



Time Received: _____

Date Received: _____

RENTAL APPLICATION

Thank you for your interest in our apartments. Please complete all requested information in this packet.

Complex Name _____

City/State _____

Number of Bedrooms Desired: _____ Desired Date of Occupancy _____

PERSONAL INFORMATION

Applicants Full Name _____ SSN _____

Date of Birth _____

Co-Applicants Full Name _____ SSN _____

Date of Birth _____

<u>Other Residents</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>SSN</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Household Income (Gross) \$ _____ Child Care Expenses \$ _____

Assets _____ Checking _____ Savings _____ Other _____

Medical Expenses (if allowable) _____

Is applicant or co-applicant a full-time student _____ If yes, do you file a joint tax return _____

RESIDENCE HISTORY

PRESENT ADDRESS _____

Present Telephone _____ Length of Time at Present Address _____

Present Landlord _____

Complete Address _____ Phone Number _____

Amount of Rent \$ _____ Reason for Moving _____

PREVIOUS ADDRESS _____

Length of time at Previous Address _____

Previous Landlord _____

Complete Address _____ Phone Number _____

Amount of Rent \$ _____ Reason for Moving _____

EMPLOYMENT INFORMATION

EMPLOYED BY _____ HOW LONG? _____
Employer's Address _____ Phone No. _____
Position Held _____ Supervisor _____
CO-APPLICANT'S EMPLOYER _____ HOW LONG? _____
Employer's Address _____ Phone No. _____
Position Held _____ Supervisor _____

BANKING AND CREDIT REFERENCE

Bank _____ Branch _____
Checking Account Number _____ Savings Account Number _____
Credit Reference _____ Phone Number _____
Address _____ Account Number _____
Credit Reference _____ Phone Number _____
Address _____ Account Number _____
Credit Reference _____ Phone Number _____
Address _____ Account Number _____

To qualify for a deduction of \$400 from annual income, the tenant or co-tenant must be at least 62 years old or disabled. Do you qualify for this deduction? _____

Do you request a special handicapped accessible unit? _____

Have you ever been convicted of a felony? _____ If, yes please explain: _____

In case of personal emergency, notify: _____ Relationship: _____

Address _____ Telephone _____

Please read and initial each certification:

I Certify the apartment that I will occupy in this project is/will be my permanent resident. _____

I certify I do not and will not maintain a separate subsidized rental unit in a different location. _____

LIST THREE REFERENCES – NON RELATED (INCLUDE TELEPHONE NUMBER)

- 1.
- 2.
- 3.

I hereby make application for an apartment and certify that this information is correct, I authorize you to contact any reference herein listed and/or other inquires that management feels necessary in determining eligibility. (i.e. check with credit bureau, inquire with law enforcement, etc.)

APPLICANT'S SIGNATURE _____

CO-APPLICANT'S SIGNATURE _____

DATE SIGNED _____

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 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.

Ethnicity:

Hispanic or Latino: _____

Not Hispanic or Latino _____

Race: (Mark one 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 _____

Manager's Signature: _____ **Date:** _____