info for the administrator of the trust: _____				

**Part IV – STUDENT QUESTIONS - To be completed by applicant**

52. Are all occupants full-time students? If yes, please answer the following listed below:
- a. Are the students married and entitled to file a joint tax return (attach marriage certificate or tax return) YES  NO
  - b. Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/TAFF/AFDC/FIP? YES  NO
  - c. Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State, or local laws? YES  NO
  - d. Are you a single parent household with at least one dependent child? The parent is not the dependent of another individual and the child is only a dependent of the resident or the other, non-resident parent. (If yes, and all household members are full time students, a signed copy of the Tax Return and Divorce Decree must be attached.) YES  NO
  - e. Is any student(s) part of the foster care program? YES  NO

53. Does any adult member of the household anticipate enrolling in the next twelve (12) months as a student? YES  NO  If yes, who: \_\_\_\_\_  
 Name of School(s): \_\_\_\_\_ Location: \_\_\_\_\_  
 When do you plan to attend: \_\_\_\_\_

54. Has any adult household member been a full-time student five (5) months or more out of the current calendar year (months need not be consecutive)? YES  NO   
 If yes, who: \_\_\_\_\_  
 Name of School(s): \_\_\_\_\_ Location: \_\_\_\_\_

55. Is the household composed entirely of full-time students enrolled in an institution of higher education? YES  NO

56. Are any household members attending an institute of higher education? YES  NO   
 If yes, who: \_\_\_\_\_  
 How is school paid for (each)? \_\_\_\_\_

57. Are you receiving, or applying to receive, Housing Choice Voucher assistance/Section 8 Rental Assistance? YES  NO

58. If yes, what process have you taken for rental assistance? Applied  Waitlist  Receiving

**Part V – RESIDENTIAL HISTORY - To be completed by applicant**

59. Residential History: List all applicants' residential history for the past 2 years: (current & previous landlords)

Applicant(s) Name	Residence Address	Landlord/Address/Telephone (if owned, indicate)	From (mm/yyyy)	To (mm/yyyy)

60. Will this be your only place of residence? YES  NO

If no, please explain: \_\_\_\_\_

61. What is the condition of your current housing?

- Standard  Sub-Standard  Living with family or friends  Conventional Public Housing   
 Lacking a Fixed Nighttime Residence  Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking (as defined by VAWA)

62. Have you ever been evicted? YES  NO   
 If yes, explain: \_\_\_\_\_

63. Have you notified your present landlord that you are moving? YES  NO

64. May we contact your present landlord for a reference? YES  NO   
 If no, please explain: \_\_\_\_\_

65. Reason for moving: \_\_\_\_\_

66. Are you now in a government-subsidized rental unit or receiving other rental assistance? YES  NO

67. Has your rental assistance ever been terminated for fraud, non-payment of rent, or failure to recertify?  
 YES  NO  If yes, explain: \_\_\_\_\_

68. If you were 62 or older as of 1/31/2010 and do not have a Social Security Number, were you receiving HUD rental assistance at another location on 1/31/10? Yes  No  Not Applicable

69. List all U.S. states where each household member has lived. Please include the household member's name and all states of prior residence. \_\_\_\_\_

70. Is any member of your household subject to a lifetime registration requirement under a state sex offender registration program? Yes  No   
 If yes, please list the name(s) of the household member(s): \_\_\_\_\_

**Part VI – EMPLOYMENT HISTORY - FOR ALL ADULTS 18 YEARS AND OLDER:**

71. Head of Household **PRESENT** Employer: **\*Must list and verify any employment terminated within the last 90 days\***  
 Date Hired: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Terminated \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-Weekly Monthly  
 Name of Employer: \_\_\_\_\_ Email/Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Do you have a 2<sup>nd</sup> job? YES  NO  If yes, please list information below:  
 Date Hired: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Terminated \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-Weekly Monthly  
 Name of Employer: \_\_\_\_\_ Email/Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

72. Head of Household **PREVIOUS** Employment:  
 Date Hired: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Terminated \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-Weekly Monthly  
 Name of Employer: \_\_\_\_\_ Email/Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

73. Co-Head of Household **PRESENT** Employer: **\*Must list & verify any employment terminated within the last 90 days\***  
 Date Hired: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Terminated \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-Weekly Monthly  
 Name of Employer: \_\_\_\_\_ Email/Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Do you have a 2<sup>nd</sup> job? YES  NO  If yes, please list information below:  
 Date Hired: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Terminated \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-Weekly Monthly  
 Name of Employer: \_\_\_\_\_ Email/Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

74. Co-Head of Household **PREVIOUS** Employment: **\*Must list & verify any employment terminated within the last 90 days\***  
 Date Hired: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Terminated \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-Weekly Monthly  
 Name of Employer: \_\_\_\_\_ Email/Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Part VII – OTHER - To be completed by applicant**

75. Do you have full custody of your child(ren)? YES  NO  N/A  *If no, please explain the custody arrangements:*  
Custody Arrangement of any children in the household:  Full  Joint  Not Applicable  
 Other \_\_\_\_\_

76. Would you or any members of your household benefit from a unit with special features for persons with disabilities?  
YES  NO   
*If yes, what features are needed:* \_\_\_\_\_

77. Are you applying for persons with disabilities status? YES  NO   
*Management will provide reasonable accommodations to persons with disabilities unless doing so would cause undue administrative/financial burden.*

