

## Rental Application – Member Information

**TO BE COMPLETED FOR EACH MINOR HOUSEHOLD MEMBER UNDER THE AGE OF 18**

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

Head of Household Name \_\_\_\_\_

Minor Member Name \_\_\_\_\_

This person is considered disabled by a medical professional

**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

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

Physical Street Address \_\_\_\_\_

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

### INCOME

Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount	_____	
Dual Entitlement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount	_____	Claim Number _____
Federal SSI ( <b>Disability</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount	_____	
SSP (State Portion of SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount	_____	
Long/Short Term Disability ( <b>Not SSI</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount	_____	Agency _____
Retirement/Annuity ( <b>Regular Monthly payments</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount	_____	Agency _____
VA Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount	_____	
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount	_____	
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount	_____	Case Number _____
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount	_____	
TANF ( <b>Not Foodstamps</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount	_____	
Gifts ( <b>Not for major life events</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount	_____	
Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount	_____	
Business Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Net Monthly Amount	_____	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount	_____	



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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	_____

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

Cash on Hand  Yes  No Amount \_\_\_\_\_

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 of household member or guardian/parent if member is a minor

\_\_\_\_\_  
Date

# Mercury Court, L.P.

## TENANT RELEASE AND CONSENT

I/We, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets, credit history to Mercury Court, L.P. for purposes of verifying information on my/our apartment rental application.

### INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/ We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my legibility for and continued participation as a Qualified Tenant.

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past & Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement Systems
Support & Alimony Providers	Social Security Administration	Banks & Financial Institutions
Credit References	Medical & Childcare Providers	
	Criminal History	

### CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

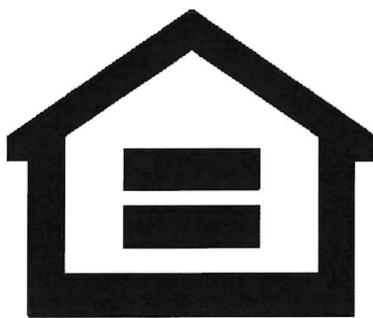
### *SIGNATURES:*

\_\_\_\_\_  
Applicant/Resident (Print Name) Date

\_\_\_\_\_  
Spouse or Other Adult (Print Name) Date

\_\_\_\_\_  
Adult Member (Print Name) Date

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**EQUAL HOUSING  
OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair  
Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is Illegal to Discriminate Against Any Person  
Because of Race, Color, Religion, Sex,  
Handicap, Familial Status, or National Origin**

In the sale or rental of housing or  
residential lots

In the provision of real estate  
brokerage services

In advertising the sale or rental  
of housing

In the appraisal of housing

In the financing of housing

Blockbusting is also illegal

**Anyone who feels he or she has been  
discriminated against may file a complaint of  
housing discrimination:**

**1-800-669-9777 (Toll Free)**

**1-800-927-9275 (TTY)**

**[www.hud.gov/fairhousing](http://www.hud.gov/fairhousing)**

**U.S. Department of Housing and  
Urban Development  
Assistant Secretary for Fair Housing and  
Equal Opportunity  
Washington, D.C. 20410**

I am aware of my rights to Fair Housing.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date