

# RENTAL APPLICATION

**ALL QUESTIONS MUST BE ANSWERED!**

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

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

**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: \_\_\_\_\_

Are you anticipating any income changes (pay raises, bonuses, COLAs, etc.) 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 #: \_\_\_\_\_



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**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 Anticipated pay increase: \$\_\_\_\_\_

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 Anticipated pay increase: \$\_\_\_\_\_

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

**Do you have more than one job?** ☐ Yes ☐ No

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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.

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**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)
<b>Checking Account</b> No. of Accts: _____			
<b>Savings</b> No. of Accts: _____			
<b>Debit/Pre-Paid Cards</b> No. of Cards: _____			
<b>Certificate of Deposit</b> No. of CD's: _____			
<b>Other Bank Account</b> No. of Accts: _____			
<b>Mutual Funds</b> Number? _____			
<b>Stocks</b> No. of Stocks: _____			
<b>Portfolio/Brokerage Accts</b> Number? _____			
<b>Bonds/Treasury Bills</b> Number? _____			
<b>Cash App, Venmo, PayPal, etc.</b> No. of Accts? _____			
<b>Real Estate</b>			
<b>Life Insurance</b> No. of Policies? _____			
<b>Savings Bonds</b> Number? _____			
<b>Trust</b>			
<b>Cash on Hand</b>			
<b>Other Asset</b> Type: _____			
<b>TOTAL:</b>			

☐ 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: \_\_\_\_\_



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**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: \_\_\_\_\_

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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.

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**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

Does adult student receive any type of Financial Aide? ☐ Yes ☐ No

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

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## 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.

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## PART VIII: EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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## 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: \_\_\_\_\_

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

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