



APPLICATION SCREENING COVER NOTICE

An application fee of \$25.00 is charged per single adult or \$40.00 per married couple. **NO CASH PLEASE** (check or money order only). The application fee covers the cost of checking landlord, credit, employment and criminal history. It is not refunded if the application is denied and does not apply toward the security deposit or rent if approved.

All applications will be screened using the criteria listed below. Applications not meeting the required criteria will be denied and the applicant will be notified in writing of the reason for denial. All applications are screened on the criteria stated without regard to race, color, religion, national origin, sex, marital status, familial status, sexual orientation, gender identity, disability or age, (provided that the applicant has the capacity to enter into a binding contract).

To be approved applicants must meet the following criteria:

CREDIT CRITERIA:

The applicant or co-applicant must have a credit score of _____ on the Empirica scoring system of Trans Union Credit Screening Company. If the Empirica screening indicates an insufficient amount of information to provide a score the applicant or co- applicant must provide proof of one of the following: A) Steady employment for at least one (1) year. B) Checking and/or Savings Account for at least one (1) year. C) Payment history of at least one (1) year with no late payments on an account such as; Utility Payments, Insurance Payments, In-House Financing (buy here, pay here car dealership for example) or D) Excellent rental history for at least one (1) year.

RESIDENTIAL CRITERIA:

Must not have a residential history of repeated late rent payments, non-payment of rent, noise complaints, cleanliness problems, damages to the dwelling, history of unauthorized occupants, unauthorized pets, failure to comply with required certification procedures, a history of eviction; skip out, or of breaking a lease without just cause. Applicant must provide sufficient residential history for the previous three years to the present without gaps. Applicant must certify that the unit will serve as the household's sole residence.

INCOME CRITERIA:

Must provide all income and asset information as requested. Must meet the income guidelines for all federal programs pertaining to the apartment community for which you are applying. If rental assistance is not available; the gross monthly income must be equal to or more than two and a half (2 1/2) times the rental amount. For example; if the rent is \$500.00 per month, the household must have documented sources of income of \$1250.00 per month, before taxes in order to income qualify for the apartment.

ADDITIONAL CRITERIA:

All information provided must be factual. Any materially false or misleading information will be grounds for immediate denial of the application or termination of the lease. Should the applicant have any pending offenses; the applicant agrees that the application will be put on hold until the charges are no longer pending and additional information is available. When the application is put on hold for this reason an apartment or waiting list position will not be held.

Must not have any household members currently engaged in illegal use of drugs or any household members that have a pattern of illegal drug or alcohol use which may interfere with the health, safety and right to peaceful enjoyment of the community by other residents.

Within the previous 5 years; applicant must not have any felony convictions or a pattern of arrests (considered felony or misdemeanor) with or without convictions; for drug related offences, unless proof is provided that a substance abuse

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recovery program has been successfully completed since the conviction/arrest. Completion of the program is required. Applicants currently involved in the recovery program agree to place the application on hold until participation in the recovery program is complete.

Within the previous 5 years; applicant must not have any convictions or a pattern of arrests for misdemeanor battery unless proof is provided that an Anger Management program has been successfully completed since the conviction/arrest. Completion of the program is required. Applicants currently involved in the program agree to place the application on hold until participation in the program is complete.

Within the previous 10 years, applicant must not have any convictions or a pattern of arrests, with or without a conviction related to Felony Battery with Bodily Injury, Breaking & Entering, Burglary, Property Damage, Theft, or Auto Theft.

During the applicant's lifetime; the applicant must not have any convictions or a pattern of arrests with or without a conviction related to Violent Crimes or Sexual Crimes, or Stalking. Applicants and prospective household members must not be currently required to register on a sex offender registry, or were previously required to register on a sex offender registry. Violent Crimes are defined as: Child Abuse, Sexual Abuse, Child Sexual Abuse, All forms of Assault, Cruelty to Animals, Domestic Violence, Harassment, Sexual Harassment, Homicide, Arson, All forms of Murder, All forms of Manslaughter, All forms of Rape and Robbery.

Must not have any history of fraud related to any government assistance program.

Must not have a history of presenting checks for payment that are returned un-paid from the bank for any reason. If such circumstances present themselves; personal checks will not be accepted for any type of payment. Rent, Late Fees, Security Deposit etc.

Must provide proof that applicant is at least 18 years old or be legally emancipated and able to sign a binding contract. Proof of emancipation must be provided before application is approved or denied.

