



Freestone Apartments  
2173 West Harrison  
Laramie, WY 82070

## APPLICATION & RESIDENT SELECTION INFORMATION

*Note to applicant: This page is for you to retain in reference to our resident selection criteria found at [www.blpmc.com/freestone](http://www.blpmc.com/freestone).*

**Completed applications should be returned to:**

Mailing Address: <i>Freestone Apartments PO BOX 212 Laramie, WY 82073</i>	Email Address: Freestone@blpmc.com Phone number: 1-307-314-3397	Fax Number: 1-307-464-7138
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All household members need to be listed on the application, including minors.

The application **must be signed by ALL adult household members** and the following **must be included** for the application to be accepted:

- Copies of picture identification for all occupants age 18 and older.
- Copy of most recent 6 consecutive pay-stubs or most current Award Letter.

### Application Instructions

- Page 2 and 3: please put the Household member's number from page 1 into the first column. Example: 1 and 2 are employed.
- Please put the legal business name of the Employment Agency in the 3rd column on page 2.
- If there are more than two adult household members please fill out additional releases (page 7).
- If you are unable to legibly input all data in provided sections please use page 7 for additional needed information.
- Please be sure to use the same color ink throughout entirety of application.
- Section B on student status page ONLY needs to be filled out if ALL household members are full time students.
- If a mistake is made please cross out with one line and initial. White out can not be accepted.
- If a household member is pregnant please list anticipated addition on Household Members (page 1).
- Altered versions of this application can not be accepted.

Official Application Approval time varies on the timeliness the application and support documents are returned to leasing agent, however, BlueLine commits to responding to status inquiries within three (3) business days.

**BlueLine** is committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act. If you require assistance in the form of readers, interpreters, large print or any other way to enable you to fully participate in our housing program, please let us know and we will assist you to the fullest extent feasible.

USDA is an equal opportunity provider, employer and lender.  
To file a complaint of discrimination, write USDA, Director, Office of Civil Rights,  
1400 Independence Ave., S.W., Washington D.C. 20250-9410



Or call (800)795-3272(voice) or (202)720-6382 (TDD)



**OFFICE USE ONLY**

<b>Please Return Application to:</b> Freestone Apartments 2173 West Harrison Laramie, WY 82070 <b>freestone@blpmc.com</b>	Date Rec'd		Annual Income		# Occupants	
	Time Rec'd		Set Aside %		App. Fee Paid	
	Manager Signature:				Background CK ran	

**APPLICATION FOR HOUSING FOR FREESTONE APARTMENTS**

**NOTE TO APPLICANT:** In order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for the housing program.  
**Providing false information may result in loss of your housing.**

Head of Household Applicant Name:		Home Telephone Number:
Mailing Address:	Apartment Number:	City, State, Zip Code:
Email Address:	Apartment size requested:      2 bedroom      3 bedroom	

**HOUSEHOLD**

*List yourself and anyone who will live with you within the next 12 months. Be sure to include members temporarily away from home, including but not limited to; dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.*

**Please list household members starting with Head of household on line 1, then in order of oldest to youngest.**

	Last Name, First Name	Relationship to Head of Household	Birth Date	Age	Social Security Number (FULL)	VOLUNTARY HUD TENANT DATA COLLECTION*			
						Race	M/F	Ethnicity	Disabled
1.		Head							
2.									
3.									
4.									
5.									
6.									
7.									
8.									

**VOLUNTARY HUD TENANT DATA COLLECTION**

Race	Gender	Ethnicity	Disability
1 = American Indian or Alaska Native	M = Male	Hispanic or Latino = 1	Y = Yes
2 = Asian	F = Female	Not Hispanic or Latino = 2	N = No
3 = Black or African American	*General Instructions: This section is to be completed by applicants and residents in housing assisted by the Department of Housing and Urban Development. Owner and agents are required to offer the applicant/resident the option to complete this section. There is no penalty for persons who do not wish to complete this form. However, the owner or agent will place a note in the tenant file stating the applicant//resident refused to complete the form. Parents or guardians are to complete the form for children under the age of 18. The Office of Housing has been given permission to use this section for gathering race and ethnic data in assisted housing programs.		
4 = Native Hawaiian or Other Pacific Islander			
5 = White			
6 = Other			
7 = N/A or do not wish to answer			

## INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home. Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

	Does anyone in the household receive the following:	Yes	No	What household member # from page 1 (ie. #1 #2)	What is the <u>gross</u> monthly amount?	Employer Agency Contact Person	Phone / Fax
<b>1.</b>	Wages through employment						
	Wages through employment						
	<input type="checkbox"/> Check here for additional employment						
<b>2.</b>	Unemployment Benefits						
<b>3.</b>	Self Employment Income						
<b>4.</b>	Military Pay						
<b>5.</b>	Workman's Compensation						
<b>6.</b>	Severance Pay						
<b>7.</b>	Retirement Income						
<b>8.</b>	Pension Income						
<b>9.</b>	Social Security						
<b>10.</b>	Supplemental Security Income (SSI)						
<b>11.</b>	Veteran Affairs Benefits (VA)						
<b>12.</b>	Public Assistance (AFDC/TANF)						
<b>13.</b>	Child Support						
<b>14.</b>	Alimony						
<b>15.</b>	Family Support/Recurring Gift						
<b>16.</b>	Annuities						
<b>17.</b>	Insurance Policy Income						
<b>18.</b>	Disability or Death benefits (other than SSI)						
<b>19.</b>	Per Capita						
<b>20.</b>	Permanent Fund Dividend (PFD)						
<b>21.</b>	Income from Rental Property						
<b>22.</b>	Other Sources of Income						
<b>23.</b>	<b>a. Does anyone expect any changes in income within the next 12 months?</b>			<b>b. If yes, what changes are expected?</b>			
<b>24.</b>	a. Does any adult member have zero income?			b. If yes, which member(s)?			
<b>25.</b>	a. <i>Previous</i> Employment: Please list any jobs held in the past 12 months. b. If none, check here <input type="checkbox"/> .	c. Please list the adult(s): d. Place of Employment: e. Gross monthly income: f. Dates Employed:					

## ASSET INFORMATION

*Please read each question carefully, answer each question completely and be prepared to verify items checked yes. The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.*

	Does anyone in the household have any of the following:	Yes	No	What household member # from page 1 (ie. #1, #2)	If yes, what is the current cash value?	Bank Name	Bank Contact information
26.	Checking						
27.	Savings						
28.	Re-loadable income card						
29.	Cash on hand						
30.	Certificates of Deposit (CD)						
31.	Money Market Funds						
32.	Stocks/Bonds						
33.	Treasury Bills						
34.	IRA/Keogh Accounts						
35.	Company Retirement Accounts						
36.	Pension Funds						
37.	Trust Accounts						
38.	Cash held in a safety deposit box, etc.						
39.	House/Real Property						
40.	Rental Property						
41.	Life Insurance				<input type="checkbox"/> Term <input type="checkbox"/> Whole    If whole life, value: _____		
42.	Other investments						
43.	Has anyone in the household disposed of any assets in the last two years			Explain:			
44.	Inheritance						
45.	Lottery Winnings						
46.	Insurance Settlements						
47.	Workman's Compensation Settlement						
48.	Social Security Settlement						
49.	Unemployment Compensation Settlement						
50.	VA Disability Settlement						
51.	Severance Pay						
52.	Capital Gains						
53.	Other						

### ADDITIONAL INFORMATION

		Yes	No
54.	Do you anticipate any changes in the size of your household <i>within the next 12 months</i> ?		
55.	Will anyone <u>under</u> age 18 listed on this application live in the unit <i>less than 50%</i> of the time in the next 12 months? If so, who?		
56.	Does any member in your household have a disability <u>and</u> require a live-in care attendant?		
57.	Is any adult member of your household separated, but not divorced?		
58.	Will your household be receiving Section 8 rental assistance at the time of move in?		
59.	Will your household be eligible/are you applying to receive section 8 assistance in the next 12 months?		
60.	a. Have you or any member of the household ever been arrested? If yes, who?		
	b. Did the arrest result in a conviction? If yes, was the conviction a <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	N/A	N/A
61.	Have you or any member of the household ever been evicted from any housing?		
62.	Have you ever filed for bankruptcy?		
63.	Is there any reason you would not be able to take an apartment when one is available?		
64.	After moving in, will you have any <i>other</i> primary places of residence?		
65.	Do you own your own home?		
66.	Are you in the process of selling a home?		