78. Do you have a household member who is absent from the home? YES  NO   
*If yes, check the following that applies:*  
 Employment  Military Service  Placement in foster care  Temporarily in nursing home or hospital  
 Permanently confined to a nursing home  Away at school  
 Other (please explain): \_\_\_\_\_

78. Do you have a live-in attendant? YES  NO

79. Do you have an animal? YES  NO  *If yes, will the animal be staying with you? YES  NO*

**PART VIII - HEALTHCARE RELATED EXPENSES (AGE 62 OR OLDER OR PERSON WITH DISABILITIES) - To be completed by applicant**  
**\*FOR HUD and USDA Rural Development Properties ONLY\***

80. Does any household member qualify for an elderly deduction (age 62 or older or a person with disabilities)?  
YES  NO

81. Do you have disability expenses that are not paid for by an outside source? YES  NO   
*If yes, is this service necessary to enable a household member (including the member with a disability) to be employed?*  
YES  NO

82. Do you have attendant care expenses? YES  NO   
*If yes, is this service necessary to enable a household member (including the member with a disability) to be employed?*  
YES  NO

83. Do you take prescriptions which are not paid by insurance? YES  NO   
*If yes, give an estimated amount you pay: \$ \_\_\_\_\_ Per Mo. \_\_\_\_\_ or Yr. \_\_\_\_\_*

84. Do you have the Medicare Premium deducted from your Social Security? YES  NO   
*If yes, amount: \$ \_\_\_\_\_ Per Mo. \_\_\_\_\_ or Yr. \_\_\_\_\_*

85. Do you pay a Premium for Supplementary Insurance? YES  NO   
*If yes, amount: \$ \_\_\_\_\_ Per Mo. \_\_\_\_\_ or Yr. \_\_\_\_\_ or Qtrly. \_\_\_\_\_*

86. Do you ANTICIPATE any healthcare related expenses for the next 12 months, which are NOT covered by health insurance (eye care, dental, in-home health care)? Include over-the-counter medical supplies (Depends, needles, etc.).  
YES  NO  *If yes, complete the following:*  
Description: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_  
Description: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_  
Use this space for any additional information you feel necessary to report: \_\_\_\_\_

**PART IX – CHILDCARE EXPENSES - To be completed by applicant**  
**\*FOR HUD and USDA Rural Development Properties ONLY\***

87. Do you currently pay for childcare services for any children under the age of 13 residing in your household?  
YES  NO  *If yes, is this service necessary in order for you to be employed or to attend school? YES  NO*   
*If yes, are any of these expenses reimbursed by an outside source? YES  NO*   
Care Provider's Name: \_\_\_\_\_ Per Week \$ \_\_\_\_\_ Per Month \$ \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
Use this space for any additional information you feel necessary to report: \_\_\_\_\_

**PART X – RESIDENT’S STATEMENT - To be completed by applicant**

88. Do you have a legal right to be in the United States: (check one that applies)?

- Yes, because I am a United States Citizen
- Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service)
- No

If you answered yes because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by Department of Housing and Urban Development, so we can verify that you are a Non-Citizen with eligible immigration status.

89. Are you a veteran? YES  NO

Important information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves, or National Guard, may be eligible for additional benefits and services. For more information, please visit your local Veterans Area website.

**PART XI – IN CASE OF EMERGENCY, NOTIFY - To be completed by applicant**

Name	Relationship	Best Contact Information

**\*\* Before you complete this section of the application, were all questions above completely answered? All blanks filled in. If not, please go back through the application and complete the sections that were left blank. \*\***

**PART XII – RESIDENT STATEMENT - To be completed by applicant**

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

I/We, the applicant(s), certify that the housing I/we will occupy is/will be my/our permanent residence. I/We further certify that I/we do not and will not maintain a separate subsidized rental unit in a different location.

I/We, the applicant(s), agree to give management/owner the authority to investigate my / our credit rating, my/our current and past rental record, my/our police record, and all other information necessary to determine eligibility. I/We understand that any misrepresentation of information on this form will disqualify me from consideration for leasing and may be grounds for eviction.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head of Household

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**\*\* This Section must be completed even if assistance is not needed.\*\***

<b>Has anyone helped and assisted you in filling out this application?</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
_____ Signature of Head of Household	_____/_____/_____ Date		
_____ Signature of Co-Head of Household	_____/_____/_____ Date		
_____ Signature of person who assisted with the application and their relationship to the applicant	_____/_____/_____ Date		
Reason for assistance:			

**NOTE:** Applicant(s) will be notified in writing whether or not they have been selected for immediate occupancy, placed on a waiting list, or ineligible.

I/We understand in order to remain active on the waiting list, I/we will be required to update my application every six (6) months upon notification from management. \_\_\_\_\_ (Initials)

**FINAL STATUS OF APPLICATION:**

**This application was (Check One):**      **Accepted**       **Ineligible**

\_\_\_\_\_  
Management Representative      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**WARNING:** Title 18, U.S. Code, Section 1001, makes it a crime to knowingly and willfully make materially false, fictitious, or fraudulent statements or representations to the federal government. Section 1010 provides criminal penalties for knowingly making false statements or misrepresentations to obtain FHA-insured loans or other HUD-related assistance. Section 1012 provides criminal penalties for knowingly making false statements or misrepresentations to influence actions of the Department of Housing and Urban Development. Applicants who make false statements or misrepresent information to obtain housing benefits may be subject to fines, imprisonment, or both.

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595*

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider and employer.*