

APARTMENT APPLICATION

A \$10 non-refundable application fee is required in order for us to process this application. An application is considered incomplete and will not be processed unless the fee has been paid. We do not accept cash. Your payment must be in the form of MONEY ORDER or CASHIER'S CHECK only, made payable to the apartment community to which you are applying: _____

ALL QUESTIONS MUST BE ANSWERED IN FULL IN ORDER FOR APPLICATION TO BE PROCESSED.

Application Fee Receipt #: _____

Date Paid: _____

PERSONAL INFORMATION

APPLICANT:

1. Full Name: _____
2. Driver's License #: _____ 3. Social Security #: _____
4. Home Phone #: (____) _____ 5. Work Phone #: (____) _____
6. a. Present Home Address: _____
b. How Long There? From: _____ To: _____
7. a. Landlord's Name: _____
b. Landlord's Address: _____
c. Landlord's Phone #: (____) _____ d. Monthly Rent: \$ _____
e. Reason for Moving: _____
8. a. Previous Address: _____
b. How Long There? From: _____ To: _____
9. a. Previous Landlord's Name: _____
b. Previous Landlord's Address: _____
c. Previous Landlord's Phone #: (____) _____ d. Monthly Rent: \$ _____
e. Reason for Moving: _____
10. a. Employer's Name: _____
b. Employer's Address: _____
c. Employer's Phone #: (____) _____ d. Your Position: _____
e. How Long There? From: _____ To: _____ f. Salary/week: \$ _____
11. a. Bank Name: _____ b. Bank Phone #: (____) _____
c. Bank Address: _____
d. Checking Account #: _____ e. Savings Account #: _____
12.

Credit References	City/State	Account #	Phone #
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
13. a. Name/Address of Nearest Relative Not Living in Household: _____
b. Phone #: (____) _____ c. Relationship to You: _____
14. List two other persons we may contact in the event of an emergency:
a. Name: _____ Phone #: _____ Relationship: _____
b. Name: _____ Phone #: _____ Relationship: _____

SPOUSE

1. Full Name: _____
2. Driver's License #: _____ 3. Social Security #: _____
4. a. Employer's Name: _____
b. Employer's Address: _____
c. Employer's Phone #: (____) _____ d. Your Position: _____
e. How Long There? From: _____ To: _____ f. Salary/week: \$ _____
5. a. Name/Address of Nearest Relative Not Living in Household: _____
b. Phone #: (____) _____ c. Relationship to You: _____

Date Received: _____
Time Received: _____
Received By: _____

This institution is an equal opportunity provider and employer



QUESTIONNAIRE

1. Have you or any members of your household ever lived at our community? YES NO. If yes, when? _____
Under what name and apartment number? _____
2. Have you or any members of your household ever applied for an apartment at our community? YES NO.
If yes, when? _____ Under what name? _____
3. How did you hear about our community? _____
4. What size/type of apartment are you interested in? _____
5. When do you wish to move in? _____
6. What vehicles will you maintain here, should your application be accepted?
 - a. Make, model, year, & color: _____ License #: _____
 - b. Make, model, year, & color: _____ License#: _____

ONLY THOSE VEHICLES ACTUALLY BELONGING TO A HOUSEHOLD MEMBER MAY BE REGISTERED.
COPIES OF DMV REGISTRATIONS WILL BE REQUIRED PRIOR TO MOVE IN.
7. Do you incur any child care expenses for minors in the household under the age of thirteen (13) in order to be gainfully employed or to further your education? YES NO If yes, explain: _____

Documentation will be required. Please ask the site manager for a Day Care Statement form.
8. Are there any household members you did not list who might be considered "temporarily absent members" such as college/boarding school students who live elsewhere part of the year; persons temporarily confined to a hospital, nursing home, or institution; members who may be temporarily incarcerated; or adult members who reside elsewhere for part of the year for employment or educational reasons? YES NO. If yes, explain _____