Must provide verification of the social security number for all household members over the age of 18 when applying. Verification of the social security number can be from the following sources:

1. Original Social Security Card
2. Driver's License with Social Security Number
3. ID Issued By a State
4. Local or Federal Agency or Medical Insurance Provider, Employer or Trade Union.
5. IRS Form 1099

Must not have any false social security numbers listed on the credit report.

By my signature below, I certify that I have read and understand the above listed information regarding my application.

Applicant signature Date

Co-applicant signature Date

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FOR OFFICE USE:

DATE REC'D: _____

TIME REC'D: _____

References: _____

RENTAL APPLICATION

Rural Development Communities

Note: Applicants must be over 18 and/or have the legal capacity to sign a lease

This application is to be completed fully and in detail. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process by Landlord and is subject to verification by Landlord. In the event any information provided is later determined to be false, Landlord will have the right, in Landlord's discretion, to terminate any lease. The Landlord's gathering of information from and about prospective tenants is for the benefit of the Landlord, only, and does not create any right of reliance on the part of any tenant or occupant part regarding the behavior or character of any other tenant or occupant of the community. Additionally, the information provided is subject to verification by the IRS as part of the Section 42 Tax Credit Program, HUD and or Rural Development.

(Please Print)

Applicant's Full Name: _____ Date of Application: _____

Apt. Community Desired: _____ Desired Move-In Date: _____

Type and Size of Apartment Desired: _____

PRESENT RESIDENCE:

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____

Reason for Moving: _____ Landlord Name: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Landlord Telephone: _____ Comments: _____

PREVIOUS RESIDENCE #1:

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____

Reason for Moving: _____ Landlord Name: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Landlord Telephone: _____ Comments: _____

PREVIOUS RESIDENCE #2:

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____

Reason for Moving: _____ Landlord Name: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Landlord Telephone: _____ Comments: _____

HOUSEHOLD COMPOSITION:

NAMES OF HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF	SOCIAL SECURITY NUMBER	PLACE OF BIRTH	DATE OF BIRTH	Are You A STUDENT?
	HEAD				

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Do you expect any additions to the household within the next twelve months?

Yes: _____ No: _____

DISABILITY STATUS:

- 1. Would you or anyone in your household benefit from the features of a handicap-accessible unit? Yes: _____ No: _____
- 2. Would you like to be placed on a priority waiting list for a handicap-accessible unit? Yes: _____ No: _____
- 3. Do you require any accommodation for any disability? Yes: _____ No: _____
- 4. If you are disabled, do you require any modifications to the unit for any disability? Yes: _____ No: _____

If so, please list the specific modifications needed: _____

MARITAL STATUS:

I understand that if I am currently single but have been previously married, I must provide copies of the divorce decree proving my current single status. I also understand that if I am currently court ordered to receive any income from any court settlement such as alimony or child support I must provide copies of the court order(s) showing the ordered amount I am to receive. This is true of all court ordered amounts whether I am actually receiving them or not. All court ordered amounts will be included in my income unless I provide documentation of legal action being taken as a result of the failure to receive the court ordered sum(s).

Applicant: I duly state that my current marital status is: (Check the one that applies)

Married___ Separated___ Divorced___ Widowed___ Single, Never Married___

Co-Applicant: I duly state that my current marital status is: (Check the one that applies)

Married___ Separated___ Divorced___ Widowed___ Single, Never Married___

GENERAL INFORMATION:

Have you, your spouse, or any other proposed occupant ever:

- 1. Filed for bankruptcy? Yes: _____ No: _____
- 2. Been evicted from any residence? Yes: _____ No: _____
- 3. Willfully or intentionally refused to pay rent? Yes: _____ No: _____
- 4. Been arrested and charged with any misdemeanor or felony? Yes: _____ No: _____
If yes, please explain: _____
- 5. Been arrested for drug usage, sale or delivery of any illegal or controlled substance? Yes: _____ No: _____
If yes, please explain: _____
- 6. Been required to register as a sex offender? Yes: _____ No: _____
- 7. Have you or any other proposed occupant ever, had tenancy or assistance terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedures? Yes: _____ No: _____
- 8. Do you have any pets? Yes: _____ No: _____
If yes, please describe (include breed and weight): _____
- 9. Do you own a waterbed? Yes: _____ No: _____
If yes, what size: _____
- 10. How did you hear about our apartment community: _____

VEHICLES: List any cars, trucks, or other vehicles owned.

