



MULTI-FAMILY, COMMERCIAL AND INVESTMENT PROPERTIES

### Application for Tenancy for Rural Housing Properties

|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------|
| Date Received:                                                                                                                                                                                                                                                                                                                                                                                                                                            | Time:                                                                      | Signature of Manager: |
| A \$15.00 non-refundable application processing fee per applicant is required when submitting this application, unless otherwise posted on the office bulletin board that the fee has been waived. The application is considered incomplete and will not be processed unless the processing fee is paid. ***All portions of this application must be completed. Fill in each blank. If the blank is not applicable, please put N/A. Please write legibly. |                                                                            |                       |
| Fee Paid <input type="checkbox"/> Fee Not Paid <input type="checkbox"/> Fee Waived <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                               | Receipt #                                                                  | Date                  |
| Applicant's Name                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            | Email                 |
| Current Address                                                                                                                                                                                                                                                                                                                                                                                                                                           | City                                                                       | State & Zip           |
| Home #                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Work #                                                                     | Cell #                |
| Do you Currently <input type="checkbox"/> Rent or <input type="checkbox"/> Own?                                                                                                                                                                                                                                                                                                                                                                           | Amount of Mortgage/Rent?                                                   |                       |
| Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Self Employed? <input type="checkbox"/> Yes or <input type="checkbox"/> No | Position              |
| Address of Employer                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            | Employer Telephone #  |

|                                                                                 |                                                                            |                      |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------|
| Co - Applicant's Name                                                           |                                                                            | Email                |
| Current Address                                                                 | City                                                                       | State & Zip          |
| Home #                                                                          | Work #                                                                     | Cell #               |
| Do you Currently <input type="checkbox"/> Rent or <input type="checkbox"/> Own? | Amount of Mortgage/Rent?                                                   |                      |
| Employer                                                                        | Self Employed? <input type="checkbox"/> Yes or <input type="checkbox"/> No | Position             |
| Address of Employer                                                             |                                                                            | Employer Telephone # |

#### Household Composition

List all members who will reside in the dwelling.

|   | <u>Full Name</u> | <u>Relationship to Head</u> | <u>Marital Status</u><br>Married<br>Single<br>Legal Sep. | <u>Date of Birth</u> | <u>Social Security #</u> | <u>Student Status</u><br>Full-Time<br>Part-Time<br>None | <u>Employed</u><br>Yes<br>or<br>No | <u>Sex</u><br>M<br>/F |
|---|------------------|-----------------------------|----------------------------------------------------------|----------------------|--------------------------|---------------------------------------------------------|------------------------------------|-----------------------|
| 1 |                  | Head                        |                                                          |                      |                          |                                                         |                                    |                       |
| 2 |                  |                             |                                                          |                      |                          |                                                         |                                    |                       |
| 3 |                  |                             |                                                          |                      |                          |                                                         |                                    |                       |
| 4 |                  |                             |                                                          |                      |                          |                                                         |                                    |                       |
| 5 |                  |                             |                                                          |                      |                          |                                                         |                                    |                       |
| 6 |                  |                             |                                                          |                      |                          |                                                         |                                    |                       |
| 7 |                  |                             |                                                          |                      |                          |                                                         |                                    |                       |
| 8 |                  |                             |                                                          |                      |                          |                                                         |                                    |                       |



Do you anticipate any changes to the household in the next twelve months?  Yes or  No

If Yes, explain:

Does anyone live with you who is not listed above?  Yes or  No If yes, explain:

Does the applicant or co – applicant hereby certify that he/she has legal custody of the minor children listed in the household for at least 6 months of the year?  Yes or  No

If no, please explain.

Will the household above be comprised of students during any five calendar months of this year or plan to be in the next calendar year at an educational institution with regular faculty and students? Please put anticipated status (PT or FT) for fall, spring and summer sessions.

