

Application # _____	Studio _____	***Office Use Only***	Received Date: ____/____/____
_____	1 bedroom _____		Time: ____:____ am/pm
_____	2 bedroom _____		Initials: _____
_____	3 bedroom _____		
_____	Unit # - Add on to Existing Household _____		

## RENTAL APPLICATION

Applicant's Name: _____	<b>Return to:</b> _____
Mailing Address: _____	
City, State, Zip _____	
Phone #: (____) _____-_____	Phone #: (____) _____-_____
Message Phone: (____) _____-_____	Fax #: (____) _____-_____

### Head of Household Application Instructions

- A household consisting of more than one adult (18 or older), must decide who will be considered the Head of Household
- All documents in the Application Packet must be returned signed, dated, and/or initialed where applicable by every adult
- Please use ink only. **Do not leave any sections blank.** If a section or space does not apply, enter "none" or "N/A" (not applicable). If you need to make a correction, draw one line through the incorrect information, then write the correct information and initial the change
- It is important that all information on the Rental Application be legible, complete, and correct. False, incomplete, or misleading information will cause your application to be rejected
- As long as your application is on file with us, it is your responsibility to contact us whenever any of the information in the Rental Application (i.e. your address, telephone, income situation, or family size) changes. Failure to do so may result in your Rental Application to be rejected
- All household members **MUST** disclose if they are currently receiving HUD housing assistance. We will not knowingly assist applicants who will maintain a residence in addition to the HUD assisted unit or who attempt to receive HUD assistance in two separate residences
- Forms for requesting reasonable accommodations and modifications are available at the office upon request

### Household Information

1. List all household members, beginning with the Head of Household, who will be residing in the apartment. Include Live-in Aids, foster children and/or foster adults

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Date of Birth mm/dd/yyyy	Age	Sex M/F	Social Security Number
	Self	____/____/____			____-____-____
		____/____/____			____-____-____
		____/____/____			____-____-____
		____/____/____			____-____-____
		____/____/____			____-____-____
		____/____/____			____-____-____

2. List each household member who attends an educational institution and whether he/she is a full-time or part-time student

Household Member	Educational Institution	Full-time or Part-time



- |  | <u>Yes</u>  | <u>No</u>                | <u>N/A</u>               |
|--|---|--------------------------|--------------------------|
| 3. Are there any absent household members who under normal conditions would live with you?<br>(i.e. a spouse away in the military)<br>Explanation: _____                     | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If you have minor children, do you have at least 50% physical custody?<br>(You may be asked to prove the percentage of time minor(s) live with you)<br>Explanation: _____ | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does any household member plan on keeping a pet(s)?<br>(Pets are not allowed at a family property)<br>Explanation: _____  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does any household member have special housing needs that relates to a reasonable accommodation?<br>Explanation: _____  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you applying for status as an elderly household where the Head, Spouse, or Co-Head must be 62 years of age or older, handicapped, or disabled?<br>Explanation: _____  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Select the apartment size(s) you are applying for:  | <input type="checkbox"/> Studio                      1-3 Household members<br><input type="checkbox"/> 1 bedroom                      1-3 Household members<br><input type="checkbox"/> 2 bedrooms                      2-5 Household members<br><input type="checkbox"/> 3 bedrooms                      3-7 Household members   |                          |                          |
| 9. How did you hear about this property?   | <input type="checkbox"/> Television Ad <input type="checkbox"/> State or Federal Program<br><input type="checkbox"/> Internet <input type="checkbox"/> Friend or Relative<br><input type="checkbox"/> Yellow Pages <input type="checkbox"/> Property Sign<br><input type="checkbox"/> Flyer <input type="checkbox"/> Promotional Mailing<br><input type="checkbox"/> Newspaper (name) _____<br><input type="checkbox"/> Other _____ |                          |                          |

**Income/Asset Information**

10. What is the estimated **annual unearned** income of the household? \$ \_\_\_\_\_  
 (Include income from rental property, social security, pensions, public assistance, SSI, unemployment compensation, child support, and any other income that is not employment income, for all household members)
11. What is the estimated **annual earned** income of the household? \$ \_\_\_\_\_  
 (Calculate below by including the anticipated annual earned income for the next 12 months for the head, spouse, co-head, and other adult members including full-time students who are at least 18 years of age)

Household Member	Hourly Wage	X	Hours Per Week	X	Weeks Per Year	=	Annual Earned Income	
	\$	X		X		=	\$	
	\$	X		X		=	\$	
	\$	X		X		=	\$	
	\$	X		X		=	\$	
	\$	X		X		=	\$	
	\$	X		X		=	\$	
	\$	X		X		=	\$	
<b>Total</b>							=	\$

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <u>Yes</u>               | <u>No</u>                |
| 12. Has any household member sold or given away assets for Less than fair market value within the past two years?<br>Household member: _____ Value of Asset: \$ _____<br>Type of Asset: _____ Value Received: \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |



13. List all assets of all household members, including bank accounts, stocks, bonds, land and real estate, etc.

Household Member	Type of Asset	Account Number/Asset Location	Current Value	% Interest Earned
			\$	
			\$	
			\$	
			\$	
			\$	

**Rental History**

In order to verify the household’s rental history, we require that you provide us with detailed information below regarding where each adult member of the household has lived over the past 5 (five) years. If you owned a home or lived with family or someone else, list those locations. Include addresses where you were not listed on the lease or where you lived under a different name. Additional Rental History Sheets are available upon request.

