



RENTAL APPLICATION FOR AFFORDABLE HOUSING

Property Name: _____ (Please print clearly)
 All persons 18 years or older (Unless deemed otherwise by local jurisdiction) must complete a separate application.

FOR OFFICE USE ONLY					
Approved: _____		Declined: _____		Date Notified: _____	
Agent: _____					
Apartment Number: _____		Revised Apartment Number: _____		Apartment Size: _____	
				Move-in Date: _____	
Security Deposit: _____		Application Fee: _____		Lease Term: _____	
				Monthly Rent: _____	
				Revised Monthly Rent: _____	
Concession if Applicable: _____					

APPLICANT INFORMATION	
Full Name (Last, First, Middle): _____	Social Security Number: _____
Date of Birth: _____	Sex: _____
Married Status: _____	Vehicle(s): Make/Color/License Plate: _____
Driver's License Number: _____	Telephone Number: _____
Pets: _____	Size of Pet: _____
Student Status: _____	Email Address: _____
How did you hear about our community? _____	

OTHERS TO RESIDE IN THE APARTMENT AND/OR WHO MAY BE JOINING THE HOUSEHOLD IN THE NEXT 12 MONTHS					
FULL LEAGAL NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SEX	STUDENT	OCCUPATION



RENTAL – Minimum of 24 months of rental/mortgage history			
Name of Current Landlord:	Monthly Rent:	Dated Moved In:	Date Moved Out:
Street Address:		Telephone Number:	
City:		State:	Zip Code:
PREVIOUS LANDLORD – (Immediately prior to current landlord)			
Name of Current Landlord:	Monthly Rent:	Dated Moved In:	Date Moved Out:
Street Address:		Telephone Number:	
City:		State:	Zip Code:

ANNUAL INCOME				
DO YOU HAVE INCOME FROM OR EXPECT TO HAVE INCOME:				
Employment	YES	NO	\$	
Self- Employment	YES	NO	\$	
Rental Income	YES	NO	\$	
Social Security/Pensions	YES	NO	\$	
Retirement Annuity	YES	NO	\$	
Contributions from Friends/Family	YES	NO	\$	
Scholarships/Grants/Work Study	YES	NO	\$	
Unemployment	YES	NO	\$	
Workman’s Compensation	YES	NO	\$	
Court Ordered Child Support/Alimony	YES	NO	\$	
Do you receive Child Support/Alimony	YES	NO	\$	
TANF/AFDC	YES	NO	\$	
Veteran’s administration	YES	NO	\$	
Other:	YES	NO	\$	
Other:	YES	NO	\$	
ASSETS				
List all assets for you and anyone else in the household under the age of 18 that you hold account for:				
Listing of All Assets	Cash Value		Annual Interest or earnings from assets	Name of Financial Institution/Description of Asset
Checking Account(s)	Y	N	\$	\$
Savings Account(s)	Y	N	\$	\$
Stocks/Bonds	Y	N	\$	\$

ASSETS					
CD/Money Market	Y	N	\$	\$	
Mutual Funds	Y	N	\$	\$	
IRA/401K Account(s)	Y	N	\$	\$	
Trust Funds	Y	N	\$	\$	
Do you currently own a home or have you within the last two years?	Y	N	\$	\$	
Other	Y	N	\$	\$	
Other	Y	N	\$	\$	

EMERGENCY CONTACT Not living with you (preferably a relative over the age of 18 years):	
Name:	Relationship
Address: (Include City, State)	Telephone Number:

BACKGROUND INFORMATION	
Have you or any other prospective residents or occupants listed on this Application ever (check if applicable; you represent the answer is "NO" if you have not checked any item below):	
Been evicted or asked to move out? Y/N	Broken a rental agreement or lease contract? Y/N
Been or are currently delinquent to a previous landlord? Y/N	Declared bankruptcy; if so when? Y/N
Been convicted for either a Felony, a sex-related offense or a Misdemeanor: Y/N If yes, Please Explain:	Received deferred adjudication for either a Felony, a sex related offense or a Misdemeanor: Y/N If yes, Please Explain:
Been arrested for any crime which has not been fully adjudicated (by dismissal, acquittal deferred adjudication or conviction)? Y/N If yes, Please Explain:	

By signing this application for residency, I acknowledge the following:

In the event that the Applicant becomes a resident in the Owner's apartment community, Applicant's execution of this Application shall authorize the Owner, in the event of the Applicant's death to; (i) grant to the person designated as the emergency contact above access to the Applicant's unit at a reasonable time and in the presence of the Owners agent; (ii) allow this person to remove any of the Applicant's property or any other contents found in the Applicant's unit or any of the applicants property located in the mailbox, storerooms or common areas; (iii) refund the applicant security deposit, less lawful deductions, to this person. Applicant also authorizes the Owner to allow this person access to remove all contents of the unit as well as property in the mailbox, storerooms and common areas in the event that Applicant becomes seriously ill.



