

Rental Application – Member Information

To be completed by all household members 18 and older

DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

Head of Household Name _____

Adult Member Name _____

Race* (Choose all that apply)

American Indian Alaska Native Asian African American Native Hawaiian Pacific Islander White Other
 Choose not to disclose

Ethnicity* Hispanic or Latino Not Hispanic or Latino Choose not to disclose Part/Full

Marital Status* Single (Never Married) Married Separated Divorced Widowed

Other Names Used (alias, maiden, nickname) _____

Disabled Yes No

**This optional information is gathered for statistical purposes only. It has no role in determining eligibility*

Check here if member address is the same as Head of Household

Physical Street Address _____ Home Phone _____ N/A

City _____ Work Phone _____ N/A

State _____ Zip _____ Cell Phone _____ N/A

Email Address: _____

Is your physical address the same as your mailing address? Yes No If No, please provide your mailing address below.

-List all states you have ever resided in (regardless of duration) _____

-Are you temporarily displaced due to a disaster? Yes No

-Are you homeless or lacking a fixed nighttime residence? Yes No

Do you require an accessible unit due to a disability? Yes No

BACKGROUND AND CRIMINAL HISTORY

A Public Records search will be conducted on each adult applicant/occupant.

Do you have any felonies or misdemeanors involving the below? If yes, identify the year the incident occurred.

Sexual misconduct? Yes No Year _____

Illegal possession, manufacture, sale and/or distribution of a controlled substance? Yes No Year _____

Physical crime against a person or persons and/or another person's property? Yes No Year _____

Are you currently engaged in illegal drug use or abuse alcohol? Yes No

Have you been convicted of manufacturing methamphetamine? Yes No

Are you subject to a state sex offender lifetime registration requirement? Yes No If Yes, which state? _____

Have you been evicted from a rental unit for any reason? Yes No Reason _____



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RENTAL HISTORY

Complete a Rental History for every household member that is 18 years of age and older

Does your household have 2 years positive rental history? Yes No

List addresses resided in the last 2 years and provide owner/landlord information.

Check here if member address is the same as Head of Household

Current Address Do you rent or own this property? Rent or Own _____ Payment Per Month _____

Apartment Complex Name _____ ON/A

Street Address _____

City, State, Zip _____

Phone Number _____ Move in Date _____

Do you live in subsidized housing? Yes No If Yes, are you currently receiving assistance? Yes No

Previous Addresses

Check here if member address is the same as Head of Household

Street Address _____

City, State, Zip _____

Landlord Name _____

Phone Number _____ Move In Date _____ Move Out Date _____

Did you rent or own this property? Rent Own Payment Per Month _____

Check here if member address is the same as Head of Household

Street Address _____

City, State, Zip _____

Landlord Name _____

Phone Number _____ Move In Date _____ Move Out Date _____

Did you rent or own this property? Rent Own Payment Per Month _____

Check here if member address is the same as Head of Household

Street Address _____

City, State, Zip _____

Landlord Name _____

Phone Number _____ Move In Date _____ Move Out Date _____

Did you rent or own this property? Rent Own Payment Per Month _____

Check here if member address is the same as Head of Household

Street Address _____

City, State, Zip _____

Landlord Name _____

Phone Number _____ Move In Date _____ Move Out Date _____

Did you Rent or Own this property? Rent Own Payment Per Month _____



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INCOME

Income source(s) for this member *(indicate gross income before any deductions/garnishments occur).*

Employment Income Yes No If Yes, Full Time Part Time Start Date _____ Monthly Amount _____

Employer _____ Employer Phone _____

Full Street Address _____

Additional Employment Income, Other Sources Yes No

If Yes, Full Time Part Time Start Date _____ Monthly Amount _____

Employer _____ Employer Phone _____

Full Street Address _____

Unemployment Yes No

If Yes, Issuing Government Agency _____ Monthly Amount _____

Social Security Yes No Monthly Amount _____

Dual Entitlement Yes No Monthly Amount _____ Claim Number _____

Federal SSI (**Disability**) Yes No Monthly Amount _____

SSP (State Portion of SSI) Yes No Monthly Amount _____

Long/Short Term Disability
(**Not SSI**) Yes No Monthly Amount _____ Agency _____

Retirement/Annuity
(**Regular Monthly payments**) Yes No Monthly Amount _____ Agency _____

VA Benefit Yes No Monthly Amount _____

Pension Yes No Monthly Amount _____

Child Support Yes No Monthly Amount _____ Case Number _____

Alimony Yes No Monthly Amount _____

TANF (**Not Foodstamps**) Yes No Monthly Amount _____

Gifts
(**Not for major life events**) Yes No Monthly Amount _____

Rental Income Yes No Monthly Amount _____

Business Income Yes No Net Monthly Amount _____

Other Yes No Monthly Amount _____

Is anyone helping you with paying bills on a regular basis? Yes No Monthly Amount _____

What is your annual gross income from all sources? \$ _____



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ASSETS

Checking	<input type="radio"/> Yes <input type="radio"/> No	Bank _____	Balance _____
Savings	<input type="radio"/> Yes <input type="radio"/> No	Bank _____	Balance _____
CD	<input type="radio"/> Yes <input type="radio"/> No	Bank _____	Balance _____
Money Market	<input type="radio"/> Yes <input type="radio"/> No	Bank _____	Balance _____
Revocable Trusts	<input type="radio"/> Yes <input type="radio"/> No	Financial Inst. _____	Balance _____
Retirement Accounts	<input type="radio"/> Yes <input type="radio"/> No	Financial Inst. _____	Balance _____
Mutual Funds	<input type="radio"/> Yes <input type="radio"/> No	Financial Inst. _____	Balance _____
Stocks/ Bonds	<input type="radio"/> Yes <input type="radio"/> No	Financial Inst. _____	Balance _____
Whole Life Insurance	<input type="radio"/> Yes <input type="radio"/> No	Ins. Agency _____	Balance _____
Prepaid Debit Cards	<input type="radio"/> Yes <input type="radio"/> No		Balance _____
Direct Express Debit Card	<input type="radio"/> Yes <input type="radio"/> No		Balance _____
Cash on Hand	<input type="radio"/> Yes <input type="radio"/> No		Amount _____

(If you select No, yet receive SSA benefits, you must provide a copy of the paper benefit checks you receive.)

Do you own real Property (home, land, etc.)? Yes No Estimated Market Value _____

Do you own a Non-Necessary Personal Property? Yes No Estimated Market Value _____

Have you disposed of any assets for less than fair market value within the last two years? Yes No

If Yes, provide date of disposal _____ Amount Received _____ Estimated Market Value _____

I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

I certify the information given in this application is accurate and complete. I understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application. I/We, by signature below, authorize the Owner/Agent to request and complete a criminal background check, rental history check, and credit check, through an outside independent background service company and secure a written report of all information pertaining to landlord/rental history, sex offender records, criminal background, credit records, etc. I further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I understand the Owner/Agent will request only that information necessary to determine eligibility or level of assistance.

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). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Federal law prohibits the Landlord from discriminating against any applicant because of race, color, sex, familial status, religion, handicap, disability, sexual orientation, gender identity, marital status, or national origin. Additional state protections may apply. Applicants on the waiting list may be contacted by management to ensure continued interest to remain on the waiting list and to update any changes to the original information provided at the time of initial application. Failure to respond to this inquiry may result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive and denied applications will be held for three years as required by federal regulation.

Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed to the following person, responsible for related policies: 504 Coordinator.

Signature _____

Date _____