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Type of Vehicle _____ Yr./Make: _____ Color: _____
License Plate #: _____ Monthly Payment: _____ Loan Payable To: _____

REFERENCES:

Local Credit Reference: _____ Account #: _____ Type of Account: _____
Bank/Credit Union: _____ Account #: _____ Type of Account: _____
Personal Reference: _____ Relationship: _____ Telephone: _____
Personal Reference: _____ Relationship: _____ Telephone: _____

EMERGENCY CONTACT (Please provide information for two people not planning to occupy the Premises whom we may contact in the event of an emergency, or to locate you:

Name: _____ Relationship: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____ Relationship: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____

NOTE: In considering this application from you, Management will rely heavily on the information which you have supplied. It is most important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize Management to verify any references that you have listed.

I do hereby certify that the information listed on this form and the questions answered are true and complete to the Best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property) and that this residence will be the sole residence of the household. I realize that false statements are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. As part of the Housing Program, there is an established process to match resident wage and benefit data with federal and state records to assure that applicants/residents are fully disclosing income. I hereby consent to release wage matching data to Landlord and the Housing Finance Authority for the State in which I reside.

Date: _____ Applicant Signature: _____

Date: _____ Co-Applicant Signature: _____

Please review the statement below and provide the requested information, if you are willing:

STATUS:

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure that Federal Laws prohibiting discrimination against tenant applicants 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/national origin and sex of individual applicants on the basis of visual observation or surname."

ETHNICITY: Please check one of the following: Hispanic or Latino ___ Not Hispanic or Latino ___

RACE: Please check one of the following: American Indian/Alaska Native ___ Asian ___ Black or African American ___
Native Hawaiian or Other Pacific Islander ___ White ___

GENDER: Please check one of the following: Male ___ Female ___

For Management Use Only:

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CONSENT FOR RELEASE OF INFORMATION

Apartment Community Requesting the Information: _____

Street Address of Apartment Community: _____

City, State, and Zip Code: _____

Phone Number: _____ Fax Number: _____

Your signature on this form authorizes Landlord/Management Agent to obtain any information that is pertinent to eligibility, according to federal law, for residency at the housing complex in which you reside/have applied. Any individual or organization may be asked to release information.

Inquiries including, but not limited to, the following information may be made:

- | | | |
|-----------------------------------|---------------------------------|--------------------|
| Employment Income | Social Security Income | Family Composition |
| Self-Employment Income | Disability Income | |
| Pension Income | Other Sources of Income | |
| Assets of Any Kind | Medical/Pharmaceutical Expenses | |
| Credit References | Childcare Expenses | |
| Credit Report & Score | Handicap Apparatus Expenses | |
| Benefits | Other Qualifying Expenses | |
| Student Status | Landlord References | |
| Federal, State, Tribal, and Local | Personal References | |
| Prescriptions | Criminal History | |

Photocopies of this authorization may be used for the purpose indicated above. The original is retained by the requesting organization.

Please Complete This Section:

I understand that failure to consent to the release of this information will render me ineligible for housing complex at which I have applied. I give my permission for Landlord, as mentioned above, to obtain any information that is pertinent to my eligibility, and to any reference or entity I have identified to release such information to Landlord.

Applicant Information:

Name: _____ Social Security #: _____

Signature: _____ Date: _____

Co-Applicant Information:

Name: _____ Social Security #: _____

Signature: _____ Date: _____

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, the PHA and any owner (or employee of HUD, the PHA 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 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 \$5,000.00. 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, the PHA 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 U.S.C. 208(f)(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g, and h.

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INTERVIEW CHECKLIST Rural Development

Initial Certification

Annual Re-Certification

Interim Certification

IEW: _____

Address: _____

First Name	Last Name	Relationship	Date Of Birth	Current Age	Full-Time Student	Marital Status
		self			Y N	
					Y N	
					Y N	
					Y N	
					Y N	
					Y N	

EVERYONE	Yes	No
1 Do you understand that you must have some source of verifiable income to be eligible for this housing program? Households that are ineligible must vacate the property in 30 days or at the end of their lease which ever is longer.	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you understand that you must report increases in income of \$100.00 or more per month and that you may report a decrease of \$50.00 in monthly income.	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you understand you have the right to request reasonable accommodations which will allow disabled household member(s) equal opportunity to enjoy and benefit from the housing?	<input type="checkbox"/>	<input type="checkbox"/>