9. Applicants who meet the definition of disabled or handicapped qualify for a \$400 deduction from annual income. Certain other deductions may also be allowed. If you feel that you qualify and would like to request such an adjustment, please indicate: YES NO. If you are requesting status as a disabled/handicapped household, we will require sufficient documentation. We will be happy to provide you with a verification statement form upon request. Failure to provide necessary information may result in the denial of allowable deductions.
10. If you are eligible for the disabled/handicapped status which you are requesting, you may be eligible for a unit with special design features for physically impaired persons. You may also be entitled to a priority status for placement in such a unit. Will you require any such special features or other reasonable accommodations? YES NO If yes, explain: _____

11. Have you or any household members ever been evicted or breached/violated your contract while leasing any type of rental housing? YES NO. If yes, explain: _____

12. Have you or any household members been convicted of a felony/crime? YES NO If yes, explain: _____

13. Are you or any household members currently involved in the illegal use of any controlled substance? YES NO
If yes, explain: _____
14. Do you or any household members have a previous conviction for the illegal sale, use, or distribution of any controlled substance? YES NO If yes, explain: _____
15. If the answer to Question 13 or 14 is yes, has the person(s) successfully completed a controlled substance abuse recovery program or is he currently enrolled in such a program? YES NO If yes, please identify any such program(s): _____

ASSET QUESTIONNAIRE

1. Do you receive regular monetary gifts or non-cash contributions from persons not living in your household? YES NO
If yes, what is the cash value \$ _____ and explain: _____
2. Do you own any real estate? YES NO If yes, what is the cash value \$ _____ and describe: _____

3. Do you own any rental property? YES NO If yes, what is the cash value \$ _____ and explain: _____

4. Do you have any assets held jointly with another person? YES NO If yes, what is the cash value \$ _____ and explain: _____
5. Have you disposed of any real estate or other assets in the last 2 years? YES NO If yes, what was the cash value \$ _____ and identify and explain: _____

6. Were the assets disposed of for less than Fair Market Value? YES NO If yes, documentation will be required. Please ask the site manager for a Disposal of Assets Certification form.

THE APPLICANT UNDERSTANDS AND AGREES THAT:

ONLY THOSE PERSONS LISTED ON THE APPLICATION MAY OCCUPY THE APARTMENT.

ANY APPLICATION CONTAINING FALSE OR FICTITIOUS INFORMATION WILL BE REJECTED. IN ADDITION, IF OCCUPANCY IS GRANTED BASED ON SUCH FALSE INFORMATION, MANAGEMENT MAY TAKE MEASURES TO TERMINATE RESIDENCY.

A LEASE AGREEMENT IS A BINDING CONTRACT! SHOULD YOU ENTER INTO A LEASE WITH US AND DEFAULT ON YOUR AGREEMENT, WE ARE ENTITLED TO PAYMENT OF RENT UNTIL YOUR LEASE EXPIRES OR UNTIL THE APARTMENT IS RENTED. WE WILL PURSUE COLLECTION OF ANY UNPAID BALANCE TO THE FULLEST EXTENT ALLOWED BY LAW.

I certify that the information I have provided is true and correct to the best of my knowledge. I authorize inquiries to be made to verify the statements above or any other inquiries deemed necessary by the Landlord, its agents or authorized representatives. I understand that information will be obtained from consumer reporting agencies regarding my credit and past rental history. I hereby release the Landlord, its agents or authorized representatives from all liability for any damage that may result from such inquiries.

I hereby certify that the housing I will occupy will be my permanent residence and that I will not maintain a separate subsidized rental unit in a different location.

Applicant

Spouse

Date

Date

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA Rural Development that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap 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/national origin and sex of individual applicants on the basis of visual observation or surname."

TO BE COMPLETED BY APPLICANT ONLY

CHOICES FOR RACE ARE:

American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Pacific Islander White

CHOICES FOR ETHNICITY ARE:

Hispanic/Latino Non-Hispanic Latino

Sex: Male Female

FOR OFFICE USE ONLY

1. Applicant's Form of Positive ID: _____ . Does the information reviewed match the information provided by the applicant? YES NO. If no, please explain any discrepancies: _____
2. Spouse's Form of Positive ID: _____ . Does the information reviewed match the information provided by the applicant? YES NO. If no, please explain any discrepancies: _____
3. Additional information required from Applicant/Spouse: _____

I certify that I have thoroughly reviewed this form with the applicant, answered all questions, and explained our community policies and the RD 515 program to the best of my ability.

Manager/Management Representative

Date