



Application for Apartment



TDD Relay Numbers:
GA 1-800-255-0056

Date / /	Number of persons in the household	Preferred move-in date: / /
I am requesting an accessible unit Yes No		Size of apartment desired:

Head of Household Information

Name	Date of Birth / /	SS# / /
Tel#(H) () -	(W) () -	(Cell) () -
Sex	Race	Ethnicity
<small>(codes listed on signature page)</small>		
Martial Status (circle one)	Married	Separated
	Divorced	Never Married
	Widowed	
Full Time Student: Yes No	If yes, name of school	
Mailing Address		
City	State	Zip
Physical Address		
City	State	Zip
Length of residency at this address	Reason for moving	
List all previous landlords:		
Name	Address	Tel # () -
Name	Address	Tel # () -
Name	Address	Tel # () -

Source of Income:

Present Employer/Retirement/Other	
Address	Tel# () -
Occupation	Dates of Employment
Annual Anticipated Income	

Child Support Income	Weekly/Monthly (circle one)
Received from: (Name)	
(Address)	(Tel#) () -

Other Income	Name & Source
	Name & Source

Assets:

Checking Account: Acct # & Name of Bank
Savings Account: Acct # & Name of Bank
Real Estate (describe)
Other: (Stocks, Bonds, CD's, etc.)

Medical expenses for next twelve (12) months paid by you and not reimbursed by insurance: (age 62 & disabled households only)

Please itemize: Health Insurance \$	Medicare Insurance \$
Doctors \$	Drugs \$
Other \$	

Emergency Contact Information

Name	Phone # () -		
Address	City	ST	Zip

RETURN APPLICATION TO:

Co-Tenant Information

Name		Date of Birth / /	SS# / /
Tel#(H) () -	(W) () -	(Cell) () -	
Sex	Race	Ethnicity	
<small>(codes listed on signature page)</small>			
Marital Status (circle one)		Married	Separated
		Divorced	Never Married
		Widowed	
Full Time Student: Yes No		If yes, name of school	
Current Address			
City		State	Zip
Length of residency at this address		Reason for moving	
List all previous landlords:			
Name	Address	Tel # () -	
Name	Address	Tel # () -	
Name	Address	Tel # () -	

Source of income:

Present Employer/Retirement/Other	
Address	Tel# () -
Occupation	Dates of Employment
Annual Anticipated Income	

Child Support Income	Weekly/Monthly (circle one)
Received from: (Name)	
(Address)	(Tel#) () -

Other Income	Name & Source
	Name & Source

Assets:

Checking Account: Acct # & Name of Bank
Savings Account: Acct # & Name of Bank
Real Estate (describe)
Other: (Stocks, Bonds, CD's, etc.)

Medical expenses for next twelve (12) months paid by you and not reimbursed by insurance: (age 62 & disabled households only)

Please itemize: Health Insurance \$	Medicare Insurance \$
Doctors \$	Drugs \$
Other \$	

Emergency Contact Information

Name	Phone # () -
Address	City
	ST
	Zip

Additional Adult Household Member Information

Name		Date of Birth / /	SS# / /
Tel#(H) () -	(W) () -	(Cell) () -	
Sex	Race	Ethnicity	
<small>(codes listed on signature page)</small>			
Marital Status (circle one) Married Separated Divorced Never Married Widowed			
Full Time Student: Yes No		If yes, name of school	
Current Address			
City		State	Zip
Length of residency at this address		Reason for moving	
List all previous landlords:			
Name	Address	Tel # () -	
Name	Address	Tel # () -	
Name	Address	Tel # () -	

Source of income:

Present Employer/Retirement/Other	
Address	Tel# () -
Occupation	Dates of Employment
Annual Anticipated Income	

Child Support Income	Weekly/Monthly (circle one)
Received from: (Name)	
(Address)	(Tel#) () -

Other Income	Name & Source
	Name & Source

Assets:

Checking Account: Acct # & Name of Bank
Savings Account: Acct # & Name of Bank
Real Estate (describe)
Other: (Stocks, Bonds, CD's, etc.)

Emergency Contact Information

Name	Phone # () -
Address	City ST Zip

Minor Household Members

List all persons under the age of 18 who will be living in the unit

Name	DOB	SS#	Sex	Full Time Student?
	/ /	- -		YES NO
	/ /	- -		YES NO
	/ /	- -		YES NO
	/ /	- -		YES NO

Childcare Expenses (children 12 and under)

Name of Child		\$		Weekly/Monthly	
Paid To:		Phone Number ()		-	
Address		City	ST	Zip	
Name of Child		\$		Weekly/Monthly	
Paid To:		Phone Number ()		-	
Address		City	ST	Zip	
Name of Child		\$		Weekly/Monthly	
Paid To:		Phone Number ()		-	
Address		City	ST	Zip	
Name of Child		\$		Weekly/Monthly	
Paid To:		Phone Number ()		-	
Address		City	ST	Zip	

Additional Household Questions

1 Are you or any member of your household registered as a sex offender? Yes NO

2 Are you and all members of your household a United States citizen? Yes NO

3 In federally funded housing, there are certain benefits for those who meet the definition of elderly or persons with disabilities. To determine if you qualify, please answer the following:

