

RENTAL APPLICATION

A processing fee may be required at the time your application is received.

Complex Name: _____

The information collected below will be used to determine whether you qualify as a tenant. It will not be disclosed without your consent except to your employers for verification of income and employment and to financial institutions for verification of assets, and as required and permitted by law. You do not have to provide the information. However, if you do not, your tenant application may be delayed or rejected.

Applicant's Name				Home Phone
Present Street Address	City	State	Zip	# of Years at Present Address
Former Street Address	City	State	Zip	# of Years at Present Address
Names of other persons in household				

Co-Applicant's Name				Home Phone
Present Street Address	City	State	Zip	# of Years at Present Address
Former Street Address	City	State	Zip	# of Years at Present Address

Do you request the need for a handicap accessible unit? Yes / No
 Do you request handicap or disability adjustments to income? Yes / No

HOUSEHOLD COMPOSITION

	Full Name	Sex	Relationship	DOB	Social Security #	F/T = Full Time P/T = Part Time Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	Receiving any source of income <input type="checkbox"/> Yes <input type="checkbox"/> No
Head of HH							
2							
3							
4							
5							
6							
7							
8							



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Are any household members listed above foster children? Yes No. If yes, who? _____

Are any household members listed above live-in attendants? Yes No. If yes, who? _____

Are any household members planning to attend school full-time? Yes No. If yes, who? _____

Current Employment Information

Applicant's Name		Occupation	Work Phone	
Name and Address of Employer		City	State	Zip Code
Date Hired	Salary \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other		Work Fax

Co-Applicant's Name		Occupation	Work Phone	
Name and Address of Employer		City	State	Zip Code
Date Hired	Salary \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other		Work Fax

Additional Household Member's Name		Occupation	Work Phone	
Name and Address of Employer		City	State	Zip Code
Date Hired	Salary \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other		Work Fax

Additional Household Member's Name		Occupation	Work Phone	
Name and Address of Employer		City	State	Zip Code
Date Hired	Salary \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other		Work Fax

Other Sources of Income

Does anyone in your household receive income from any of the following? Please mark "yes" or "no" for each source of income.

Source-Employment	Check One	Sources-Benefit/Pensions	Check One	Source-Other	Check One
Second job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recurring Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commissions/fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	AFDC/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overtime Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" marked above, please complete the following:



Household Member Name	Amount Received	Source
	Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	

HOUSEHOLD ASSETS

Does anyone in your household have any of the following types of assets?

Please mark "yes" or "no" for each type of asset.

Type of Asset	Check One	Sources-Benefit/Pensions	Check One	Source-Other	Check One
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA/Keogh Account*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revocable Trust Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement/Pension Fund*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage/Note Held	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mutual Funds/Stock*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Life Insurance Policy*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate of Deposit*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate/Land*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Property Held As Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" marked above, please complete the following:

Household Member Name	Type of Asset	Cash Value (see Note)	\$ Asset will earn in next 12 months

NOTE: "When listing the cash value of any of the items that have an asterisk, remember penalties for withdrawal, or any fees deducted to convert the asset to cash. E.G., if you owned a home and sold it, how much cash would you have after you paid off the mortgage, the realtor, etc.? That is the amount to be listed in the "cash value" column.

Have you sold any property for less than its worth within the past two years? (If sale due to bankruptcy, foreclosure, divorce, answer no) Yes No. If yes, explain _____

If any of the following deductions apply to the resident or co-resident, place a check in the box.

** Handicap resident or co-resident must be elderly, disabled or handicapped to qualify for medical related deductions.

Household Member	Elderly	Disabled	Handicapped	Medicare/Health Ins.	Doctors/Hospitals	Prescriptions	Other	Child Care
Resident								
Co-Resident								



Have you ever broken a lease or been evicted from any type of housing? YES NO

Previous Landlord: _____ Phone#: _____

Credit References

NAME:

PHONE:

Have you ever been convicted of a felony? ___ Yes ___ No If so, please explain: _____

In case of emergency, notify: _____ Phone _____

I (We) do hereby certify that this apartment will be my (our) primary residence. I (We) further certify that I (We) do not and will not maintain a subsidized rental unit in a different location.

Applicant _____ Date _____

Co-Applicant _____ Date _____

Other _____ Date _____

Other _____ Date _____

Applicant and co-applicant represent all of the above statements are true and correct and hereby authorizes the owner to verify this information. This also authorizes consent to release wage matching data to Rural Housing Service and the owner. False information provided herein is grounds for denial of occupancy or forfeiture of deposit. If accepted this application will become part of the lease agreement. 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 that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation of surname.

Ethnicity: Hispanic or Latino _____

Ethnicity: Hispanic or Latino _____

Non-Hispanic or Latino _____

Non-Hispanic or Latino _____

Race: (Mark One or More)

Race: (Mark One or More)

American Indian/Alaskan Native _____

American Indian/Alaskan Native _____

Asian _____

Asian _____

Black or African American _____

Black or African American _____

Native Hawaiian or other Pacific Islander _____

Native Hawaiian or other Pacific Islander _____

White _____

White _____

Gender: Male ___ Female ___

Gender: Male ___ Female ___

FOR MANAGER USE ONLY:
 Date: _____
 Time: _____
 Move-in Date _____
 Apartment # _____
 Rental Assistance ___ Yes ___ No
 HUD Certificate Voucher



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