**Head of Household** Name \_\_\_\_\_

<u>Current Residency</u>	<u>1<sup>st</sup> Previous Residency</u>	<u>2<sup>nd</sup> Previous Residency</u>
Property: _____	_____	_____
Address: _____	_____	_____
City, State, Zip _____	_____	_____
Phone: (____) _____ - _____	(____) _____ - _____	(____) _____ - _____
<u>Your Address</u>	<u>Your Address</u>	<u>Your Address</u>
Address: _____	_____	_____
From _____ To _____	_____ To _____	_____ To _____

**Other Adult** Name \_\_\_\_\_

<u>Current Residency</u>	<u>1<sup>st</sup> Previous Residency</u>	<u>2<sup>nd</sup> Previous Residency</u>
Property: _____	_____	_____
Address: _____	_____	_____
Phone: (____) _____ - _____	(____) _____ - _____	(____) _____ - _____
<u>Your Address</u>	<u>Your Address</u>	<u>Your Address</u>
Address: _____	_____	_____
From _____ To _____	_____ To _____	_____ To _____

**Other Adult** Name \_\_\_\_\_

<u>Current Residency</u>	<u>1<sup>st</sup> Previous Residency</u>	<u>2<sup>nd</sup> Previous Residency</u>
Property: _____	_____	_____
Address: _____	_____	_____
Phone: (____) _____ - _____	(____) _____ - _____	(____) _____ - _____
<u>Your Address</u>	<u>Your Address</u>	<u>Your Address</u>
Address: _____	_____	_____
From _____ To _____	_____ To _____	_____ To _____



**Yes**    **No**

14. Has any household member ever had assistance or tenancy in a subsidized housing program terminated for fraud, drug-related or other criminal activity, non-payment of rent, or failure to cooperate with recertification procedures?       

Explanation: \_\_\_\_\_

15. Has any member of the household ever been evicted from rental housing or asked to vacate an apartment or home?       

Explanation: \_\_\_\_\_

**Criminal History**

We are required by HUD and Rural Development (RD) to run criminal background checks on all adult household members, including live-in aides/attendants, in each state that an adult household member has lived. Please complete the following information to assist us in determining what states you and all adult household members have lived in since the age of 18.

<b>Head of Household</b>	Name _____				
State _____	Dates _____ - _____	State _____	Dates _____ - _____		
State _____	Dates _____ - _____	State _____	Dates _____ - _____		

<b>Other Adult</b>	Name _____				
State _____	Dates _____ - _____	State _____	Dates _____ - _____		
State _____	Dates _____ - _____	State _____	Dates _____ - _____		

<b>Other Adult</b>	Name _____				
State _____	Dates _____ - _____	State _____	Dates _____ - _____		
State _____	Dates _____ - _____	State _____	Dates _____ - _____		

<b>Other Adult</b>	Name _____				
State _____	Dates _____ - _____	State _____	Dates _____ - _____		
State _____	Dates _____ - _____	State _____	Dates _____ - _____		

**Yes**    **No**

16. Have you or any household member ever been convicted of a felony?          
If yes, when? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date parole or probation ends? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of household member \_\_\_\_\_

17. Have you or any household member ever been convicted of a drug-related offense?          
If yes, when? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date parole or probation ends? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of household member \_\_\_\_\_

18. Are you or any household member currently using, selling, distributing or in possession of an illegal drug or drug paraphernalia?       

19. Are you or any household member subject to lifetime registration requirements under a State Sex Offender Registration program or are facing charges for a sexual offense?          
Name of household member \_\_\_\_\_

20. Have you or any household member been convicted or are currently facing charges for any crime involving drugs, violence, theft, or fraud?          
Name of household member \_\_\_\_\_  
Explanation: \_\_\_\_\_



**Adult Household Members Certification**

I have read and understand the information in the Rental Application. I certify that all information given in this Rental Application and any and all attachments is true, complete, and accurate to the best of my knowledge. I understand that management is relying on this information to verify my household's eligibility and that providing false or misleading information or making false statements may be grounds for denial of my application or termination of tenancy.

I authorize NWRECC personnel to verify the information contained within this application and other related documents. This will include using credit and criminal background screening services, contacting previous and current landlords, and other sources for credit & criminal history. This information may be released to appropriate Federal, State or local agencies for determination of eligibility.

I certify that only those persons listed in this application will occupy the apartment if my application is approved and move-in occurs. I also certify that I will maintain no other place of residence. I understand that any additions to the household may only be done with management's approval through the application process. In order to keep this application current, I agree to notify management in writing regarding any change of address, telephone numbers, income, and household composition.

I understand the Resident Selection Plan is available to me upon request, that it summarizes the procedures for processing applications, and I also understand that I must meet the requirements set-forth in the Resident Selection Plan.

**NOTE:** If an apartment is available (or will be soon), we must collect more detailed information from you during the Application Interview and verify all information. Verifications are valid for 120 days from the date received by the site office and those over 120 days old will have to be re-verified at the Application Interview. Please be aware that being placed on the Waiting List does not indicate that you are eligible to receive housing at this property. Only after all required information has been received and verified can you be determined eligible. Failure to remain eligible as determined by the Resident Selection Plan will result in your Rental Application being rejected.

\_\_\_\_\_  
Signature – Head of Household

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Other Adult

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Other Adult

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Other Adult

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**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 use 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

