

FOR MANAGEMENT USE ONLY	
Date & Time Application Received:	
Requested Accessible Unit:	

RENTAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED!

If a questions does not apply, write in "N/A".

PART I. HOUSEHOLD COMPOSITION List the head of your household and all members who will live in your home. All questions must be answered.

	Full Name, including middle initial, if applicable	Relationship to HOH	Disabled [Y/N]	Gender [M/F]	Date of Birth	Age	Social Security No. (Last 4 digits only)
1		Head of Household					
2							
3							
4							
5							
6							

Are any Household Changes expected in the next 12 months? Yes No If "YES", explain: _____

Applicant Information:

Head of Household Name: _____ E-mail address: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Current Address: _____

Own or Rent? _____ Length of Residency: _____ Landlord's Name: _____

Landlord's Address: _____ Phone #: _____

Previous Address: _____

Own or Rent? _____ Length of Residency: _____ Landlord's Name: _____

Landlord's Address: _____ Phone #: _____

Co-Head or Other Adult Member:

Name: _____ E-mail address: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Current Address: _____

Own or Rent? _____ Length of Residency: _____ Landlord's Name: _____

Landlord's Address: _____ Phone #: _____

Previous Address: _____

Own or Rent? _____ Length of Residency: _____ Landlord's Name: _____

Landlord's Address: _____ Phone #: _____



PART II: EMPLOYMENT

HEAD OF HOUSEHOLD: I am not employed at this time.

Current Employer: _____ Position: _____ Supervisor: _____

Address: _____ Phone: _____ Fax: _____

Current Wages: \$_____ per: (circle one) Hour Week Month Year

Hours Worked Per Week: _____ Tips or Commissions per Week: \$_____ Annual Bonus: \$_____

Do you have more than one job? Yes No

CO-APPLICANT OR OTHER ADULT MEMBER: I am not employed at this time.

Current Employer: _____ Position: _____ Supervisor: _____

Address: _____ Phone: _____ Fax: _____

Current Wages: \$_____ per: (circle one) Hour Week Month Year

Hours Worked Per Week: _____ Tips or Commissions per Week: \$_____ Annual Bonus: \$_____

Do you have more than one job? Yes No

Does any member of your household who is not now working, expect to work for any period during the next twelve months? Yes No N/A – All adults currently work.

PART III: ANNUAL INCOME For each type of income that your household receives or expects to receive, enter the GROSS amount of income you anticipate receiving from each source during the next 12 months:

SOURCE	HOH	CO-APPLICANT	OTHER HH MEMBER	HOUSEHOLD TOTAL
Gross Salary from Wages				
Overtime Pay				
Commissions/Tips/ Bonuses/Fees				
Self Employment Income or Cash Pay				
Unemployment Benefits				
Worker’s Compensation/Disability				
Severance Pay				
Pensions/Veteran’s Benefits				
Retirement/Investment/Annuities				
Social Security				
SSI				
TANF/SSP				
Child/Alimony/Spousal Support Is support ordered, but not paid? _____				
Student Financial Assistance				
Income from Business				
Recurring Income or Gifts				
Other:				



PART IV: ASSETS For each asset, include cash value of all bank accounts (wherever held), stocks, bonds, money market accounts, IRA's, annuities, retirement/pension funds, 401K's, 403B's, cash value of whole or universal life insurance policies, equity in real estate or capital investments, items held as an investment, (jewelry, art, coin or stamp collections, etc), etc. You must also include the value of any assets disposed of in the past 24 months for less than fair market value.

