

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: _____

Mailing Address: _____

City, State, Zip _____

Phone #: (____) _____-_____

Message Phone: (____) _____-_____

Return to:

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 housing assistance. We will not knowingly assist applicants who will maintain a residence in addition to the assisted unit or who attempt to receive housing 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	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?
(i.e. a spouse away in the military) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation: _____ | | | |
| 4. If you have minor children, do you have at least 50% physical custody?
(You may be asked to prove the percentage of time minor(s) live with you) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation: _____ | | | |
| 5. Does any household member plan on keeping a pet(s)?
(Pets are not allowed at a family property) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation: _____ | | | |
| 6. Does any household member have special housing needs that relates to a reasonable accommodation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation: _____ | | | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation: _____ | | | |
| 8. Select the apartment size(s) you are applying for: | <input type="checkbox"/> Studio | 1-3 Household members | |
| | <input type="checkbox"/> 1 bedroom | 1-3 Household members | |
| | <input type="checkbox"/> 2 bedrooms | 2-5 Household members | |
| | <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 | |
| | <input type="checkbox"/> Internet | <input type="checkbox"/> Friend or Relative | |
| | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Property Sign | |
| | <input type="checkbox"/> Flyer | <input type="checkbox"/> Promotional Mailing | |
| | <input type="checkbox"/> Newspaper (name) _____ | | |
| | <input type="checkbox"/> Other _____ | | |

Income/Asset/Expenses 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		=	\$	
Total							=	\$

12. Has any household member sold or given away assets for Less than fair market value within the past two years? Yes
 No
- Household member: _____ Value of Asset: \$_____
- Type of Asset: _____ Value Received: \$_____



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
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

- 14. List below all medical expenses for all household members if the Head of household, Spouse, or Co-Head is 62 years or older or disabled
- 15. List below all non-reimbursable disability assistance expenses (attendant care/auxiliary apparatus expenses) for each household member who is a person with disabilities, which is necessary to enable any family member 18 years of age or older to be employed
- 16. List below any child care expenses for dependents under the age of 13 being cared for by a 3rd party

Household Member	Type of Expense	Name of Source	Out of Pocket Expense
			\$
			\$
			\$
			\$
			\$
			\$
			\$

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



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

17. 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? **Yes** **No**
 Explanation: _____
18. Has any member of the household ever been evicted from rental housing or asked to vacate an apartment or home? **Yes** **No**
 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.

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

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

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

19. Have you or any household member ever been convicted of a felony? **Yes** **No**
 If yes, when? _____/_____/_____
 Date parole or probation ends? _____/_____/_____
 Name of household member _____
20. Have you or any household member ever been convicted of a drug-related offense? **Yes** **No**
 If yes, when? _____/_____/_____
 Date parole or probation ends? _____/_____/_____
 Name of household member _____
21. Are you or any household member currently using, selling, distributing or in possession of an illegal drug or drug paraphernalia? **Yes** **No**
22. 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? **Yes** **No**
 Name of household member _____



23. 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 up to 180 (90 days for written and an additional 90 days for verbal reverification) days from the date received by the site office. If verifications are over 120 days old they will have to be re-verified. 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.

Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

CERTIFICATION: I certify under penalties of perjury that the above information is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years, or lose the subsidy the government agency pays and have my portion of the rent increased, if I furnish false or incomplete information.

Signature – Head of Household

_____/_____/_____
Date

Signature – Other Adult

_____/_____/_____
Date

Signature – Other Adult

_____/_____/_____
Date

Signature – Other Adult

_____/_____/_____
Date



Household Makeup

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, familial 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 note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Household Member	Ethnicity	Race: (Mark one or more)	Gender:
	Hispanic or Latino _____ Not Hispanic or Latino _____	1 American Indian/Alaska Native ____ 2 Asian ____ 3 Black or African American ____ 4 Native Hawaiian or Other Pacific Islander ____ 5 White ____	Male _____ Female _____
	Hispanic or Latino _____ Not Hispanic or Latino _____	1 American Indian/Alaska Native ____ 2 Asian ____ 3 Black or African American ____ 4 Native Hawaiian or Other Pacific Islander ____ 5 White ____	Male _____ Female _____
	Hispanic or Latino _____ Not Hispanic or Latino _____	1 American Indian/Alaska Native ____ 2 Asian ____ 3 Black or African American ____ 4 Native Hawaiian or Other Pacific Islander ____ 5 White ____	Male _____ Female _____
	Hispanic or Latino _____ Not Hispanic or Latino _____	1 American Indian/Alaska Native ____ 2 Asian ____ 3 Black or African American ____ 4 Native Hawaiian or Other Pacific Islander ____ 5 White ____	Male _____ Female _____
	Hispanic or Latino _____ Not Hispanic or Latino _____	1 American Indian/Alaska Native ____ 2 Asian ____ 3 Black or African American ____ 4 Native Hawaiian or Other Pacific Islander ____ 5 White ____	Male _____ Female _____
	Hispanic or Latino _____ Not Hispanic or Latino _____	1 American Indian/Alaska Native ____ 2 Asian ____ 3 Black or African American ____ 4 Native Hawaiian or Other Pacific Islander ____ 5 White ____	Male _____ Female _____
	Hispanic or Latino _____ Not Hispanic or Latino _____	1 American Indian/Alaska Native ____ 2 Asian ____ 3 Black or African American ____ 4 Native Hawaiian or Other Pacific Islander ____ 5 White ____	Male _____ Female _____

“Any tenant/member or prospective tenant/member seeking occupancy in or use of Agency facilities who believes he or she is being discriminated against because of age, race, color, religion, sex, familial status, disability, or national origin may file a complaint in person with, or by mail to the U.S. Department of Agriculture’s Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW., Washington DC 20250-9410 or to the Office of Fair Housing and Equal Opportunity, U.S. Department of Housing and Urban Development (HUD), Washington, DC 20410. Complaints received by Agency employees must be directed to the National Office Civil Rights Staff through the State Civil Rights Manager/Coordinator.”

