



List ALL persons who will live in the apartment, Listing Head of Household First:

**NAME                      RELATIONSHIP      BIRTHDATE    AGE      SOCIAL SECURITY NUMBER**

- 1. \_\_\_\_\_ Head of Household \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Name of anyone in this household that is a full-time student \_\_\_\_\_

**B. List all sources of income**

Name	Source of income	Amount \$
a. _____	Gross Social Security	Monthly \$ _____
b. _____	Gross Social Security	Monthly \$ _____
c. _____	Pension Source _____	Monthly \$ _____
d. _____	Pension Source _____	Monthly \$ _____
e. _____	Veterans Benefits	Monthly \$ _____
f. _____	SSI Benefits	Monthly \$ _____
g. _____	SSI Benefits	Monthly \$ _____
h. _____	Wages	Monthly \$ _____
i. _____	Other Income	Monthly \$ _____

Total gross annual income \$ \_\_\_\_\_

Do you anticipate any changes in this income in the next 12 months? \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

**C. Assets and Interest Income**

Bank \_\_\_\_\_ Checking # \_\_\_\_\_ Balance \$ \_\_\_\_\_ Interest Income \$ \_\_\_\_\_

Bank \_\_\_\_\_ Checking # \_\_\_\_\_ Balance \$ \_\_\_\_\_ Interest Income \$ \_\_\_\_\_

Bank \_\_\_\_\_ Savings # \_\_\_\_\_ Balance \$ \_\_\_\_\_ Interest Income \$ \_\_\_\_\_

Bank \_\_\_\_\_ Savings # \_\_\_\_\_ Balance \$ \_\_\_\_\_ Interest Income \$ \_\_\_\_\_

Bank \_\_\_\_\_ Trust # \_\_\_\_\_ Balance \$ \_\_\_\_\_ Interest Income \$ \_\_\_\_\_

Bank \_\_\_\_\_ Trust # \_\_\_\_\_ Balance \$ \_\_\_\_\_ Interest Income \$ \_\_\_\_\_

Bank \_\_\_\_\_ CDs # \_\_\_\_\_ Balance \$ \_\_\_\_\_ Interest Income \$ \_\_\_\_\_

Bank \_\_\_\_\_ CDs # \_\_\_\_\_ Balance \$ \_\_\_\_\_ Interest Income \$ \_\_\_\_\_

Credit U \_\_\_\_\_ Acct # \_\_\_\_\_ Balance \$ \_\_\_\_\_ Interest Income \$ \_\_\_\_\_

Credit U \_\_\_\_\_ Acct # \_\_\_\_\_ Balance \$ \_\_\_\_\_ Interest Income \$ \_\_\_\_\_

Savings Bonds # \_\_\_\_\_ Maturity Date \_\_\_\_\_ Value \$ \_\_\_\_\_

Savings Bonds # \_\_\_\_\_ Maturity Date \_\_\_\_\_ Value \$ \_\_\_\_\_

Whole Life Insurance Policy # \_\_\_\_\_ Face Value \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Real Property: Do you own any property? (Circle one) YES NO

If yes, what type of property \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Location \_\_\_\_\_

Appraised Market Value \$ \_\_\_\_\_

Mortgage or Outstanding Loans Balance Due \$ \_\_\_\_\_

Have you disposed of any other assets in the last 2 years (i.e. Given away money to relatives or set up irrevocable Trust Accounts? (Circle one) YES NO If yes, describe asset

\_\_\_\_\_ Date of disposition \_\_\_\_\_ Amount disposed \$ \_\_\_\_\_

Do you have any other assets not listed above (Excluding Personal Property)?

