

APPLICATION SCREENING COVER NOTICE

An application fee of \$25.00 is charged per person. **NO CASH PLEASE** (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 550 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.

If you have previously filed for Bankruptcy protection, you must show proof the bankruptcy has been dismissed, finalized, or discharged.

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 primary 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 3 years; applicant must not have any convictions for misdemeanor battery, unless there is proof that an anger management program was successfully completed since the conviction. Applicants currently involved in an anger management program agree to place the application on hold until participation in the program is completed.

Within the previous 5 years; applicant must not have any felony convictions or a pattern of arrests (considered felony or misdemeanor) with convictions; for drug related offences, unless there is proof that a substance abuse recovery program was successfully completed since the arrest or conviction. Applicants currently involved in the substance abuse recovery program agree to place the application on hold until participation in the recovery program is completed.

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



Within the previous 10 years, applicant must not have any convictions or a pattern of arrests with convictions 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 convictions 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 unpaid 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



RENTAL APPLICATION

Rural Development Communities

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

FOR OFFICE USE:

DATE REC'D: _____

TIME REC'D: _____

References: _____

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:

2-YEAR HISTORY REQUIRED

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: Does the head of household possess legal capacity to enter into a legal contract? Yes ___ No ___

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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Will you be claiming child (under age 13) or dependent care expenses so you can work or go to school? Yes: _____ No: _____
Do you expect any additions to the household within the next twelve months? Yes: _____ No: _____

ELDERLY AND/OR DISABILITY STATUS:

1. Is the head, co-head, or spouse age 62 or older or disabled? Yes: _____ No: _____
2. If yes, will the household be claiming medical or handicapped out-of-pocket expenses? Yes: _____ No: _____
3. Would you or anyone in your household benefit from the features of a handicap-accessible unit? Yes: _____ No: _____
4. Would you like to be placed on a priority waiting list for a handicap-accessible unit? Yes: _____ No: _____
5. Do you require any accommodation for any disability? Yes: _____ No: _____
6. 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: _____

STUDENT STATUS:

Are you or anyone in your household currently a full-time or part-time student enrolled in an institution of higher education or planning to be one within the next 12 months?

Yes _____ No _____ If yes, what is your Graduation Date? _____

Please explain: _____

Were you or was anyone in your household enrolled in an institution of higher education as a full-time student at anytime in the PAST 5 months? Yes _____ No _____ If yes, please explain: _____

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. Been arrested and charged with any misdemeanor or felony? Yes: _____ No: _____

If yes, please explain: _____

4. Been arrested for drug usage, sale or delivery of any illegal or controlled substance? Yes: _____ No: _____

If yes, please explain: _____

5. Been required to register as a sex offender? Yes: _____ No: _____

6. Have you or any other proposed occupant ever, had tenancy or assistance terminated for fraud, nonpayment of rent, failure to comply with the lease or failure to cooperate with the recertification procedures? Yes: _____ No: _____

7. Do you have any pets? Yes: _____ No: _____

If yes, please describe (include breed and weight): _____

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8. How did you hear about our apartment community: _____

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

Type of Vehicle _____ Yr./Make: _____

Color: _____ License Plate #: _____

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: _____

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: _____

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."

Please check all that apply for each of the following:

GENDER of Head-of-Household: Male _____ Female _____

RACE: American Indian/Alaska Native _____ Asian _____ Black or African American _____
Native Hawaiian or Other Pacific Islander _____ White _____

ETHNICITY: Hispanic or Latino _____ Not Hispanic or Latino _____

For Management Use Only:

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CONSENT FOR RELEASE OF INFORMATION

Apartment Community Requesting the Information: Oak Hill Apartments
Street Address of Apartment Community: 1113 E. Oak St
City, State, and Zip Code: Seymour, Indiana 47274
Phone Number: 812-522-4041 Fax Number: 812-522-5008

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.



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap, or familial status.



TENANT INCOME CERTIFICATION QUESTIONNAIRE

(*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: _____

☐ Initial Certification ☐ Recertification ☐ Addition of Household Member

YES NO

1.	<input type="checkbox"/> <input type="checkbox"/>	I receive Section 8 rental assistance. If yes, list the housing authority below. _____	Amount of monthly rental assistance \$ _____
----	---	---	---

INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES NO

MONTHLY GROSS INCOME

2.	<input type="checkbox"/> <input type="checkbox"/>	I am self employed. (List nature of self employment) _____	(use net income from business) \$ _____
3.	<input type="checkbox"/> <input type="checkbox"/>	<p>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:</p> <p style="text-align: center;"><u>Name of Employer</u></p> <p style="text-align: right;">1) _____ \$ _____</p> <p style="text-align: right;">2) _____ \$ _____</p> <p style="text-align: right;">3) _____ \$ _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
4.	<input type="checkbox"/> <input type="checkbox"/>	The household receives <u>earned</u> income from full-time student over age 18 (not Head, Co-Head, or Spouse).	\$ _____
5.	<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.	\$ _____
6.	<input type="checkbox"/> <input type="checkbox"/>	I receive unemployment benefits.	\$ _____
7.	<input type="checkbox"/> <input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
8.	<input type="checkbox"/> <input type="checkbox"/>	I receive periodic social security payments.	\$ _____
9.	<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.).	\$ _____
10.	<input type="checkbox"/> <input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
11.	<input type="checkbox"/> <input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
12.	<input type="checkbox"/> <input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC) DO NOT INCLUDE FOOD STAMPS	\$ _____
13.	<input type="checkbox"/> <input type="checkbox"/>	I receive Adoption Assistance Income. How many child(ren)? _____	\$ _____
14.	<input type="checkbox"/> <input type="checkbox"/>	<p>I am entitled to receive child support payments through court order or other agreement.</p> <p style="text-align: center;">If yes, how many orders/agreements do you have? _____</p> <p style="text-align: center;">If yes, from how many persons do you receive support? _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
15.	<input type="checkbox"/> <input type="checkbox"/>	I am entitled to receive alimony/spousal maintenance payments.	\$ _____
16.	<input type="checkbox"/> <input type="checkbox"/>	<p>I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, pensions, insurance policies, or lottery winnings.</p> <p style="text-align: center;">If yes, list sources:</p> <p style="text-align: right;">1) _____</p> <p style="text-align: right;">2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>
17.	<input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property.	\$ _____
18.	<input type="checkbox"/> <input type="checkbox"/>	<p>I receive student financial assistance (grants, scholarships, etc.) not including loans</p> <p>*NOTE: Count as income only if household receives Section 8 rental assistance.</p>	<p>\$ _____</p> <p style="text-align: center;">per semester</p>
19.	<input type="checkbox"/> <input type="checkbox"/>	I am claiming zero income.	

ASSET INFORMATION

Include all asset sources, including assets of minors.

YES NO

INTEREST RATE

CASH VALUE

 20. ☐ ☐

I have a checking account (s). # of accounts held _____

If yes, list bank (s)

- 1) _____
-
- 2) _____
-
- 3) _____

%

%

%

6 MONTH AVERAGE BALANCE

\$ _____

\$ _____

\$ _____

 21. ☐ ☐

I have a saving account (s). # of accounts held _____

If yes, list bank (s)

- 1) _____
-
- 2) _____
-
- 3) _____

%

%

%

CURRENT BALANCE

\$ _____

\$ _____

\$ _____

 22. ☐ ☐

I have a debit card or paycard for direct deposit of benefits.

of cards held _____ (not from checking or savings)

- 1) _____
-
- 2) _____
-
- 3) _____

CURRENT BALANCE

\$ _____

\$ _____

\$ _____

 23. ☐ ☐

I have a revocable trust (s)

If yes, list

- 1) _____

%

\$ _____

 24. ☐ ☐

I own real estate.

If yes, provide description:

I intend to:

☐ Keep ☐ Sell ☐ Rent ☐ Give Away ☐ Foreclosure

\$ _____

 25. ☐ ☐

I own stocks, bonds, or Treasury Bills.

If yes, list sources/bank names

- 1) _____
-
- 2) _____
-
- 3) _____

%

%

%

\$ _____

\$ _____

\$ _____

 26. ☐ ☐

I have Certificates of Deposit (CD)/Money Market/Mutual Fund(s).

of accounts held _____

If yes, list sources/bank names

- 1) _____
-
- 2) _____
-
- 3) _____

%

%

%

\$ _____

\$ _____

\$ _____

 27. ☐ ☐

I have an IRA/Lump Sum Pension/Keogh Account/401K/Annuity.

If yes, list bank (s)

- 1) _____
-
- 2) _____
-
- 3) _____

%

%

%

\$ _____

\$ _____

\$ _____

 28. ☐ ☐

I have a whole life insurance policy.

If yes, name of insurance company

If yes, how many policies

\$ _____

 29. ☐ ☐

I have cash on hand.

\$ _____

 30. ☐ ☐

I have disposed of assets (i.e. gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed:

- 1) _____
-
- 2) _____

\$ _____

\$ _____

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.

DATE _____

