

LEASE APPLICATION

To be completed by office staff:

Date of application received _____

Time Application is received _____

Signature of Staff member receiving application _____

General Family Information

HEAD OF HOUSEHOLD

SPOUSE/CO APPLICANT

1. _____
Head of Household full legal Name

2. _____
Spouse/Co- applicant full legal name

3. _____
Address

4. _____
Address

5. _____
Home Telephone

6. _____
Home Telephone

7. _____
Alternate contact number

8. _____
Alternate contact number

9. _____
Birth Date

10. _____
Birth Date

11. _____
Social Security Number

12. _____
Social Security Number

Rental History

Are you renting now? _____ Yes _____ No

Will the apartment you are applying for be the family's only residence? _____ Yes _____ No

Please list all of the states you have lived in and when _____

Landlord/Property Name _____

Present Address _____ Apt _____

City, State, Zip _____

Landlord phone (_____) _____ Rent Amount \$ _____

Landlord/Property Name _____
Present Address _____ Apt _____
City, State, Zip _____
Landlord phone (_____) _____ Rent Amount \$ _____

General Questionnaire

1. Are you or any member of your household a student enrolled in an institution of higher education? _____ Yes _____ No. If yes, full _____ or part time _____.
2. Have you or any member of your household served in the Military? _____ Yes _____ No
Do you have a pet? _____ Yes _____ No If yes, what kind? _____ Weight _____.
3. Are you or any members of your household currently using an illegal substance or drugs? _____ yes _____ no.
4. Have you or any members of your household ever been evicted from a rental property? Yes ___ No. ____ If yes, Property/Landlord Name: _____ City/State _____.
5. Are you or any member of your family receiving assistance from HUD? _____ Yes _____ No.
If yes, Property/Landlord Name: _____ City/State _____.
6. How did you hear about our apartment community? _____.

CRIME FREE HOUSING

The applicant agrees and warrants that he/she and any member of the applicant's household, any guest or other persons under the applicant's control shall not engage in and/or facilitate criminal activity on or near the apartment community including but not limited to violent criminal activity and/or drug-related activity.

The applicant further agrees and warrants that he/she and/or any member of the applicant's household shall not permit the dwelling to be utilized for and/or facilitate criminal activity, including but not limited to violent criminal activity and drug-related criminal activity. "Violent criminal/drug-related activity" means the illegal manufacture, sale, distribution or use of a controlled substance.

1. Have you or any member of you household ever been convicted of illegal distribution or manufacture of an illegal drug or other controlled substance? _____ Yes _____ No
If Yes, Offense: _____ Date of offense: _____ City/State _____.
2. Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No.
If yes, Offense: _____ Date of offense: _____ City/State _____.
3. Have you or any members of your household been evicted in the last three years from federally assisted housing for drug-related criminal activity? Yes _____ No _____.
If yes, Property/Landlord Name: _____ City/State: _____.

4. Are you or any members of your household subject to the State Sexual Offenders Registration?
If yes, List the State where the offence occurred:_____.

ACCESSIBLE UNIT

Would you or co-applicant (require/benefit from) the features of an apartment equipped with features for mobility impairment? _____yes _____no.

Do you or co-applicant have a disability requiring special accommodations or design features of the housing unit? If yes, please complete the following information.

Household members Name:_____Last_____MI_____

- Unit for vision impaired
- Unit for hearing impaired
- Unit for mobility impaired
- other (please specify)_____

Name and address of qualified professional who can verify need for special features of the unit.

Name:_____

Address_____

City/State_____ Zip Code_____

Phone number (____)_____

ELIGIBILITY

10. Do you have a family member who is absent from home due to the following:

- | | | | | |
|--|-------|-----|-------|----|
| • Employment | _____ | Yes | _____ | No |
| • Military Service | _____ | Yes | _____ | No |
| • Placement in foster care | _____ | Yes | _____ | No |
| • Temporarily in nursing home | _____ | Yes | _____ | No |
| • Permanently confined in nursing home | _____ | Yes | _____ | No |
| • Away at school | _____ | Yes | _____ | No |
| • Other: _____ | _____ | Yes | _____ | No |

11. Do you have a Live-in attendant _____ Yes _____ No

Live in attendants will be subject to criminal/sex
Offenders screening outlined in the tenant selection plan.

12. Do you have any expected changes in your household? _____ Yes _____ No
If yes, please explain_____.

INCOME

List all employment and non-employment income for all household members. Include Salary, wages (gross amount), Supplementary Security income, IRA, Keogh, V.A. Pension, other pensions or annuities, Unemployment, and any other source of income.

Household member's name	Type of Income	Monthly amount (gross amount)

If additional space is required please use the back of the page.