RECERTIFICATION (COMPLETE EVERY YEAR FOR RE-CERTIFICATION)	Yes	No
1 Have any individuals joined or left the household since the last certification?	<input type="checkbox"/>	<input type="checkbox"/>
2 Have any source of income change since the last certification?	<input type="checkbox"/>	<input type="checkbox"/>
3 Have any assets changed since the last certification?	<input type="checkbox"/>	<input type="checkbox"/>
4 Have any assets been disposed of for less than their fair market value?	<input type="checkbox"/>	<input type="checkbox"/>
5 Has the marital status of any household member changed since the last certification?	<input type="checkbox"/>	<input type="checkbox"/>
6 Has custody or child support for any household member changed since last certification?	<input type="checkbox"/>	<input type="checkbox"/>
7 Does anyone in the household receive regular contributions for rent or utility payments or other household needs from someone outside the household?	<input type="checkbox"/>	<input type="checkbox"/>
8 Is any member of the household currently a full or part-time student?	<input type="checkbox"/>	<input type="checkbox"/>

INITIAL MOVE-IN (COMPLETE FOR NEW MOVE-IN ONLY)	Yes	No
1 Are you applying for a wheelchair accessible unit?	<input type="checkbox"/>	<input type="checkbox"/>
2 Does anyone in this household require any modifications to the apartment?	<input type="checkbox"/>	<input type="checkbox"/>
3 Does the head of household possess the legal capacity to enter into a legal contract?	<input type="checkbox"/>	<input type="checkbox"/>
4 Special deductions are available in some apartment communities for households where the tenant or co-tenant is handicapped, disabled or age 62 or older. Does this household qualify for this deduction?	<input type="checkbox"/>	<input type="checkbox"/>
5 Do any household members maintain rent-subsidized housing in another location?	<input type="checkbox"/>	<input type="checkbox"/>
6 Have the tenant or co-tenant ever been evicted?	<input type="checkbox"/>	<input type="checkbox"/>
7 Are the tenant or co-tenant under eviction at this time?	<input type="checkbox"/>	<input type="checkbox"/>
8 Is the tenant or co-tenant addicted to a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>
9 Has any household member been convicted of dealing drugs?	<input type="checkbox"/>	<input type="checkbox"/>
10 Has any household member disposed of any assets for less than fair market value?	<input type="checkbox"/>	<input type="checkbox"/>
11 Do you understand that positive references, the ability to pay rent and to maintain an apartment in a safe, clean, sanitary manner will be required for eligibility?	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you understand that your eligibility for this apartment will be based on the income guidelines set forth by Rural Development and/or LIHTC, HOME, CDBG, NSP, or Development Fund?	<input type="checkbox"/>	<input type="checkbox"/>

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Tenant Name : _____

Unit: _____

List the names, addresses and phone numbers of all physicians, hospitals, dentists and eye doctors that you plan on visiting during the next 12 months including the estimated round trip mileage* for each and the number of visits per year. Please also list all balances on medical bills upon which you owe or make regular payments (*round trip mileage means home to doctor/hospital then back home)

Name	Address	Phone Number	Round Trip Miles	No. of visits per year	Amount Owed

Please list all pharmacy names, addresses and phone numbers that you plan on visiting during the next 12 months.

Pharmacy	Address	Phone Number

Please list all non-prescription drugs that your physician says you have to take on a regular basis.

Receipts and/or a statement from your physician will be required

Medication name	Times purchased per year

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Tenant Name : _____

Unit: _____

Please list medical insurance that you have

Name	Address	Phone Number	Medicaid or Medicare	Annual Cost

Do you have a Spend Down? Yes No

What is the monthly amount of the Spend Down? \$ _____

In which county are you registered with the *Division Of Family & Children* ? _____

List the names, addresses, and phone numbers of all child care providers for your dependent children under 13 years of age

Name	Address	Phone Number	Amount	Wkly / Mthly

I certify by my signature below that all information is complete and accurate to the best of my knowledge.
I understand that any misrepresentation will lead to rejection or termination of my application or lease.

