



RENTAL APPLICATION

Thank you for your interest in our apartments. Please complete all information on this form for faster processing.

Apartment Project Name _____

City _____

Number of Bedrooms Desired _____ Desired Date of Occupancy _____

PERSONAL INFORMATION

APPLICANT'S FULL NAME _____ Social Security No. _____

Date of Birth _____ Do You Have Pets? _____

Are You A Student? _____ If Yes – Full-Time _____ Part-Time _____ # of Hrs. _____

Name of Educational Institution _____

Have you ever been convicted of, charged with or accused of committing a felony or misdemeanor? YES ___ NO ___

If yes to the above question, please describe _____

List below all members who would live in the dwelling unit, even those who would only live there on a part-time basis.

Other Residents	Social Security No.	Relationship	Date of Birth

RESIDENCE HISTORY

PRESENT ADDRESS _____

Present Telephone _____ Length of Time at Present Address _____

Present Landlord or Mortgage Holder _____

Complete Address _____ Phone No. _____

Amount of Rent \$ _____ Reason for Moving _____

PREVIOUS ADDRESS _____

Present Landlord or Mortgage Holder _____

Complete Address _____ Phone No. _____

Length of Time at Previous Address _____ Amount of Rent \$ _____ Reason for Moving _____

EMPLOYMENT INFORMATION

EMPLOYED BY: _____ How Long? _____

Employer's Address _____ Phone No. _____

Position Held _____ Supervisor's Name _____

CO-TENANTS EMPLOYER _____ How Long? _____

Employer's Address _____ Phone No. _____

Position Held _____ Supervisor's Name _____



This complex does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Telecommunications Device for Deaf, Hard of Hearing & Speech Impaired 711 or 1-800-735-2460 (voice) or 711 or 1-800-735-2966 (TDD).

BANKING AND CREDIT REFERENCES

BANK _____	Branch _____
Checking Account Number _____	Savings Account Number _____
CREDIT REFERENCE _____	Account Number _____
Complete Address _____	Phone Number _____
CREDIT REFERENCE _____	Account Number _____
Complete Address _____	Phone Number _____
CREDIT REFERENCE _____	Account Number _____
Complete Address _____	Phone Number _____

APPLICANT / TENANT'S STATEMENT OF INCOME, ASSETS AND DEDUCTIONS

List gross amount of income received or expected to be received by all member of the household.

Projected wages	\$	
Net Income From Business	\$	
Farm Income	\$	
Real Estate Income	\$	
Alimony & Child Support	\$	
Social Security	\$	
S.S.I.	\$	
V.A. Benefits or Disability	\$	
Unemployment	\$	
Worker's Compensation	\$	
Severance Pay	\$	
Retirement Pension	\$	
Income from C.D.'s	\$	
Income on Checking Account	\$	
Income on Bonds	\$	
Dividends	\$	
Income on passbook Savings	\$	
Amount of education grants or scholarships	\$	
Reoccurring gifts	\$	
Public assistance	\$	
Hazardous duty pay from military	\$	
Other	\$	
TOTAL	\$	0

ASSETS:

CURRENT ASSETS: List all assets currently held and the cash value. Cash value is the market value less any reasonable costs that would be incurred in converting the asset to cash i.e. broker and legal fees.

ASSET	CASH VALUE	ASSET	CASH VALUE
Real Estates	\$ _____	Checking Account	\$ _____
C.D.'s	\$ _____	Savings Account	\$ _____
Bonds	\$ _____	Whole Life Insurance	\$ _____
Common Stock	\$ _____	Other	\$ _____

ALLOWABLE DEDUCTIONS:

Medical – Total medical and/or handicap assistance expenses not covered by insurance in excess of 3% of annual income for any elderly family. To qualify as elderly, the tenant or co-tenant is at least 62 years old, or disabled.

I/We qualify as an elderly family? YES _____ NO _____

If yes to above question, we anticipate incurring the following medical expenses over the next 12 months:

	Anticipated Amount	Medicare Paid	Insurance Paid	I/We Paid
Doctor	\$ _____	\$ _____	\$ _____	\$ _____
Hospital	\$ _____	\$ _____	\$ _____	\$ _____
Dental	\$ _____	\$ _____	\$ _____	\$ _____
Medicare Premiums	\$ _____	\$ _____	\$ _____	\$ _____
Eye Glasses	\$ _____	\$ _____	\$ _____	\$ _____
Prescriptions	\$ _____	\$ _____	\$ _____	\$ _____
Hearing Aids	\$ _____	\$ _____	\$ _____	\$ _____
Hearing Aid Batteries	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0

CHILD CARE EXPENSES:

Child care – Deductions may be given for the care of minors under 13 years of age only to the extent such expenses are not reimbursed. Child support payments made on behalf of a minor child who does not reside in the unit may not be deducted as a child care expense.

Child	Age	Amount Paid
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER DEDUCTIONS:

To qualify for a deduction of \$400 from annual income, the tenant or co-tenant must be at least 62 years old or an individual with a handicap/disability.

Do you qualify for this deduction? _____ If yes, adjustments will be verified by management.

Do you request a handicapped accessible unit? _____

Any member of the family residing in the household (other than the tenant or co-tenant) who is under 18 years of age, or who is 18 years of age or older and is disabled, handicapped or a full-time student may qualify for a \$480 deduction from my/our income. We have _____ (number) in our household which may qualify for this deduction.

I certify that the apartment that I will occupy in this complex will serve as the primary residence of this household. I also certify that I do not and will not maintain a separate subsidized rental unit in a different location.

I case of personal emergency, notify _____ Relationship _____

Address _____ Phone _____

I hereby make application for an apartment and certify that this information is true and correct. My signature below authorizes my consent to release wage matching data to RHS and the borrower, authorizes you to inquire to references herein and to any other references management feels necessary to determine eligibility. I further understand and authorize management to obtain a criminal background and credit check.

Applicant’s Signature _____ Date _____

Co-Applicant’s Signature _____ Date _____

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, family status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to notice the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity Code: 1) Hispanic or Latino _____ 2) Not Hispanic or Latino _____

Race Code: (Mark on or more)

1) American Indian/Alaska Native _____ 2) Asian _____ 3) Black or African American _____

4) Native Hawaiian or Other Pacific Islander _____ 5) White _____

Gender: Male _____ Female _____

(The above information is collected for statistical purposes only.)

Tenant Selection Criteria is attached to this application.

THIS SECTION TO BE COMPLETED BY SITE MANAGER:

Date Application Received

Time Application Received

Application Received by _____
Site Manager signature

Application entered on Waiting List Date entered _____

Criminal Background @ Credit check conducted by _____ (attach documentation)
Verifact or ACS Data Search

Other references checked _____ (attach documentation)