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME/ADDRESS/PHONE # OF FINANCIAL INSTITUTION (show FAX #, if known)
Checking Account No. of Accts: _____			
Savings No. of Accts: _____			
Debit/Pre-Paid Cards No. of Cards: _____			
Certificate of Deposit No. of CD's: _____			
Other Bank Account No. of Accts: _____			
Mutual Funds Number? _____			
Stocks No. of Stocks: _____			
Portfolio/Brokerage Accts Number? _____			
Bonds/Treasury Bills Number? _____			
Cash App, Venmo, PayPal, etc. No. of Accts? _____			
Real Estate			
Life Insurance No. of Policies? _____			
Savings Bonds Number? _____			
Trust			
Cash on Hand			
Other Asset Type: _____			
TOTAL:			

I/We have no assets at this time. (Check here only if everything above, is N/A)

Have you disposed of any assets at less than fair market value within the last 24 months? Yes No

Have you received any lump sum payments in the last 24 months (i.e., lottery, gambling, inheritance)? Yes No

If you answered yes to either question above, please explain: _____



PART V: OTHER INFORMATION

Have you or any member of your household ever used a name other than the one listed on the applications (including maiden names)? If yes, please list names: _____ Yes No

Have eviction charges ever been filed against you or any member of your household at a District Magistrate's office for nonpayment and/or late payment of rent to your landlord or for any other reason? Yes No
If yes, explain: _____

Have you or any other household member ever been convicted of a crime? (Omit only minor traffic violations; DUI is considered a crime.) If yes, explain: _____ Yes No

Are you or any other household member subject to a lifetime sex offender registration program in any state? Yes No

Have you or any other household member released from jail in the past five (5) years? Yes No

Are you or any member of your household registered in ANY state as a Sexual Offender? Yes No
If yes, list state: _____

Are there any special housing needs or reasonable accommodations, (Examples; a unit for mobility impaired, visually impaired or hearing-impaired person, a live-in aide, etc.), that the household will require to meet the needs of a disabled family member? Yes No. If Yes, please list: _____

Please list ALL states in which ALL members of the household listed on page (1) have resided:

Have you received a Federal Tax Refund in the past 12 months? Yes No If yes, amount: \$ _____
Please provide a copy of your IRS 1040.

STUDENT INFORMATION:

Are ALL household members full time students? Yes No
Is the Head of Household or Co-Head/Spouse a student part-time or full-time? Yes No

If Yes:

Name & address of Institute of Higher Education (college, trade school, etc.) that head of household or co-head/spouse attend full or part time: _____

Is the head of household under 24 years of age? Yes No

Is the head of household a Veteran of the United States Military? Yes No

Is the head of household married with a dependent child? Yes No

Is the head of household an independent student as defined by the U.S. Department of Education? Yes No

Is the head of household a person with disabilities as defined in Section 3(b)(3)(E) of the United States Housing Act of 1937 and received assistance under Section 8 as of November 30, 2005? Yes No

Are any student changes expected in the next 12 months? Yes No



ADDITIONAL INFORMATION:

Are all household members U.S. Citizens or have eligible immigration status? Yes No
Are you or any member of your household currently using an illegal substance? Yes No
Are you or any member of your household currently abusing alcohol? Yes No
Are you presently displaced due to a presidentially declared disaster? Yes No
Are you currently serving in or are a Veteran of the United States Military? Yes No
Do you own pets? If, yes, please list how many and kinds: _____ Yes No

Do you, or any member of your household 62 or older or disabled, have any unreimbursed/out-of-pocket medical expenses? Yes No
If yes, please check off all that apply: Prescriptions; Doctor Office Visits;
 Inpatient/Outpatient Hospital Bills; Hearing Aids/Batteries; Eyeglasses;
 Over-the-Counter Meds Prescribed by your Physician;
 Other, please describe: _____

Please be sure to complete Supplement to Application for Federally Assisted Housing (HUD Form 92006) attached to this application.

PART VIII: EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____
Address: _____

PART IX: ALL PERSONS IN HOUSEHOLD 18 OR OLDER MUST SIGN BELOW

I/We certify that if selected, the unit I/we occupy will be my/our only residence. I/We understand ALL information provided is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which may be released to appropriate federal, state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that providing false statements or information is punishable under federal law.

Head of Household Signature: _____ Date: _____
Co-Head or Adult Member: _____ Date: _____
Adult Member: _____ Date: _____

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or an employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant of participant may be subject to a misdemeanor and fined not more than \$5,000. 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a)(6), (7) and (8). Violations of these provisions are cited as violations of 42USC 408(a), (6), (7) and (8).