Signature: _____

Date: _____

Name Printed: _____

Co-Applicant Signature: _____

Date: _____

Co-Applicant Printed : _____

Rental Manager

Signature: _____

Date: _____

Manager Printed : _____

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RURAL DEVELOPMENT TENANT INCOME CERTIFICATION QUESTIONNAIRE
 (*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: _____	TELEPHONE NUMBER: () _____
<input type="checkbox"/> Initial Certification	Unit # _____
<input type="checkbox"/> Re-certification	
<input type="checkbox"/> Other	Total # Household Members _____ # Adults (18 and older) _____ # Children _____

YES	NO	I receive Section 8 rental assistance. If yes, list the housing authority below. _____	Amount of monthly rental assistance \$ _____
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INCOME INFORMATION

YES	NO		MONTHLY GROSS INCOME
<input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self employment) _____	(use <u>net</u> income from business) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <div style="text-align: center;">Name of Employer</div> 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC) DO NOT INCLUDE FOOD STAMPS	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving child support payments. If yes, from how many persons do you receive support? _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	

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<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal maintenance payments	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive student financial assistance (grants, scholarships, etc.) not including loans *NOTE: Count as income only if household receives Section 8 rental assistance.	\$ _____ per semester

ASSET INFORMATION

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s) If yes, list bank(s) 1) _____ 2) _____ OR I have a Social Security and/or VA Debit Account	_____% _____% ZERO INTEREST DEBIT ACCT	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____

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<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

STUDENT STATUS INFORMATION

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist entirely of persons who are all <u>full-time</u> students (kindergarten and higher). Examples: Elementary School, Middle School, High School, College/University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming a full-time student household in the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist entirely of persons who were full-time students for parts of five or more months of the current calendar year?
<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to any of the previous three questions are you: <ul style="list-style-type: none"> <input type="checkbox"/> • Receiving assistance under Title IV of the Social Security Act (AFDC/TANF) <input type="checkbox"/> • Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program <input type="checkbox"/> • Married and entitled to file a joint tax return <input type="checkbox"/> • Household consists entirely of single parent(s) with a dependent child or children and neither the parent(s) nor the child(ren) are dependents of another individual, with the exception that the children may be claimed by the absent parent. <input type="checkbox"/> • Previously under the care and placement responsibility of the state agency responsible for administering foster care <input type="checkbox"/> • Name of educational institution(s) attended _____

ADDITIONAL INFORMATION

1. I have sold, transferred or given away ownership of assets within the last 2 years? ____yes ____no
2. I attend school or will be attending school on a full time and/or part-time basis within the next year? ____yes ____no
3. I will be claiming expenses for dependents/minors? ____yes ____no
4. I will be claiming expenses for childcare for child(ren) under the age of 13 years due to employment or education? ____yes ____no
5. I have a family member who is 17 years of age or younger who received unearned income (i.e. Social Security, SSI, other death or disability benefits)?
____yes ____no
6. I receive monetary gifts or cash contributions from individuals outside my household for living expenses such as rent, utilities, etc.? ____yes ____no
7. I receive income from Title V of the Older Americans Act (RSVP, Green Thumb, Senior Aides, Older American Community Service Employment Program, Foster Grandparents)? ____yes ____no
8. I am applying as an elderly household under the definition of a resident or co-resident being age 62 or older or disabled (no age requirement other than legal capacity to sign the lease)? ____yes ____no
If yes, I will be claiming medical expenses that are not reimbursed or paid by insurance. ____yes ____no
9. I pay handicap care expenses for handicapped/disabled family members which are not covered by insurance? ____yes ____no
10. The unit I will be living in will need specific features or designs such as wheelchair accessibility, visual aids or apparatus for hearing assistance?
____yes ____no
If yes, what feature do you need in the handicapped unit? _____

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Person to contact in case of emergency (not living in your household)

Name: _____

Phone: _____

You hereby consent to and will provide the following documents as may be required by the landlord/management agent, including, but not limited to: Divorce decree, Settlement Agreement/Separation Agreement, Maintenance Agreement, Verification of Child Support Payments or Not receiving Child Support Payments, Birth Certificates of Children in the household, Income Tax Returns.

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE, ACCURATE, AND COMPLETE AND THAT I HAVE UNDERSTOOD ALL QUESTIONS AND REVIEWED MY ANSWERS. SHOULD MY CIRCUMSTANCE CHANGE DUE TO A CHANGE IN INCOME, ASSETS OR HOUSEHOLD COMPOSITION, IT IS MY RESPONSIBILITY TO NOTIFY THE SITE MANAGER IMMEDIATELY FOR RECERTIFICATION. I UNDERSTAND THAT SUBMITTAL OF FALSE STATEMENTS OF INFORMATION IS PUNISHABLE UNDER FEDERAL LAW.

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE

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