### HOUSING INFORMATION

Current Landlord		Prior Landlord	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
How long?		How long?	
<b>In Case of Emergency, Notify</b>		<b>How did you hear about us?</b>	
		<input type="checkbox"/> online advertising, please list: <input type="checkbox"/> referral <input type="checkbox"/> drive-by/signage <input type="checkbox"/> newspaper <input type="checkbox"/> flyer <input type="checkbox"/> other: _____	
Name:			
Address:			
Phone:			
Relationship:			

I/We certify that if selected to move into this project, the unit occupied will be my/our only residence. I/We understand that the above information is being collected to determine eligibility for income restricted income units. Federal regulations require that in order for a household to be eligible for this type of housing, the income of the household, as well as their assets must not exceed certain established limits. I/We authorize the Agent to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. **I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law.** I/We understand I/We must pay a security deposit for this apartment prior to occupancy.

**ALL ADULTS LISTED ON THIS APPLICATION MUST SIGN AND DATE BELOW:**

(Signature of Applicant/Resident)	(Printed Name of Applicant/Resident)	(Date)
(Signature of Co-Applicant/Resident)	(Printed Name of Co-Applicant/Resident)	(Date)

## STUDENT STATUS FORM

*(Each adult household member must sign the student status form)*

A **full-time student** is any individual who is currently enrolled in an educational institution (elementary school or higher) on a full-time basis, expects to be enrolled within the next 12 months, or has been enrolled on a full-time basis for at least 5 months (consecutive or not) out of the current calendar year.

**List everyone living in the apartment as listed on page 1 of this application.**

Household Member	Name	Not a Student	Student		Expects to become a student within 12 months	If part or full time, school attending:
			Part Time	Full-Time		
1.	Head					
2.						
3.						
4.						
5.						
6.						
7.						
8.						

**A) If the household contains ALL FULL-TIME students, please complete 1-5 below. Otherwise, skip B) and sign the bottom of this form.**

Check all the student exceptions that are applicable to your household (proof of the exception MUST be provided):*		Yes	No
1.	Are the students married and entitled to file a joint tax return? ( <i>attach marriage certificate or tax return</i> )		
2.	Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent? ( <i>attach student's most recent tax return or a certification of dependent children</i> )		
3.	Is at least one student receiving assistance under title IV of the Social Security Act such as TANF (Temporary Assistance to Needy Families) or AFDC? (Aid to Families with Dependent Children)		
4.	Is at least one student enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar Federal, State, or local laws? ( <i>Attach verification of participation</i> )		
5.	Does the household consist of at least one student who was previously under foster care?		

Full time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. **The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement and may be subject to criminal penalties. I also understand that I am to immediately report any changes in my student status to the management.** I understand that changes in my student status may affect my eligibility to participate in this program.

(Signature of Applicant/Resident)	(Printed Name of Applicant/Resident)	(Date)
(Signature of Applicant/Resident)	(Printed Name of Applicant/Resident)	(Date)
(Signature of Applicant/Resident)	(Printed Name of Applicant/Resident)	(Date)
(Signature of Applicant/Resident)	(Printed Name of Applicant/Resident)	(Date)

<b>Property Name:</b>	Freestone Apartments 2173 W. Harrison	<b>Laramie, WY 82070</b>	307.314.3397
<b>Applicant/ Resident:</b>		<b>Applicant/ Resident:</b>	

Please see the attached verification form. The referenced individual is applying/recertifying for residency at a community that is regulated by the LIHTC, HOME, or RD programs, which require that we obtain written confirmation of the projected annual gross earnings for the next twelve (12) months of all applicants / residents.

To comply with this regulation, we ask that you complete and return the attached verification via fax or mail at the shown number or address on the attached form. The information will be used solely for the determination of residency eligibility under the applicable program(s). We appreciate your timely response in completing this verification. If you have any questions regarding the needed information, please do not hesitate to telephone our leasing office at the number given above.

**THIS SECTION TO BE COMPLETED BY APPLICANT / RESIDENT**

I/We hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to said property above for purposes of verifying information on my/our housing rental application.

**TERMS AND CONDITIONS**

I/We understand that current or previous information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, assets, student status, medical or child care allowances, and utility information. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued residency participation as a Qualified Resident.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Credit Bureaus
- Past and Present Employers
- State Unemployment Agencies
- Current and Previous Landlords
- Public Housing Agencies
- Support and Alimony Providers
- Welfare Agencies
- Educational Institutions
- Social Security Administration
- Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and Financial Institutions
- Utility Provider
- Departments of Health
- Medicaid/Medicare Offices
- Division of Healthcare Financing
- Public Assistance Agencies

**I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect until revoked in writing and submitted to said property above.**

\_\_\_\_\_  
*Applicant/Resident Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Applicant/Resident Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Social Security Number*

“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 disclosure 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).\*\*”