I am or I am not at least 62 years old. (circle one)

I do or do not meet the definition of persons with disabilities (see the definition attached to this application) circle one

I understand pets are only allowed for qualified households and that approval must be given in writing prior to my obtaining a pet and that a pet deposit may be required YES NO

4 I certify the following for each member of my household: (circle one answer for each question)

_____ am a current illegal user of a controlled substance. YES NO

_____ have a previous conviction for illegal use of controlled substance. YES NO

_____ have been convicted of the illegal manufacturing or distribution of a controlled substance. YES NO

If you answered "yes" to any statement above, please answer the statement below:

_____ have successfully completed a controlled substance abuse recovery program. YES NO

_____ am presently enrolled in a controlled substance abuse program and will provide verification if requested. YES NO

5 Do you or any household member who lives with you intend to become a full time student during the next 12 months? YES NO If yes, please list below:

Name of household member

Date expected to become full time student

Name of school

Name of household member

Date expected to become full time student

Name of school

Was any member of your household a fulltime student within the last five (5) months? YES NO

Name School

Name School

General Information

Utilities are the residents' responsibility and arrangements must be made prior to move-in through

I am aware that a security deposit of \$ 200 must be paid prior to move in. The deposit will be held in BB+T bank in trust and will be handled in accordance with the terms of your lease. If you do not move in with in a two week period after full payment this deposit is considered as earnest money and may be forfeited since the selected unit was taken off the market and reserved for you.

I understand that a credit check will be performed to process my application

I understand that I must provide SS# and verification of citizenship for each household member

I understand that Initial Certification is required at the time of move in and annual recertification thereafter. I agree to report all changes in household members and income within 30 days of such change.

Both the Owner and Agent are committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations when they may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing community.

I do request reasonable accommodations based on my disability. I understand that this request must be verified.
 I am not requesting reasonable accommodations

Applicant Income and/or Employment Verification Statement:

You are advised that the Agent acting on behalf of the Owner is required to verify your income and assets in compliance with RD HD-2-3560. Information contained on this application may be used, as well as, verification of information from third party sources. You are required to complete the Release of Information Form, copy of which is attached to this application. You are further advised that RHS Servicing Official may perform third party verification, and/or obtain wage matching data. You would be notified of discrepancies should you be selected for this sample income verification.

By signing this application, you are stating that should you move into this complex, this unit will become your permanent place of residence and you will not maintain a separate subsidized rental unit in a different location.

After verification of all gross household income and assets, if the gross household income exceeds the qualifying income limit for the number of persons in your household, eligibility determination of this application may be delayed or denied. If your total gross income increases or decreases, you should immediately report changes to the manager.

Verification of criminal record must be attached to this application for each adult household member.

TENANT CERTIFIES THAT ALL INFORMATION ABOVE IS TRUE AND CORRECT AND UNDERSTANDS THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY.

Signature
Signature
Signature
Signature

Date	/	/
Date	/	/
Date	/	/
Date	/	/

(Signed by all members of household age 18 & older)

"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."

Race: (Mark one or more)
1. American Indian/Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White

Ethnicity:
1. Hispanic or Latino
2. Not Hispanic or Latino

Gender
Male Female

Acceptable DHS Documents

- * Form 1-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- * Form 1-94, *Arrival-Departure Record* annotated with one of the following:
 - * "Admitted as a Refugee Pursuant to Section 207";
 - * "Section 208" or "Asylum";
 - * "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - * "Paroled Pursuant to Section 212(d)(5) of the INA."
- * Form 1-94, *Arrival-Departure Record* (with no annotation) accompanied by one of the following:
 - * A final court decision granting asylum (but only if no appeal is taken);
 - * A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
 - * A court decision granting withholding of deportation; or
 - * A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- * Form 1-688, *Temporary Resident Card* annotated "Section 245A" or "Section 210".
- * Form 1-6688, *Employment Authorization Card* annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- * A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified
- * Form 1-151, *Alien Registration Receipt Card*.
- * Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

Person with Disabilities [24 CFR 5.403]. A person with disabilities for purposes of program eligibility:

-1 Means a person who:

(i) Has a disability, as defined in 42 U.S.C. 423;

(A) Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or

(B) In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time. For the purposes of this definition, the term blindness, as defined in section 416(i)(1) of this title, means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.

(ii) Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that

(A) Is expected to be of long-continued and indefinite duration,

(B) Substantially impedes his or her ability to live independently, and

(C) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions; or

Has a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that

(A) Is attributable to a mental or physical impairment or combination of mental and physical impairments;

(B) Is manifested before the person attains age 22;

(C) Is likely to continue indefinitely;

(D) Results in substantial functional limitation in three or more of the following areas of major life activity:

a. Self-care,

b. Receptive and expressive language,

c. Learning,

d. Mobility,

e. Self-direction, -

f. Capacity for independent living, and

g. Economic self-sufficiency; and

(E) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

(2) Does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome;

(3) For purposes of qualifying for low-income housing, does not include a person whose disability is based solely on any drug or alcohol dependence; and

(4) Means person with disabilities (individual with handicaps), as defined in 24 CFR 8.3, for purposes of reasonable accommodation and program accessibility for persons with disabilities.