AUTHORIZATION: Applicant represents that all the above information is true and complete and authorizes the verification of the same and the performance of a credit check on Applicant as appropriate by all available means. In the event that Applicant provides false or misleading information in the Application, Owner shall have the right to automatically reject this Applicant and the investigation consumer report includes information as to character, general reputation, personal characteristics, and mode of living whichever are applicable, of the Application may be made and that any person on which an investigation consumer report will be made has the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and also has the right to request in written summary of the person's right under Th Fair Credit Reporting Act.

Applicant hereby authorizes the Owner or the Owner's Agent to obtain and hereby instructs any consumer reporting agency designated by Owner or Owner's Agent to furnish a consumer report under The Fair Credit Reporting Act to Owner or Owner's Agent to use such consumer report in attempting to collect any amount due and owing under this Application, the Applicant's lease (to be executed after Application approval) or for any other permissible purpose.

OWNER:

APPLICANT:

Signature

Date

Signature

Date

Name Printed

Name Printed

Application Deposit and Non-Refundable Fee(s):

Simultaneously with the execution of the application, Applicant has paid an application fee in the amount of \$ **26.00**. Total amount paid \$ _____.

SECURITY DEPOSIT: If my application is accepted, I understand the application deposit (for the Premises) will become my refundable security deposit upon meeting the terms of the lease and the community rules and regulations. If for any reason management decides to decline my application, then management will refund this good faith deposit, excluding the application fee, to me in full. If this application is approved, and I fail to occupy the premises on the agreed upon date, except for the delay caused by construction or the holding over of a prior resident, I understand that management will assess damages against the deposit for the amount of the rental loss of expenses incurred due to my cancellation. As these costs are difficult to ascertain I agree to forfeit the premises security deposit as liquidated damages for the apartment I agree to occupy. A credit, eviction and criminal background check will be done in order to qualify for residency. I have received, read and understand the resident selection policy for the property at which I am applying. I hereby authorize the release of the information requested, including release of information by any bank or savings and loan, employer (present and former), and any lender. The application fee is not refundable at any time.

Application Deposit Credited to Security Deposit

In the event that this application is approved by Owner and Applicant meets all other conditions of occupancy, executes an Apartment Lease Agreement with Owner as and when required by Owner, the Application Deposit shall be credited towards the security deposit identified in the Lease.



Application Deposit Refunded and Returned

If this application is denied, the Application Deposit will be refunded to the Applicant. If the Applicant is required to pay an additional application deposit in order to qualify for occupancy, the Applicant shall be deemed conditionally accepted prior to the payment of such additional application deposit. If the Applicant fails to pay the additional Deposit, the application will be considered as rejected and the original application deposit will be refunded to the applicant.

Application Deposit Retained by Owner

Owner shall be entitled to retain the application deposit as liquidated damages; in which case, all further obligations to lease the premises to Applicant shall be terminated if: (i) the Application is withdrawn, for any reason, after signing the Application has provided false or misleading information within the Application.

APPLICANT:

Signature

Printed Name

Date

ANNUAL STUDENT CERTIFICATION

Recertification Date: _____
 Move-in Date: _____
(MM/DD/YYYY)

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit Number: _____
 _____ Building Address: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.
- B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART TIME student(s). Verification of part time student status is required for at least one occupant.
- C. _____ Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

1. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return) YES NO
2. Is at least one student a single-parent with child(ren) *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return) YES NO
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes) YES NO
4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation) YES NO
5. Does the household consist of at least one student who was under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) YES NO

Full-time student households that are income eligible and satisfy one 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 ineligible.

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. 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.

All household members age 18 or older must sign and date.

Signature	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to “self certify” during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household’s file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant 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 form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.