(Circle one) YES NO If yes, list \_\_\_\_\_

\_\_\_\_\_

**D. Medical Disability/Handicapped Assistance Expenses**

1. Medicare premiums monthly amount \$ \_\_\_\_\_
2. Medical Insurance Coverage-Name of Insurance Company  
\_\_\_\_\_  
Company premiums monthly amount \$ \_\_\_\_\_
3. An anticipated Medical/Drug/Prescription Costs NOT covered by insurance NOR re-imbursed monthly amount \$ \_\_\_\_\_
4. Medical Bills or outstanding costs you are making monthly payments for:  
Balance due \$ \_\_\_\_\_ Monthly payments \$ \_\_\_\_\_  
Payable to: \_\_\_\_\_
5. Are you seeing a physician regularly? (Circle one) YES NO  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Projected costs NOT covered by insurance NOR reimbursed for the next 12 months \$ \_\_\_\_\_
6. Any other medical expenses. List type and amounts:  
  
Type: \_\_\_\_\_ Amounts \$ \_\_\_\_\_  
Type: \_\_\_\_\_ Amounts \$ \_\_\_\_\_

**E. Program information**

1. Are you applying for status as (circle one) Elderly-meaning 62 or older, Handicapped, or disabled as defined by FmHA? Eligibility for handicap/disabilities must be verified by a qualified agency (like Social Security Administration) or medical doctor.
2. Would you or anyone in your household benefit from a handicapped unit? \_\_\_\_\_
3. If so, would you like to request priority for an adapted unit? \_\_\_\_\_
4. Are you currently living in subsidized housing? \_\_\_\_\_
5. Have you ever resided in a project financed and/or subsidized by the Govt.? \_\_\_\_\_
6. Have you ever been evicted from your residence? \_\_\_\_\_ If yes, where, when, and describe reasons \_\_\_\_\_
7. Have you ever been convicted of a felony? \_\_\_\_\_
8. Are you currently using illegal drugs? \_\_\_\_\_
9. Have you ever been convicted of sale, distribution or possession of illegal drugs? \_\_\_\_\_
10. Are you now or will you become a part or full time student prior to move-in? \_\_\_\_\_
11. How did you hear about Crown Colony? \_\_\_\_\_
12. Briefly describe your reasons for applying \_\_\_\_\_

**F. Reference information: Must be filled COMPLETELY out. (No duplication of names)**

**Current Landlord: Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Bus Phone** \_\_\_\_\_

**Previous rental information: Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Bus Phone** \_\_\_\_\_

**G. Credit references (3 required)**

1. **Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

2. **Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

3. **Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**H. Personal non-related credit references: (3 Required)**

1. **Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

2. **Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

3. **Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ If yes, describe \_\_\_\_\_

**I. Certification authorization**

**Certification**

**I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location.**

**I/We further certify that this will be my/our permanent residence.**

**I/We understand that my eligibility for housing will be based on Rural Development income limits and by Crown Colony Housing selection criteria.**

**I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.**

**I/We possess the capacity to enter into a legal contract. If not, who does have the capacity to act on your behalf? \_\_\_\_\_**

**Signature:**

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Tenant

\_\_\_\_\_  
Date

**J. Authorization**

**I/We do hereby authorize Crown Colony Housing and its staff or authorized representative to contact any agencies, local and state police departments, offices, groups, public websites or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in Crown Colony. I further authorize the management agent and/or site manager to verify all information listed on this application.**

