

# Application and Agreement

To be completed by office staff:

Date Application Rec'd \_\_\_\_\_

Time Application Rec'd \_\_\_\_\_

Signature of Staff member rec'ing application \_\_\_\_\_

Anticipated Move-In Date \_\_\_\_\_

Unit # \_\_\_\_\_

Unit Rent \_\_\_\_\_

Please print or type:

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## Residential History

Do you currently: Rent \_\_\_\_\_ Own \_\_\_\_\_ Other (explain) \_\_\_\_\_

## Head of Household:

1) Present Landlord/Property Name if Renting: \_\_\_\_\_

Contact Name (if known): \_\_\_\_\_ Contact/Landlord Number: \_\_\_\_\_

Present address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Rent/Pmt Amt: \$ \_\_\_\_\_ per month. Dates Occupied/From \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Do you currently have any outstanding overdue balances owed to this landlord?  Yes  No

Have you given this landlord notice that you will be moving?  Yes  No

Were you ever asked to allow or participate in extermination of pest other than regularly scheduled pest control? (Includes roaches, bed bugs, rodents, ect.)?  Yes  No

If yes, please explain: \_\_\_\_\_

## General Questionnaire

1. Does anyone live with you now who is not listed above:  Yes  No

If yes, please explain \_\_\_\_\_

2. Will you have any minors living with you? If so please list names, ages, sex, social security numbers

Yes  No

3. Have you or any member(s) of your household ever been evicted from a rental property?  Yes  No

If yes, Property/Landlord Name: \_\_\_\_\_ City/State: \_\_\_\_\_



4. Have you ever been convicted of a criminal offense or are you currently on probation?  **Yes**  **No**  
If yes, Offense: \_\_\_\_\_ City/State: \_\_\_\_\_
5. Are you or any member(s) of your household currently using an illegal substance or drug?  **Yes**  **No**
6. Do you abuse alcohol to the extent that you are a danger to others health, safety or right to peaceful enjoyment?  **Yes**  **No**  
If yes please explain: \_\_\_\_\_
7. Are you or any member(s) of your household currently using marijuana for recreational or medical purposes?  **Yes**  **No**
8. Are you or any member(s) of your household subject to the State Lifetime Sexual Offenders Registration or any other sex offender registry?  **Yes**  **No**  
If yes, list the State where the offence occurred: \_\_\_\_\_
9. How did you hear about our apartment community? \_\_\_\_\_
10. Do you have any pets living in the household?  **Yes**  **No** If Yes, what type: \_\_\_\_\_
11. Are you a Veteran?  **Yes**  **No**
12. Are you currently working with a Service Agency?  **Yes**  **No**

**List the closest relative not living with you who we may contact in case of an emergency:**

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

**Please list Driver's License Number or State ID :**

Name: \_\_\_\_\_ State: \_\_\_\_\_ DL/State ID # \_\_\_\_\_

**INCOME SOURCES**

**Type of Income:** \_\_\_\_\_

Company: \_\_\_\_\_

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

Telephone & Fax Number: \_\_\_\_\_

Amount of Income Monthly: \_\_\_\_\_

**Type of Income:** \_\_\_\_\_

Company: \_\_\_\_\_

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

Telephone & Fax Number: \_\_\_\_\_

Amount of Income Monthly: \_\_\_\_\_



**CIRCLE ALL APPLICABLE**

**Type of Asset:**      Checking / Savings/ Direct Express Debit / Money Market / Certificate of Deposit / Stocks / Bonds / Trust Funds / Life Insurance / Inheritance / Lottery Winnings / Real Estate

Company: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Total Amount of Asset: \_\_\_\_\_

**Type of Asset:**      Checking / Savings/ Direct Express Debit / Money Market / Certificate of Deposit / Stocks / Bonds / Trust Funds / Life Insurance / Inheritance / Lottery Winnings / Real Estate

Company: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Total Amount of Asset : \_\_\_\_\_

**FALSE OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THE APPLICATION**

PENALTIES FOR MISUSING THIS CONSENT: 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 U.S.C. 408 (a) (6), (7) and (8).

This application must be signed by all adults who will occupy the apartment before it can be considered. In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer credit reporting agencies and obtaining credit information from other credit institutions. Additionally, I authorize all corporations, companies, landlords, law enforcement agencies, academic institutions, and current employers to release information they may have about me and release them from any liability and responsibility from doing so.

I/We certify that all information contained in this application is true, correct and complete.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

This project does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. As required in the HUD Occupancy Handbook 4350.3 REV-1, all individuals with disabilities have the right to request reasonable accommodations. Reasonable accommodations are changes, exceptions, or adjustments to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to: participate fully in a program; take advantage of a service; live in a dwelling; or perform a job. To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability. Requests for Reasonable Accommodations should be brought to the attention of management.

If you are disabled or having difficulty understanding English, please request our assistance and we ensure that you are provided with meaningful access based on your individual needs.