

## RENTAL APPLICATION

Property: «community» «community_address_line1» «community_address_line2» «community_address_line3» «community_city». «community_state». «community_zip»	Received by: _____ Credit Check: _____ Criminal History: _____	Date/Time Received: _____ Home Visit: _____ Prior Landlord: _____
Head of Household «full_name» Age _____ Date of Birth _____ Soc Sec # _____ Spouse/Co-Head _____ Age _____ Date of Birth _____ Soc Sec # _____	Unit Sizes Requested (Please Check All That Apply & Indicate 1 <sup>st</sup> and 2 <sup>nd</sup> Preference): 1-BR <input type="checkbox"/> 2-BR <input type="checkbox"/> 3-BR <input type="checkbox"/> 4-BR <input type="checkbox"/>	

### RESIDENCE INFORMATION

NOTE: YOU MUST PROVIDE RESIDENCE HISTORY FOR THE LAST THREE YEARS.

<u>Head of Household</u>	
Present Address	«address_line1»
«address_line2», «address_line3», «city», «state», «zip»	
Home Phone	«contact_phone»
Length of Residence: From:	To:
Homeowner: Yes:	No:
Present Rent (Monthly)	\$ _____
Present Utilities (Monthly)	\$ _____
Current Landlord Name	_____
Address	_____
Telephone #	_____
Previous Address	_____
Residence: From:	To:
Previous Landlord Name	_____
Address	_____
Telephone	_____

<u>Spouse/Co-Head of Household</u>	
Present Address	_____
_____	
Home Phone	_____
Length of Residence: From:	To:
Homeowner: Yes:	No:
Present Rent (Monthly)	\$ _____
Present Utilities (Monthly)	\$ _____
Current Landlord Name	_____
Address	_____
Telephone #	_____
Previous Address	_____
Residence: From:	To:
Previous Landlord Name	_____
Address	_____
Telephone	_____

### EMPLOYMENT STATUS

<u>Head of Household</u>	
Employer	_____
Address	_____
Telephone	_____
Employed From:	To:
Monthly Salary	_____

<u>Spouse/Co-Head of Household</u>	
Employerall	_____
Address	_____
Telephone	_____
Employed From:	To:
Monthly Salary	_____

### OTHER INCOME SOURCES (MONTHLY)

<u>Head of Household</u>	
Social Security	\$ _____
SSI	\$ _____
Pension	\$ _____
Welfare/AFDC	\$ _____
Support Payments	\$ _____
Interest	\$ _____
Dividends	\$ _____
Other	\$ _____

<u>Spouse/Co-Head of Household</u>	
Social Security	\$ _____
SSI	\$ _____
Pension	\$ _____
Welfare/AFDC	\$ _____
Support Payments	\$ _____
Interest	\$ _____
Dividends	\$ _____
Other	\$ _____

## VALUATION OF ASSETS

<u>Head of Household</u>	
Stocks	\$
Bonds	\$
Real Estate	\$
Savings Account	\$
Checking Account	\$
Life Insurance	\$
Other	\$

<u>Spouse/Co-Head of Household</u>	
Stocks	\$
Bonds	\$
Real Estate	\$
Savings Account	\$
Checking Account	\$
Life Insurance	\$
Other	\$

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD DISPOSED OF ANY ASSET(S), (I.E., PROPERTY, HOUSE, MONEY, JEWELRY) VALUED AT \$1000 OR MORE, IN THE PAST TWO YEARS, FOR LESS THAN THE FAIR MARKET VALUE OF THE ITEM(S) ?      YES       NO

## ALLOWANCES

<u>Head of Household</u>		
Hospitalization/Medical Insurance	\$	per month
Child Care	\$	per month
On-Going Medical Expenses	\$	per month

<u>Spouse/Co-Head of Household</u>		
Hospitalization/Medical Insurance	\$	per month
Child Care	\$	per month
On-Going Medical Expenses	\$	per month

## ELIGIBILITY

DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD REQUIRE A UNIT SPECIFICALLY DESIGNED FOR THE MOBILITY AND/OR SENSORY IMPAIRED?    YES       NO