**I/We understand that credit and or criminal history check may be part of the application review process.**

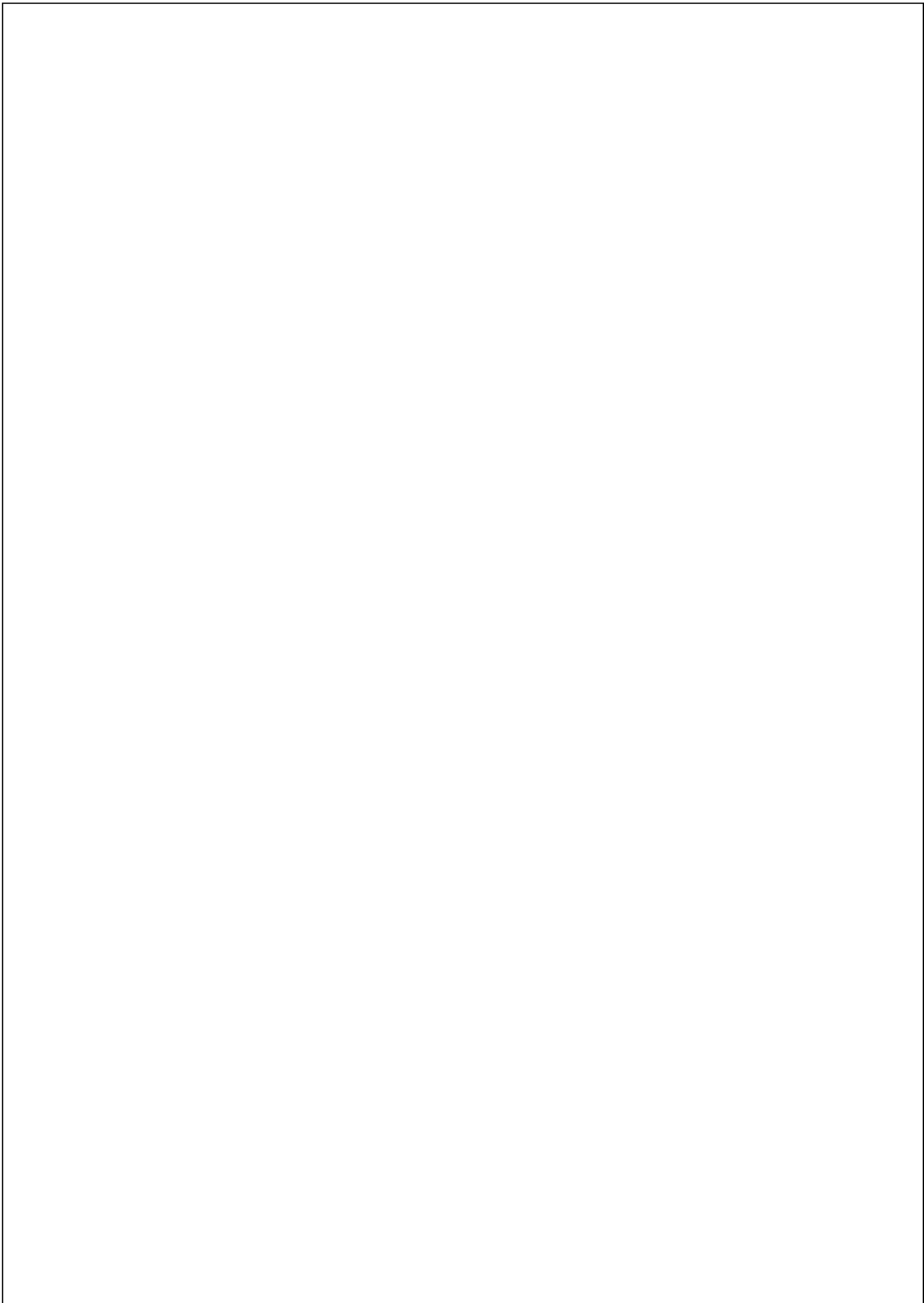
**Photo copies of this authorization may be made for use in providing authorization for obtaining the above information.**

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Tenant

\_\_\_\_\_  
Date



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**FAMILY HOUSEHOLD COMPOSITION:**

"The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through the USDA Rural Development Administration, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap 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 national origin and sex of the individual applicants on the basis of visual observation or surname."

***Household Member Name***

***Race/National Origin***

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(1-White. Non-Hispanic) (2-Black, Non-Hispanic) (3-Asian. Pacific Islander) (4-American Indian. Alaskan Native) (5-Hispanic)



## Full Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation *for prior civil rights* activity, in any program or activity conducted or funded *by USDA (not all bases apply to all programs)*. *Remedies and complaint filing deadlines vary by program or incident*

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW Washington, D.C. 20250-9410:
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.