ASSETS

List assets of all household members. Include savings and checking accounts, certificate of deposit (CD's), stocks, bonds, mutual funds, credit union shares, whole life insurance policies, property you own including your home, rental properties, and any other assets you may have.

If additional space is required please use the back of the page

Household member's name	Description of Assets	Value

1. Do you or any other household member have any assets held Jointly with another person _____ Yes _____ No _____ Value.
If yes please list _____.
2. Have you or any other household member disposed of an assets(s) for less than fair market value in the past two years? _____ Yes _____ No _____ Value.
If yes please list: _____.

3. Is any household member elderly (62 or older) _____ Yes _____ No.
Is any household member a person with disabilities? _____ Yes _____ No.

Do you or any household member have medical expenses that are not paid for by an outside source Such as insurance? _____ Yes _____ No If yes, list amount _____

4. Do you have disability expenses that are not paid for by an outside source? _____ Yes _____ No.
If yes, is this service necessary to enable a family member (including the member with a disability) to be employed? _____ Yes _____ No.

5. Do you or any household member have attendant care expenses? _____ Yes _____ No.
If yes, is this service necessary to enable a family member with a disability to be employed? If yes, list amount _____

6. Do you currently pay for childcare services for any children Under the age of 13 residing in your household? Yes _____ No _____ Amount _____
If yes, is this service necessary in order for you to be employed _____ Yes _____ No.
If yes, are any of these expenses reimbursed by an outside source? _____ Yes _____ No

MEDICAL EXPENSES

Name of Head of household _____.

Do you have Medicare Part B _____ Yes _____ No. If yes, \$ _____ premium amount.
Is your Medicare premium paid for by an outside source? _____ Yes _____ No.

Do you have Medicare Supplement Insurance Policy? _____ Yes _____ No
Name of Insurance company _____.

Premium amount \$ _____ (circle one) monthly-yearly

Do you have Medicare Part D insurance? _____ Yes _____ No

Name of insurance company _____.

Premium amount \$ _____ (circle one) monthly-yearly.

Additional insurance policies: _____ Name of company _____

Premium amount \$ _____ (circle one) monthly- yearly.

Other re-occurring medical expenses that you pay for out of pocket; such as medical equipment rentals, payments to Doctors, Dentist, Eye Doctor, Hearing aides ect. _____

Do have over the counter items your doctor requires you to take? _____

Name of Co- Head of household _____

Do you have Medicare Part B Yes No. If yes, \$ _____ premium amount.
Is your Medicare premium paid for by an outside source? Yes No.

Do you have Medicare Supplement Insurance Policy? Yes No
Name of Insurance company _____.

Premium amount \$ _____ (circle one) monthly-yearly

Do you have Medicare Part D insurance? Yes No

Name of insurance company _____.

Premium amount \$ _____ (circle one) monthly-yearly.

Additional insurance policies: _____ Name of company _____

Premium amount \$ _____ (circle one) monthly- yearly.

Other re-occurring medical expenses that you pay for out of pocket, such as medical equipment rentals, payments to Doctors, Dentist, Eye Doctor, Hearing aides ect. _____

Do have over the counter items your doctor requires you to take? _____

RACE AND ETHNIC DATA REPORTING

The information regarding race, national origin, listed on this application is requested in order to assure the Federal Government that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, or national origin are complied with. You are not required to furnish the information, but are encouraged to do so. The information will not be considered when evaluating your application or to discriminate against you in any manner. However, if you choose not to furnish the

information, the owner is required to complete the race/national origin of individual applicants on the basis of visual observation or surname. The information collected is required by the Fair Housing Office for statistical purposes only.

1. Ethnicity of Head of House Hold. Please check one

Hispanic or Latino Not Hispanic or Latino

2. Race of Head of House Hold Please check all categories that apply.

White Black or African American American Indian or Alaska Native

Asian Native Hawaiian or Other Pacific Islander

Acceptance of this application does not insure admittance. Credit, criminal and personal background checks will be completed on each applicant. Applicants will be approved or denied based on the results of these checks. Applicant delays in obtaining the requested information may affect your position on the waiting list.

The fundamental nature of our housing program does not provide personal care services for individuals. All individuals must be able to provide the necessary personal care services they require without placing undue burden upon other residents or management.

Do you have a legal guardian? _____ Yes _____ No.

If yes, fill out the following information.

Name _____

Address: _____

Phone Number _____

Signature of Guardian

Date

The notarized guardian documents must be submitted with the application.

If the guardian is not present at the time the application is submitted, the guardian's signature must be notarized for the application to become active.

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.

Head of Household

Date

Co-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.

