

Date/Time Received:  
Staff Initials: \_\_\_\_\_

## LEASING APPLICATION: Cordova Apartments, LP

Please deliver your completed leasing application to the site or email it to the address below:

cordova@kittleproperties.com

Note: Verified income may be different than disclosed income and could result in a different rental designation

I/we would like to apply for: **One-Bedroom** **Two-Bedroom** **Three-Bedroom** **Four- Bedroom**

Please note, special arrangements will be made to assist individual(s) who complete this application if such a request is made. Do you require assistance?  Yes (please initial) \_\_\_\_\_  No

**HEAD OF HOUSEHOLD** Age as of today's date: \_\_\_\_\_

Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Birth Date (MM/DD/YYYY): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Gender?  M  F

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Permission to Text update?  Yes  No

Are you a full-time student?  Yes  No

How did you hear about us? \_\_\_\_\_

**Total household members?**

**How many are full time students?**

**Will you be using a section 8 voucher to assist with paying any portion of the rent?**  Yes  No



Head of Household Last Name: \_\_\_\_\_

**INCOME** Please provide information about your total estimated gross income before deductions for all household members.

Total annual income from wages, tips, or other earned income	\$ _____
Total annual income from Social Security	\$ _____
Total income from other sources	\$ _____
<i>(include income from interest, dividends, interest, rental income,</i>	
<b>TOTAL ANNUAL HOUSEHOLD</b>	<b>\$ _____</b>

**ACCESSIBILITY** Some apartments are accessible to persons with mobility issues. The mobility accessible units may include the following features: roll-in showers, wider doors, full grab bars, taller toilets, accessible sinks, lower kitchen counters, and different range hoods.

Do you require a specially designed, barrier-free apartment?  Yes  No

**LANGUAGE** A certification interview will be required of all applicants and will be conducted in English. Interpretation services are provided free of charge for any applicant who requests such services.

Do you require interpretation services during the application process?  Yes  No

If yes, what is your primary language? \_\_\_\_\_

**I certify that all information given in this application is true, complete and accurate:**

Applicant's Signature _____	Date: _____
Applicant's Signature _____	Date: _____
Management Signature _____	Date: _____

**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, the PHA and any owner (or any employee of HUD the PHA 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 willfully 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, the PHA 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 42U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408(f), (g) and (h).

***We provide equal housing opportunities for all prospective tenants regardless of race, color, national origin, religion, sex, disability, parental/family status, marital status, age, ancestry, sexual orientation, creed, political ideology, gender, gender identity, or membership in any other class of persons. Persons with a disability may inform the property team of this fact and may request reasonable accommodations in nonessential policies or practices to enable them to meet the property's screening criteria and be placed on the waiting list or to lease a unit. Should a unit be offered to the household we require a response within 48 business hours or we will offer the unit to the next household on the waiting list.***

