

APPLICANT:

INSTRUCTIONS FOR FILLING OUT APPLICATION PACKET

1. “Application:”
 - If there will be more than one person who is eighteen (18) or older (or considered emancipated per state statutes), the household must decide who will be considered “Head of Household”
 - Fill-in all spaces that pertain to the household. If a space does not pertain, indicate with N/A, do not leave blank

2. “Landlord Reference Letter:”
 - **Each** adult must provide residency references for the last five years – use this form if it is a rental residency
 - Fill-out the top left section only
 - *Do not give or send to the landlord, this will be processed by this office*
 - Return with application packet

3. “Family/Friend Residency Letter:”
 - **Each** adult must provide residency references for the last five years – use this form if it is a non-rental residency
 - Fill-out the top left section only
 - *Do not give or send to the family member or friend, this will be processed by this office*
 - Return with application packet

4. “Student Self-Certification:”
 - A separate form needs to be filled out by **each** adult member of the household
 - Answer all questions that pertain to your circumstances
 - Return with application packet

****PLEASE NOTE****

WHEN YOU RETURN YOUR APPLICATION, BE SURE TO BRING COPIES OF:

- Photo IDs for all household members eighteen (18) or older
- SSNs for **All** household members, this includes: Live-in aides and foster children
- Proof of age for eligibility at elderly property

IF APPROVED TO MOVE IN, THE FOLLOWING IS ALSO REQUIRED BY MOVE IN DATE:

- The utilities (electric and or gas) must be placed in an adult members name who will reside in the unit. The Resident Manager will call the utility company to verify this has been done. The Move-in will be rescheduled and the unit may be allocated to the next qualified applicant if the utilities are not transferred. To ensure there is no interruptions, contact the utility company to transfer utilities for the move in date as soon as the move in date has been scheduled



ADDITIONAL INFORMATION:

- All types of income must be reported to, and verified by, the Resident Manager. Examples of income include: Seasonal work, contracted military work, salaried/hourly employment, waitressing, hairstyling, AVON/Mary Kay type work, Social Security, pensions, child support, gift/monetary income, Scentsy
- All types of assets must be reported to, and verified by, the Resident Manager. Examples of assets include: CDs, Life insurance, checking/savings account, stocks, bonds, money markets, real estate (i.e. house, land), coin/stamp collection

IF YOU NEED HELP OR HAVE A QUESTION, PLEASE CALL THE PROPERTY WHERE YOU RECEIVED THE APPLICATION PACKET FROM.

Property name: _____

Phone number: (____) ____ - ____



Application # _____	Studio _____	***Office Use Only***	Received Date: ____/____/____
_____	1 bedroom		Time: ____:____ am/pm
_____	2 bedroom		Initials: _____
_____	3 bedroom		
_____	4 bedroom	_____ Unit # - Add on to Existing Household	

RENTAL APPLICATION

Applicant's Name: _____

Return to:

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 blue 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, write the correct information, and initial the change, do not use white out or other similar product
- 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
- Forms for requesting reasonable accommodations and/or modifications are available at the office upon request

Household Information

- 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	/ /			- -
		/ /			- -
		/ /			- -
		/ /			- -
		/ /			- -
		/ /			- -
		/ /			- -

- List each household member who has attended, currently attends, or anticipates attending an educational institution as a full-time student for any part of a five month period in a calendar year, does not need to be consecutive months.

Household Member	Educational Institution	Has attended/Currently attends/Will attend



- | | <u>Yes</u>
<input type="checkbox"/> | <u>No</u>
<input type="checkbox"/> | <u>N/A</u>
<input type="checkbox"/> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------|
| 3. Are there any absent household members who under normal conditions would live with you?
(i.e. a spouse away in the military)
Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If you have minor children, do you have at least 50% physical custody?
If not or anticipated, please explain below. You may also be asked to prove the percentage of time minor(s) live with you
Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does any household member plan on keeping a pet(s)?
(Pets are not allowed at a family property)
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?
(i.e. Assistance/Companion Animal, grab bars, wheel chair ramp, etc)
Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you currently own a housing voucher?
If so, you will need to provide documentation of such, including who the issuing agency is | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you currently on a Waiting List to receive a housing voucher?
If so, you will need to provide documentation of such, including who the issuing agency is | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Select the apartment size(s) you are applying for: | | | |
| | <input type="checkbox"/> Studio
<input type="checkbox"/> 1 bedroom
<input type="checkbox"/> 2 bedrooms
<input type="checkbox"/> 3 bedrooms
<input type="checkbox"/> 4 bedrooms | | |
| 10. 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 Information

11. 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)
12. 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							=	\$

13. 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: \$ _____

14. 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 residency history, we require that you provide us with detailed information below regarding where each adult member of the household has lived the past 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 _____

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 _____



15. Has any member of the household ever been evicted from rental housing or a rental space?

Yes No

Explanation: _____

Criminal History

NWRECC processes a criminal background screening on all adult household members, including live-in aides/attendants. 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.