Yes or  No

| HH Member Name | Name of School | School Contact | Phone # of School | Current Status | Fall | Spring | Summer |
|----------------|----------------|----------------|-------------------|----------------|------|--------|--------|
|                |                |                |                   |                |      |        |        |
|                |                |                |                   |                |      |        |        |
|                |                |                |                   |                |      |        |        |
|                |                |                |                   |                |      |        |        |
|                |                |                |                   |                |      |        |        |

Do you require any special services/reasonable accommodations due to a disability?  Yes or  No

Do you require a dwelling that is designed with accessible features?  Yes or  No

If yes, please indicate which features you require.

Have you been displaced?  Yes or  No

If yes, explain.

Have you or any member of your household ever been evicted, breached or violated your contract while leasing any type of housing?  Yes or  No

If Yes, explain.

Have you or any member of your household ever applied at this housing community?  Yes or  No

If yes, when?

Have you or any of your household members ever lived at this housing community?  Yes or  No

If yes, when?

Have you or any members of your household ever been convicted of a Felony/crime?  Yes or  No

If yes, explain.

Currently do you or any members of your household use, manufacture, possess, sale or distribute a controlled substance?  Yes or  No



Have you or any members of your household ever been convicted of the same?  Yes or  No

If yes, explain.

List any substance abuse programs that you or any household members have successfully completed or are currently enrolled in:

How did you hear about our community?

When do you wish to move in?

Why are you currently looking for housing?

### **Rural Development Applicants Only!**

#### **Disabled/Elderly Deduction**

Persons which meet the definition of disabled qualify for a \$400.00 deduction and certain other deductions to their annual income when determining Tenant Rent Contribution. If you feel that you qualify and would like to request this adjustment to your income, please indicate in the space provided.  Yes or  No

If you have indicated your desire to request this adjustment, then we will need only sufficient information (documentation) to confirm your qualification for this status. Failure to provide this documentation may result in the denial of some or all of these deductions.

#### **Child Care Deduction**

If there are minor children in the household, a child care deduction to your annual income may be available if it allows the parent to go to school or be employed. If you feel your household may qualify for this adjustment to your income, please indicate in the space provided.  Yes or  No

If you have indicated your desire to request this adjustment, then we will need only sufficient information (documentation) to confirm your qualification for this status. Failure to provide this documentation may result in the denial of some or all of these deductions.



### Monthly Household Income

List **ALL** income sources. Do **NOT** leave any blanks. If a section does not apply use N/A for the section. Use Gross income before any deductions.

|                                       | Applicant                      |           |                | Co-Applicant                   |           |                | Monthly Total (Combined) |
|---------------------------------------|--------------------------------|-----------|----------------|--------------------------------|-----------|----------------|--------------------------|
|                                       | Source (name of employer, etc) | Contact # | Monthly Amount | Source (name of employer, etc) | Contact # | Monthly Amount |                          |
| Employment                            |                                |           |                |                                |           |                |                          |
| Commissions                           |                                |           |                |                                |           |                |                          |
| Tips, Bonuses                         |                                |           |                |                                |           |                |                          |
| Income from Self Employment           |                                |           |                |                                |           |                |                          |
| Net Rental Income                     |                                |           |                |                                |           |                |                          |
| Social Security                       |                                |           |                |                                |           |                |                          |
| Supp. Sec Income                      |                                |           |                |                                |           |                |                          |
| Unemployment                          |                                |           |                |                                |           |                |                          |
| Alimony                               |                                |           |                |                                |           |                |                          |
| Child Support                         |                                |           |                |                                |           |                |                          |
| VA Benefits                           |                                |           |                |                                |           |                |                          |
| Welfare or Public Assistance          |                                |           |                |                                |           |                |                          |
| Recurring Gifts                       |                                |           |                |                                |           |                |                          |
| Lottery paid periodically             |                                |           |                |                                |           |                |                          |
| Interest and/or dividends             |                                |           |                |                                |           |                |                          |
| Severance Pay                         |                                |           |                |                                |           |                |                          |
| Pension/annuity                       |                                |           |                |                                |           |                |                          |
| Worker's Comp Disability Compensation |                                |           |                |                                |           |                |                          |
| Military Pay                          |                                |           |                |                                |           |                |                          |
| Other Income:                         |                                |           |                |                                |           |                |                          |
| Other Income:                         |                                |           |                |                                |           |                |                          |