IS THERE A HANDICAP OR DISABILITY YOU WISH TO CLAIM IN ORDER TO ESTABLISH ELIGIBILITY?    YES       NO

DO YOU WISH TO CLAIM PREFERENCE AS A DISPLACED PERSON AS PER THE RESIDENT SELECTION PLAN?    YES       NO

## CREDIT REFERENCES (List Three)

<u>Head of Household</u>	
Name	
Address	
Telephone	
Name	
Address	
Telephone	
Name	
Address	
Telephone	

<u>Spouse/Co-Head of Household</u>	
Name	
Address	
Telephone	
Name	
Address	
Telephone	
Name	
Address	
Telephone	

## OTHERS LIVING IN HOUSEHOLD

(1)	Name	Age	Soc. Sec.#		(4)	Name	Age	Soc. Sec.#
(2)	Name	Age	Soc. Sec.#		(5)	Name	Age	Soc. Sec.#
(3)	Name	Age	Soc. Sec.#		(6)	Name	Age	Soc. Sec.#

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER HAD RENT ASSISTANCE OR TENANCY IN A SUBSIDIZED HOUSING PROGRAM TERMINATED FOR FRAUD, NON-PAYMENT OF RENT, OR FAILURE TO COOPERATE WITH RECERTIFICATION PROCEDURES?

YES  NO

ARE YOU, OR ANY MEMBER OF YOUR HOUSEHOLD, SUBJECT TO A LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT?

YES  NO

A COMPLETE LIST OF STATES IN WHICH ALL HOUSEHOLD MEMBERS HAVE LIVED **IS REQUIRED.** PLEASE LIST BELOW.

NAME \_\_\_\_\_ STATES \_\_\_\_\_

NAME \_\_\_\_\_ STATES \_\_\_\_\_

NAME \_\_\_\_\_ STATES \_\_\_\_\_

NAME \_\_\_\_\_ STATES \_\_\_\_\_

DO YOU HAVE A CAR AND NEED A PARKING SPACE? YES  NO

DO YOU CURRENTLY OWN A PET? YES  NO

I UNDERSTAND THAT ALL THE ABOVE INFORMATION IS SUBJECT TO VERIFICATION TO DETERMINE MY HOUSEHOLD'S ELIGIBILITY FOR ADMISSION, AND HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT. IN ADDITION, FOR ALL HOUSEHOLD MEMBERS, I AUTHORIZE AND CONSENT TO INQUIRIES BEING MADE REGARDING THE FOLLOWING SCREENING CRITERIA: CREDIT HISTORY, RENTAL HISTORY, CRIMINAL HISTORY, AND/OR HOUSEKEEPING HABITS.

**η** *This institution is an equal opportunity provider and employer.*



Please sign: First – Middle – Last Name below.

Applicant

Date

Applicant

Date

Applicant

Date

Applicant

Date

**PLEASE COMPLETE ALL ATTACHED PAGES**

## SECTION 214 NOTIFICATION FOR AN APPLICANT FAMILY

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible non-citizens in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program

You have applied, or are applying for assistance under one of these programs; therefore, **you are required** to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 1) to list all family members residing in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration (Attachment 2). If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the name and address listed below, within 10 days of receipt of this letter.

Manager, Rental Office            «community»  
   «community\_address\_line1»  
   «community\_address\_line2»  
   «community\_city», «community\_state»  
   «community\_zip»

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the property manager, «rental\_agent» at the Rental Office, «mgmt\_local\_office\_phone». The manager will be happy to assist you.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Format. **Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.**

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for

assistance.

**PLEASE COMPLETE ALL ATTACHMENTS**

## FAMILY SUMMARY SHEET

<b>MEMBER #</b>	<b>LAST NAME OF FAMILY MEMBER</b>	<b>FIRST NAME OF FAMILY MEMBER</b>	<b>RELATION TO HEAD OF HOUSE</b>	<b>DATE OF BIRTH</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				

**PLEASE ATTACH BELOW  
A COPY OF  
ANY DOCUMENT SHOWING YOUR  
CORRECT BIRTHDATE,  
SUCH AS YOUR  
DRIVER'S LICENSE, PHOTO ID,  
BIRTH CERTIFICATE, ETC.  
FOR EACH MEMBER OF YOUR HOUSEHOLD  
APPLYING FOR TENANCY.**

**~THANK YOU~**