

## RENTAL APPLICATION

**Property Name:** \_\_\_\_\_

- ☐ **Credit and Criminal Background Fee: \$11.00**  
☐ Fee applied per Management policy  
☐ Fee waived per Management policy  
☐ Fee waived per HUD Section 8 policy

Office Hours: \_\_\_\_\_

**NO CASH WILL BE ACCEPTED. Acceptable forms of payment are cashier's check or money order.**

(Please print all information)

TM Associates Management, Inc. is an Equal Housing Opportunity Company, with projects in compliance with Section 504 and Fair Housing Regulations. TM Associates Management, Inc. accommodates any applicants who need assistance in filling out this application. If you require any assistance, please advise.

**Applicant Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### HOUSEHOLD COMPOSITION

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. Positive identification of all residents is required. For adult applicants this must be photo identification and a copy of their social security card. For all minor applicants, this must be birth certificate and social security card.

MEMBER'S FULL NAME	RELATIONSHIP	BIRTHDAY	AGE	SEX	SOCIAL SECURITY #
	Head of Household				

Unit size requested: ☐ One Bedroom ☐ Two Bedroom ☐ Three Bedroom ☐ Four Bedroom

How many people live in your home now? \_\_\_\_\_ How many bedrooms do you have? \_\_\_\_\_

Does anyone live with you now who are not listed above? ☐ Yes ☐ No. If yes, please explain:

Are any changes in the household expected in the next 12 months? ☐ Yes ☐ No. If yes, please explain:

If you are applying for status as an "elderly household", please check those that apply:

- ☐ tenant or co-tenant is 62 or older ☐ tenant or co-tenant is disabled, regardless of age



(Qualifying as an "elderly household" may entitle you to a deduction in your income calculation.)

Identify any special housing needs required as a result of a disability: \_\_\_\_\_

Will there be a pet as part of your household? ☐ Yes ☐ No

**Note:** specific pet policies and/or restrictions may apply at this property. For properties designated as Elderly, refer to the Pet Policy provided by Management regarding pet evaluation. If an approved pet is allowed, an additional security deposit may be applicable.

Have you or anyone else who will be living in your household ever been convicted of a crime? ☐ Yes ☐ No.

If yes, please explain: \_\_\_\_\_

Are you or anyone else who will be living in your household subject to registration as a sexual offender and/or sexual predator? ☐ Yes ☐ No. If yes, please explain: \_\_\_\_\_

Have you or anyone else who will be living in your household been evicted in the last three years from federally assisted housing for drug related criminal activity? ☐ Yes ☐ No

Does any member of your household currently use or have a history of using illegal drugs or currently use or have a history of abusing alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of others? ☐ Yes ☐ No

If yes, explain \_\_\_\_\_

Are you or a member of your household now being evicted? ☐ Yes ☐ No

Have you or a member of your household ever been evicted? ☐ Yes ☐ No If yes, date of eviction \_\_\_\_\_

What are your monthly costs for all utilities except Telephone or TV cable? \$ \_\_\_\_\_

What is your current rent? \$ \_\_\_\_\_

Are you now living in a governmental subsidized unit? (e.g. Section 8 Housing, FmHA 515, HUD Section 236, or Section 221 (d)(3) subsidized project(s)? ☐ Yes ☐ No

How long have you resided at your current residence? \_\_\_\_\_

List names/addresses/phone numbers of two relatives or friends who know how to contact you:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**RENTAL HISTORY:** (We must be able to verify at least five years of residency. Please use complete addresses. Failure to do so may result in not being able to process application.)