|                                                                                                                                        |           |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>Total Gross Annual Income based on the monthly amounts listed above times 12</b>                                                    | <b>\$</b> |
| <b>Do you anticipate any changes in this income in the next 12 months?</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No |           |
| <b>If yes, please explain:</b>                                                                                                         |           |
|                                                                                                                                        |           |

### Rental History

|                    |                   |
|--------------------|-------------------|
| Current Landlord   | Address           |
| Landlord's Phone # | Amount of Rent \$ |

|                             |                   |
|-----------------------------|-------------------|
| Previous Landlord           | Address           |
| Previous Landlord's Phone # | Amount of Rent \$ |



### Household Assets

Please indicate whether you or a member of your household has any of the assets listed below. Do NOT leave any blanks. If a section does not apply use N/A for the section. If you require additional forms because your assets exceed the space provided, please ask for one.

#### Cash On Hand

| Household Member | Balance |
|------------------|---------|
|                  |         |
|                  |         |
|                  |         |

#### Checking Accounts

| Household Member | Acct # | Institution | Contact # |
|------------------|--------|-------------|-----------|
|                  |        |             |           |
|                  |        |             |           |
|                  |        |             |           |

#### Savings Accounts

| Household Member | Acct # | Institution | Contact # |
|------------------|--------|-------------|-----------|
|                  |        |             |           |
|                  |        |             |           |
|                  |        |             |           |

#### Certificates of Deposit/Money Market Acct/Savings Bonds

| Household Member | Acct # | Institution | Contact # |
|------------------|--------|-------------|-----------|
|                  |        |             |           |
|                  |        |             |           |
|                  |        |             |           |

#### Stocks/Bonds/Mutual Funds

| Name: | # of Shares | Interest of Dividends Paid | Value \$ |
|-------|-------------|----------------------------|----------|
|       |             |                            |          |
|       |             |                            |          |
|       |             |                            |          |

#### IRA/Keogh/401K/ Lump Sum Lottery Winnings/ Life Insurance

| Household Member/Acct No. | Cash Value |
|---------------------------|------------|
|                           |            |
|                           |            |
|                           |            |

|                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------|
| Do you own any real estate property? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, please explain |
| Type of Property:                                                                                                       |
| Location of Property:                                                                                                   |

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| Have you disposed of any assets in the last 2 years? <input type="checkbox"/> Yes or <input type="checkbox"/> No |
|------------------------------------------------------------------------------------------------------------------|



**Credit References**

|   | Name | Address | City, St, Zip | Acct # | Phone # |
|---|------|---------|---------------|--------|---------|
| 1 |      |         |               |        |         |
| 2 |      |         |               |        |         |
| 3 |      |         |               |        |         |

**Personal References (not related or employers)**

|   | Name | Address | City, St, Zip | Relationship | Phone # |
|---|------|---------|---------------|--------------|---------|
| 1 |      |         |               |              |         |
| 2 |      |         |               |              |         |
| 3 |      |         |               |              |         |

**Emergency Contacts**

|   | Name | Address | City, St, Zip | Relationship | Phone # |
|---|------|---------|---------------|--------------|---------|
| 1 |      |         |               |              |         |
| 2 |      |         |               |              |         |
| 3 |      |         |               |              |         |

Please note: A \$25.00 charge for bookkeeping will be deducted for an applicant who has paid a Security Deposit and decides not to rent an apartment. All rent is due and payable on the first day of the month. After a ten (10) grace period, or the grace period prescribed by state law, a late charge will be assessed and legal action taken. No water beds, alcoholic beverages displayed on the grounds, and no pets. In the event the complex is designated specifically as housing for the elderly, a pet lease may be executed and an additional Pet Deposit is required.

