

Date & Time Application Received: _____

Requested Accessible Unit: _____

RENTAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED!

If a question 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 | | | | |
| Disability Payments | | | | |
| Severance Pay | | | | |
| Pensions/Veteran's Benefits | | | | |
| Retirement/Investment/Annuities | | | | |
| Social Security | | | | |
| SSI | | | | |
| TANF/SSP | | | | |
| Child/Alimony/Spousal Support | | | | |
| 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? _____ | | | |
| On-line Accts/Cash Apps 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

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 the IRS Form 1040.

Complete this part ONLY if block is checked.

PART VI: LOW INCOME HOUSING TAX CREDIT (LIHTC)

STUDENT STATUS: Are all of the household members full time students? Yes No

If yes: Are/is the full-time adult student(s) married and filing a joint tax return? Yes No

If yes: Is full-time adult student receiving assistance under Title IV of the Social Security Act: AFDC or TANF? Yes No

If yes: Is full-time adult student enrolled in a job training program comparable to The Job Training Partnership Act? Yes No

If yes: Is the full-time adult student a single parent residing with his/her minor child(ren), and such parent is not a dependent of another individual, and the child(ren) are not dependents of another individual other than the non-resident parent of the child(ren)? Yes No

If yes: Did the full-time adult student previously receive foster care assistance under Part B of E Title IV of the Social Security Act? Yes No

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



Complete this part ONLY if block is checked.

PART VI: SECTION 8

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 any 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 or 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 42 USC 408 (a) (6), (7) and (8).

8/8/24