PRESENT LANDLORD: Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

Dates: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

FORMER LANDLORD: Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Dates: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

FORMER LANDLORD: Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Dates: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

FORMER LANDLORD: Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Dates: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_



**ELIGIBILITY INFORMATION – check either Yes or No for each question. For each “yes” answer, provide the details in the chart below. “Household” is defined as ANYONE who will be residing in the apartment.**

1. Is any member of your household employed full time, part time, or seasonally? ☐ Yes ☐ No
2. Are any income changes expected in the next 12 months?  
If yes, please explain: \_\_\_\_\_ ☐ Yes ☐ No
3. Does any member of your household work for someone who pays them in cash? ☐ Yes ☐ No
4. Is any member of your household on leave of absence from work due to layoff, maternity, or military leave? ☐ Yes ☐ No
5. Does any member of your household receive unemployment benefits? ☐ Yes ☐ No
6. Does any member of your household receive child support? ☐ Yes ☐ No
7. Is any member of your household entitled to child support that he/she is not now receiving? ☐ Yes ☐ No
8. Does any member of your household receive alimony payments? ☐ Yes ☐ No
9. Is any member of the household entitled to alimony payments that he/she is not now receiving? ☐ Yes ☐ No
10. Does any member of your household receive or expect to receive welfare assistance other than food stamps and Medicaid? (Do not count food stamps.) ☐ Yes ☐ No
11. Does any member of your family receive, or expect to receive, Social Security benefits? ☐ Yes ☐ No
12. Does any member of your household receive or expect to receive income from a pension or annuity? ☐ Yes ☐ No
13. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? ☐ Yes ☐ No
14. Does any member of your household receive income from assets including interest on checking/savings accounts, interest and dividends on certificates of deposit, stock or bonds, income from the rental of property? ☐ Yes ☐ No
15. Does any member of the household participate in a 401k retirement account?  
If yes, does the household member have access to the account without termination or retirement? ☐ Yes ☐ No
16. Has any adult member of this household been enrolled as a full time student in an institute of education within the current calendar year (January-December)? ☐ Yes ☐ No
17. Are all members of this household full time students? ☐ Yes ☐ No
18. Are any adult members of the household enrolled as part time students in an institute of education? ☐ Yes ☐ No
19. Are any changes in student status expected in the next 12 months? ☐ Yes ☐ No
20. Does any member of your household receive, or expect to receive, any form of financial assistance for education? ☐ Yes ☐ No
21. Are all members of this household U.S. citizens? ☐ Yes ☐ No  
All applicants must complete the Applicant Citizenship Declaration provided by Management.
22. Does any member of your household own a home or other real estate? ☐ Yes ☐ No
23. Does any member of your household own a car? ☐ Yes ☐ No

### INCOME & ASSET INFORMATION

For each type of income that your household receives, give the source of the income, address, and the amount that can be expected from the source within the next 12 months.

Family Member	Source of Income & Address	Estimated Gross Annual Income



**BANK ACCOUNTS/DIRECT DEBIT ACCOUNTS**

Family Member	Bank	Name & Address	Account Type	Current Balance
			\$	
			\$	
			\$	
			\$	

**ASSETS:** (List all assets such as cash on hand, assets held in safety deposit boxes, equity in real estate property, whole life insurance policies, demand deposits, stocks, bonds. Cash value is the market value less any reasonable costs that would be incurred in converting the asset to cash; i.e. broker and legal fees.)

FAMILY MEMBER	DESCRIPTION OF ASSET	CASH VALUE	INCOME FROM ASSET

Did you have any assets in the last two years not listed above? ☐ Yes ☐ No

If yes, did you dispose of any assets for less than fair market value? ☐ Yes ☐ No

(This means that the assets were either given away or sold at less than the market value.) If yes, list the assets, market value, amount received and date you disposed of the assets: \_\_\_\_\_

**EXPENSES**

Do you pay for childcare for any children who have not reached their 13<sup>th</sup> birthday or younger which enables you or another family member to work or go to school? ☐ Yes ☐ No. If yes, give the name and address of childcare provider, weekly cost, and name of family member enabled to work or go to school \_\_\_\_\_

**FAMILY WITH DISABLED MEMBERS:**

Do you pay for a care attendant or for any equipment for the disabled member(s) of the family necessary to permit that person or someone else in the family to work? ☐ Yes ☐ No

**ELDERLY OR DISABLED FAMILIES ONLY:**

Do you have Medicare? ☐ Yes ☐ No. If yes, what is your Medicare premium \$ \_\_\_\_\_

