



Application for Rental

Revision Date: April 2009

**APPLICATION WILL NOT BE PROCESSED
UNTIL COMPLETED IN FULL**



Return to: _____

Office Phone: _____
TTY Phone: USA Relay (800) 877-1113

Management Use Only:

Complete (Pre-) Ap Received: _____
(Date & Time)

Applicant Name _____
*Current Address _____
City, State ZIP _____
Home/Cell Phone Number _____
Work Phone Number _____
Email Address _____
Drivers License # With State _____
States of Residency _____
Social Security Number _____
Date of Birth _____

Co-Applicant Name _____
*Current Address _____
City, State ZIP _____
Home/Cell Phone Number _____
Work Phone Number _____
Email Address _____
Drivers License # With State _____
States of Residency _____
Social Security Number _____
Date of Birth _____

Please list names and ages of all additional household members (persons 18 and older must complete full application):

Name	SSN	DOB	Name	SSN	DOB
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please explain all "Yes" answers on a separate page.

- Does anyone live in your household now who is not listed? Yes No
- Does anyone plan to live in the household in the future who is not listed (i.e. in the military, away at school, is anyone pregnant)? Yes No
- Are all members of your household currently attending school, either full-time or part-time, or plan to attend during the next year? Yes No
- Are any minors listed above legal dependents of someone who is not in the household? Yes No
- Does anyone in the household have pets or assistance animals? Yes No
- Does any member of the household have special housing needs (i.e. wheelchair accessible unit, flashing fire alarm, etc)? Yes No
- Is anyone in the household currently involved in, or have ever been convicted of, a misdemeanor or felony? Yes No
- Is anyone in the household a current user/abuser of an illegal controlled substance? Yes No
- Has anyone in the household ever been involved in any of the following crimes: violence, firearms violations, illegal drugs, theft, vandalism, disorderly conduct, disturbing the peace, assaults or stalking, ? Yes No
- Have any members listed here been convicted of any crime involving physical violence to persons or property at any time, including any form of sexual assault, rape, or sexual contact? Yes No
- Are you or any member of your household required to register your address or other information pursuant to a Sex Offender Registration Law of any state? Yes No
- How did you hear about our Apartment/Townhome Community? _____

ESTIMATED HOUSEHOLD INCOME

Applicant	Co-Applicant
Employer Name _____	Employer Name _____
Address _____	Address _____
Phone Number _____	Phone Number _____
Rate per Hour _____ Hours per Week _____	Rate per Hour _____ Hours per Week _____
Annual Income _____	Annual Income _____
Month & Year Hired _____	Month & Year Hired _____

Does household have income other than what is listed here? Please explain on a separate page. Yes No

RENTAL HISTORY

*Note: Addresses will be compared to those listed on credit report; additional documentation may be needed to verify identity.

Applicant

Co-Applicant

*Current Landlord _____
Phone Number _____
Month/Year Moved In: _____
Present Monthly Rent: _____
Reason for Moving: _____
Have You Given Notice? _____

*Current Landlord _____
Phone Number _____
Month/Year Moved In: _____
Present Monthly Rent: _____
Reason for Moving: _____
Have You Given Notice? _____

Previous Landlord _____
Phone Number _____
*Rental Address _____
City, State ZIP _____
Dates of Occupancy: _____
Monthly Rent: _____
Reason for Moving: _____

Previous Landlord _____
Phone Number _____
*Rental Address _____
City, State ZIP _____
Dates of Occupancy: _____
Monthly Rent: _____
Reason for Moving: _____

Are you or have you ever been evicted? If Yes, please explain on a separate sheet of paper. Yes No

Are you or any member of your household currently receiving Rental Assistance? Yes No

If yes, Which kind? Project Based Assistance at: _____ Apts
Housing Choice Voucher with: _____ Housing Authority
Other: _____

EMERGENCY CONTACT

Name _____ Home Telephone Number (_____) _____
Mailing Address _____ Work Telephone Number (_____) _____
City, State ZIP _____ Relationship _____

Is this person authorized to enter your home in the event of an emergency? Yes No

SIGNATURE AND CONSENT

I/We certify that the apartment unit will be a permanent residence, and I/we further certify that if the complex stated is funded by HUD or Rural Development I/we do/will not maintain a separate rental unit in a different location. I/We hereby authorize the landlord to make a check of my/our criminal history and credit history and authorize the credit bureau and my/our financial institutions and references to release information to the landlord. I/We further agree to release and hold harmless the landlord from any damages or liability resulting from the use of such information. I/We declare that the statements contained in this application are true and complete to the best of my/our knowledge. I/We hereby authorize the release of any information contained herewith to determine my/our eligibility for this housing. I/We certify that the above information is true and complete. I/We understand that the above information may be collected to determine my/our eligibility for federal programs and is subject to verification. These programs may include, but are not limited to, the US Dept of Housing and Urban Development, the USDA Rural Development, and/or the Low Income Housing Tax Credit Program. It is the managements aim to ensure that this apartment community is a drug-free/crime-free zone. The use and sale of controlled substances will not be tolerated. By signing this application form, I/we verify my/our support for this policy.

WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

All household members 18 years of age or older must sign below.

Applicant Date Co-Applicant Date

Head of Household – Optional – See Below

To File a Complaint of Discrimination:

- | | | | | |
|---|---|-----------------------------------|---------------------------|-------------------------------------|
| Race: | Ethnic Group: | Gender: | RD Property | HUD Property |
| <input type="checkbox"/> Declined to Report | <input type="checkbox"/> Declined to Report | <input type="checkbox"/> Declined | USDA, Director | US Dept of HUD |
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Male | Office of Civil Rights | 633 – 17 th Street |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Non-Hispanic or Latino | <input type="checkbox"/> Female | 1400 Independence Ave SW | Denver, CO 80202-3690 |
| <input type="checkbox"/> Asian | | | Washington, DC 20250-9410 | Email: Complaints_office-08@hud.gov |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | | | Office: (800) 795-3272 | Office: (800) 877-7353 |
| <input type="checkbox"/> American Indian/Alaskan Native | | | TDD: (202) 720-6382 | TTY: (303) 672-5248 |

The information solicited on this application regarding sex and race (ethnic group) is requested by the apartment owner in order to assure the Federal Government 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 individual applicants on the basis of

“This Institution is an Equal Opportunity Provider & Employer”