**All persons aged 18 and older must sign and date this document.**

I/we hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/we further certify that this will be my/our permanent residence. I/we understand I/we must pay a Security Deposit prior to occupancy. I/we understand that my/our eligibility for housing will be based on applicable income limits and by management’s selections criteria. I/we certify that all information in this application is true and accurate to the best of my/our knowledge and I/we understand that false statements or false information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verifications related to my/our application for tenancy. I/we hereby consent to allowing the USDA, Rural Development to perform wage matches for any information I provide as part of my tenancy. I/we further certify that only those people listed on this application will occupy the dwelling, unless prior approval by Landlord is given.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Person 18 or older

\_\_\_\_\_  
Date

I certify that I filled this application out for the applicant as a reasonable accommodation for his/her disability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship (Friend, Relative, etc)

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation and reprisal. (Not all prohibited bases apply to all programs)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W. Stop 9410, Washington, DC 20250-9410 or call (866)-632-9992 (English) (800)-877-8339 (TDD) (866)-377-8642 (English Federal Relay) (800)-845-6136 (Spanish Federal Relay) USDA is an Equal Opportunity Provider and Employer.



## Addendum to the Application

### Information for Government Monitoring Purposes

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.

**Applicant:** I do not wish to furnish the information \_\_\_\_\_ (initials)

What is your ethnicity? (National Origin)  Hispanic or Latino     Not Hispanic or Latino

What is your race?     American Indian or Alaska Native     Asian     Black or African American  
 Native Hawaiian or other Pacific Islander     White

What is your Sex?     Male             Female

**Co - Applicant:** I do not wish to furnish the information \_\_\_\_\_ (initials)

What is your ethnicity? (National Origin)  Hispanic or Latino     Not Hispanic or Latino

What is your race?     American Indian or Alaska Native     Asian     Black or African American  
 Native Hawaiian or other Pacific Islander     White

What is your Sex?     Male             Female

### **For Office Use Only:**

If applicant chose NOT to furnish this information, please record visually observed information here.

Applicant: Ethnicity- (National Origin)     Hispanic or Latino     Not Hispanic or Latino

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

Sex     Male             Female

Co -Applicant: Ethnicity- (National Origin)  Hispanic or Latino     Not Hispanic or Latino

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

Sex     Male             Female





# The Morrow Companies

MULTI-FAMILY, COMMERCIAL AND INVESTMENT PROPERTIES

## **Alabama**

**TTD # 1-800-548-2547 (Voice)**

**1-800-548-2546 (TTY)**

**For the Deaf & Hearing Impaired ONLY  
Handicap Accessible**

## **Georgia**

**TTD # 1-800-255-0135 (Voice)**

**1-800-255-0056 (TTY)**

**For the Deaf & Hearing Impaired ONLY  
Handicap Accessible**

## **Louisiana**

**TTD # 1-800-947-5277 (Voice)**

**1-800-846-5277 (TTY)**

**For the Deaf & Hearing Impaired ONLY  
Handicap Accessible**

## **Mississippi**

**TTD # 1-800-855-1000 (Voice)**

**1-800-582-2233 (TTY)**

**For the Deaf & Hearing Impaired ONLY  
Handicap Accessible**

## **North Carolina**

**TTD # 1-800-735-2905 (Voice)**

**1-800-735-2962 (TTY)**

**For the Deaf & Hearing Impaired ONLY  
Handicap Accessible**

## **South Carolina**

**TTD # 1-800-735-2905 (Voice)**

**1-800-735-8583 (TTY)**

**For the Deaf & Hearing Impaired ONLY  
Handicap Accessible**

## **Tennessee**

**TTD # 1-800-848-0299 (Voice)**

**1-800-848-0298 (TTY)**

**For the Deaf & Hearing Impaired ONLY  
Handicap Accessible**