Head of Household *Name* _____
State _____ **Dates** _____ - _____ **State** _____ **Dates** _____ - _____
State _____ **Dates** _____ - _____ **State** _____ **Dates** _____ - _____

Other Adult *Name* _____
State _____ **Dates** _____ - _____ **State** _____ **Dates** _____ - _____
State _____ **Dates** _____ - _____ **State** _____ **Dates** _____ - _____

Other Adult *Name* _____
State _____ **Dates** _____ - _____ **State** _____ **Dates** _____ - _____
State _____ **Dates** _____ - _____ **State** _____ **Dates** _____ - _____

Other Adult *Name* _____
State _____ **Dates** _____ - _____ **State** _____ **Dates** _____ - _____
State _____ **Dates** _____ - _____ **State** _____ **Dates** _____ - _____

16. Have you or any household member ever been convicted of a felony?

Yes No

If yes, when? _____ / _____ / _____

Date parole or probation ends/ended? _____ / _____ / _____

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/ended? _____ / _____ / _____

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/Federal 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 are 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 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 will collect more detailed information about you. This is called the Application Interview. During the interview, all information (i.e. income, assets, etc) will be verified using a 3rd party verifier or other means. Verifications are valid for 120 days from the date received by the site office. If you are not housed and it has been longer than 120 days, all the information will need 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. To remain on the Waiting List, your household must remain eligible.

Signature – Head of Household

____/____/_____
Date

Signature – Other Adult

____/____/_____
Date

Signature – Other Adult

____/____/_____
Date

Signature – Other Adult

____/____/_____
Date



All household members 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete a separate questionnaire. Check "Yes" if the question applies to your current situation, "No" if it does not apply now and you do not foresee any changes in the next 12 months, or "Antic." if it does not currently apply but will within the next 12 months. **Management may not complete this form.**

Resident/Applicant Name: _____

Unit Number: _____

Property Name: _____

Telephone: (_____) _____ - _____

- | | Yes | No | Antic. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Household contains all full-time students for any part of 5 months or more during the current and/or upcoming calendar year (months need not be consecutive)
<i>(If you answered yes or anticipated, to the above question, please answer the next five (5) questions)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Is the household comprised of a single parent with school age children none of whom are dependents of a 3 rd party other than an absent parent?
<i>(If you answered yes attach third party documentation (e.g. tax return or a court order establishing custody))</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If applicable, are two of the students married and file a joint income tax return?
<i>(If you answered yes, attach third party documentation (e.g. marriage license or the most recently filed tax return))</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Does at least one student receive assistance under Title IV of the Social Security Act (e.g. AFDC or TANF)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are any of the students participants in the Job Training Partnership ACT, Workforce Investment Act, or other similar job-training program funded by a local, state, or federal agency?
<i>(If you answered yes, attach documentation of current participation)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Did at least one student previously receive Foster Care assistance under Part B or E of Title IV of the Social Security Act (for certifications completed on or after 07/31/08)
<i>(If you answered yes, attach documentation of previous participation)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you or another member of your household is determined to be an ineligible student now or in the future, you may not be eligible for assistance. If we determine at any time after move-in that you are ineligible for assistance, we will notify you by providing a 30-day notice that your assistance will be terminated.

Warning to Applicants/Tenants: Your signature means that you agree with the following certification statement.

CERTIFICATION: I certify under penalty of perjury that the above information is true and accurate to the best of my knowledge. I understand that if I furnish false or incomplete information, 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 and my tenancy.

Resident/Applicant Signature

_____/_____/_____
Date

STUDENT SELF-CERTIFICATION



LANDLORD REFERENCE LETTER

By signing below, I authorize _____
 (Name of Property/Landlord)
 to release information regarding my rental history to Northwest Real Estate Capital Corp and to the property named to the right

Please return the following information within 10 days to:

Applicant's Name (print) _____

Applicant's Address at time of residency – City, State, Zip Code _____

Applicant's Signature _____ Date ____/____/____

Office Number: (____) _____ - _____

Fax Number: (____) _____ - _____

Landlord: Current Previous **Rent:** \$ _____ **Date of tenancy:** from _____ to _____

YES NO

- 1. Is this a HUD Section 8 property?
- 2. Are you a relative or friend of the applicant? If yes, what is your relationship? _____
- 3. Was this individual listed on the Lease?
- 4. Was the rent paid on time? If no, how many times was it late? _____
- 5. Is there an outstanding balance? If yes, what is the balance? \$ _____
Have payment terms been met? _____
- 6. Did the household keep the unit in a clean, safe and sanitary condition?
If no, please describe: _____
- 7. Did the household or their guests alter, damage or vandalize the unit or common areas?
If yes, please describe: _____
- 8. Did the household receive any lease violation notices?
If yes, please describe: _____
- 9. Would you rent to this individual again?
- 10. Do you recommend this individual to us as a future resident?

Overall, how would you rate this individual? Excellent Good Fair Poor

Other comments: _____

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).

Landlord signature _____

Date ____/____/____

Phone (____) _____ - _____



FAMILY/FRIEND RESIDENCY REFERENCE

By signing below, I authorize _____
(Name of Family/Friend)
to release information regarding my residential history to Northwest
Real Estate Capital Corp and to the property named to the right

Please return the following information within 10 days to:

Applicant's Name (print) _____

Applicant's Address at time of residency – City, State, Zip Code _____

Applicant's Signature _____ Date ____/____/____

Office Number: (____) _____ - _____

Fax Number: (____) _____ - _____

Please list the dates of residency the individual named above resided with you in the last 5 years

From ____/____/____ to ____/____/____
Mo Yr Mo Yr

From ____/____/____ to ____/____/____
Mo Yr Mo Yr

From ____/____/____ to ____/____/____
Mo Yr Mo Yr

What is your relationship to the individual named above? _____

YES **NO**

- 1. Do you reside at an apartment complex or have an established lease?
- 2. If answered Yes to # 1, is the individual listed on the lease?
- 3. If answered Yes to # 1, what is the name of the apartment complex? _____

Name _____

Date ____/____/____

(____) _____ - _____
Phone