Do you have any other kind of medical insurance? ☐ Yes ☐ No

If yes, give policy number and premium \_\_\_\_\_

Are you enrolled in a Medicare Prescription Drug Plan? ☐ Yes ☐ No

Do you receive medical assistance through the welfare department? ☐ Yes ☐ No

Do you have any outstanding medical bills on which you are paying? ☐ Yes ☐ No

Do you expect to have any medical expenses during the next 12 months? ☐ Yes ☐ No

If yes, amount of medical expenses \$ \_\_\_\_\_

**COMMENTS / ADDITIONAL INFORMATION (Use back of this page, if necessary)**



**APPLICANT CERTIFICATION**

This application is subject to approval and does not constitute an agreement or lease. I/We certify that the unit applied for will be my/our permanent residence and I/we will not maintain a separate subsidized rental unit in a different location.

I authorize the Management Agent to investigate my credit and criminal background and to verify all information and references given. The information obtained will be used for management purposes only and will be held in confidence.

**All application information is true and correct to the best of my knowledge. I understand that if any information I provide is found to be untrue, it will result in denial of my application.**

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_

**DISCLOSURE**

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 or surname.

**Please mark the appropriate codes below.**

**RACE (Mark one or more) – Head of Household**

- 1= American Indian/Alaskan Native ☐  
 2= Asian ☐  
 3= Black or African American ☐  
 4= Native Hawaiian or Other Pacific Islander ☐  
 5= White ☐

Information supplied by: Applicant \_\_\_\_\_ Management \_\_\_\_\_  
 Initials Initials

**GENDER – Head of Household:** Male ☐ Female ☐ \_\_\_\_\_  
 Applicant's Name

**ETHNICITY – Head of Household:** Hispanic or Latino ☐ Not Hispanic or Latino ☐

**Please tell us how you learned about this apartment community:**

- ☐ Newspaper Advertisement ☐ Family/Friend ☐ Website ☐ Community Outreach ☐ Property sign  
☐ Other \_\_\_\_\_

HUD prohibits discrimination in all its programs and activities on the basis of race, color, religion, creed, national origin, sex, disability, familial status, marital status, sexual orientation, gender identity, and where applicable, elderliness, age, parental status, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all



**DISABILITY AND REASONABLE ACCOMMODATIONS**

The management and owner of this apartment community are dedicated to the letter and spirit of the Fair Housing Laws and Section 504 of the Rehabilitation Act of 1973. These laws and regulations provide that eligible applicants/tenants who meet the definition of a disabled person as defined by Section 504, the FHAA and the ADA be provided with reasonable accommodations which will provide the applicant/tenant an equal opportunity to enjoy the housing program. The definition of a disabled person as defined by Section 504, the FHAA and the ADA is available from the site manager. If you believe you meet the definition of a disabled person and require a reasonable accommodation, please provide us with a written request. If you require our assistance with this, please advise.

**COMPUTER MATCHING NOTICE AND CONSENT**

I agree that the Rural Housing Service may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal or local agencies. These government agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security agencies
- State Welfare and Food Stamp agencies

The match will be used to verify information supplied by the family.

**INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION**

Any individual or organization including any government organization may be asked to release information. For example, information may be requested from:

- Banks and other financial institutions
- Courts
- Law enforcement agencies
- Credit Bureaus
- Employers, past and present
- Landlords
- Providers of:
  - Alimony
  - Childcare

~~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 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 discloses or discloses any information under false pretenses concerning an applicant or participant may be subject to a maximum fine not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring a 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).~~

**CONDITIONS - I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.**

\_\_\_\_\_  
(Applicant Signature) (Date)

\_\_\_\_\_  
(Co-Applicant Signature) (Date)

\_\_\_\_\_  
(Applicant Social Security Number)

\_\_\_\_\_  
(Co-Applicant Social Security Number)

\_\_\_\_\_  
(Other Adult Household Member) (Date)

\_\_\_\_\_  
(Other Adult Household Member) (Date)



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(Social Security Number)

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(Social Security Number)

