



RENTAL APPLICATION

Size Unit Needed: 1 BR 2 BR 3 BR 4 BR

Occupancy Date: _____

Are you currently living at a Rural Development Property? _____ Name of Property: _____ Unit No: _____

PERSONAL INFORMATION

Home Phone #: _____

Cell Phone #: _____

Apt. #: _____

Email Address: _____

#	Full Name	Relation To Head	Date of Birth	Age	Sex	Ethnicity	Race	Marital Status	Social Security #	Student Status
1		HEAD								
2										
3										
4										
5										
6										

Sex: M=Male, F=Female

Ethnicity: H=Hispanic, N=Non-Hispanic, D=Declined to Disclose

Race: W=White, B=Black, WB=White/Black, AI=American Indian/Alaskan Native, A=Asian, NH=Native Hawaiian/Pacific Islander, D=Declined to Disclose

Marital Status: S=Single, M=Married, Sp=Separated, D=Divorced, W=Widowed

Student Status: FT=Full-Time, PT=Part-Time, NA=Not Applicable

Please present copy of divorce decree, child custody papers, and child support agreement. (if applicable)

Are you or any member of your household currently using an illegal substance? Yes No

Have you or any member of your household ever been convicted of a felony or misdemeanor (excl. traffic violations)? Yes No

If yes, describe. _____

Have you or any adult household members been or plan to be a full-time student for any part of 5 months during the current calendar year?

Yes No If yes, please list all adult students. _____

If you are disabled or handicapped you may receive a \$400 deduction and/or a handicapped accessible unit under Rural Development Guidelines. Please check if you wish to receive this deduction. Yes _____ No _____ **RURAL DEVELOPMENT PROPERTY ONLY**

RESIDENCE HISTORY

Present Residence Address _____

City, St, Zip _____

Landlord _____

Landlord Phone # _____

Own/Rent? _____ How Long? _____

Rent Amount? _____

Reason for Present Move _____

Previous Residence Address _____

City, St, Zip _____

Landlord _____

Landlord Phone # _____

Own/Rent? _____ How Long? _____

Rent Amount? _____

Reason for Present Move _____

INCOME

Do you or any member of your household have income from or expect to have income from:

Income Source	Yes <input type="checkbox"/> No <input type="checkbox"/>	Received By Who	Monthly Amount
Employment	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Employer Name:		Telephone Number:	
Employer Address:			
Employment	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Employer Name:		Telephone Number:	
Employer Address:			
Soc Sec/SSI/Pension	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Military/VA/Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Unemployment/Worker's Comp.	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Other Income _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____

ASSETS

Do you or any member of your household have any of the following assets?

Checking Accounts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bank: _____
Savings Accounts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bank: _____
Pre-paid Debit Card	Yes <input type="checkbox"/> No <input type="checkbox"/>	Financial Institute: _____
Certificates of Deposit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bank: _____
Real Estate	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes: For Sale Yes <input type="checkbox"/> No <input type="checkbox"/> OR Rent Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Assets	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type: _____

PERSONAL REFERENCES (Not Related)

Name	Address and Zip	Phone Number
_____	_____	_____
_____	_____	_____

OTHER INFORMATION

Number of automobiles (Including Company Cars), *Specify trucks* _____

Make _____ Year _____ Color _____ Tag No. _____ State _____

Make _____ Year _____ Color _____ Tag No. _____ State _____

In Case Of Emergency, Notify:

Name _____ Address _____ Zip _____

Phone _____ Relationship _____

NO PETS ALLOWED - (with the exception of designated elderly properties)

Kind _____ Weight (20 lbs. limit) _____ How Many _____

I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any references that I have listed. A credit report will be obtained on all applicants and \$ _____ non-refundable charge for this service is required at time the signed Rental Application is submitted for eligibility determination. A security deposit of \$ _____ is required. This is an application and gives NO lease or rental rights. The above information is needed to determine eligibility. After application is received, the applicant with be notified in writing within days of date of application. If the applicant does not respond, the application will be withdrawn. After eligibility is determined and an apartment becomes available, the applicant will be contacted at his/her present telephone number noted on this application and be given 24 hours to respond. If the applicant does not respond, the application will be withdrawn. By signing this application, I hereby certify that the income reporting procedure for determining adjusted income has been explained to me by the management agreement and that it has been made clear to me that adjusted income is derived from the total income of all members of the household. This will certify that only those mentioned in this application will occupy the premises and that this housing is/will be my permanent residence. I also certify that I do/will not maintain a separate subsidized rental unit in a different location. This application and the contents thereof are considered part of my lease agreement. In consideration of the Owner's Agent holding this apartment for me, I hereby waive all rights to the return of this deposit and forfeit as liquidated damages, in the event I do not choose to enter into the rental contract applied for herein, (Management reserves the right to refund the deposit of any applicant who is not approved.)

Applicant's Signature: _____

Date: _____

Applicant's Signature: _____

Date: _____

Applicant's Signature: _____

Date: _____

Applicant's Signature: _____

Date: _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW

Date Application Received _____ Time: _____

Received by _____

REFERENCE VERIFICATION

REMARKS

Present Landlord _____

Previous Landlord _____

Employment _____

Co-Resident Employ _____

Bank _____

Application Approved _____ Not Approved _____

Credit (1) _____

Credit (2) _____

Credit (3) _____

Other _____

Assigned to Unit # _____ Move-In Date _____

Apartment Address _____

RECORD OF ADVANCE DEPOSITS RECEIVED

Date	Description	Amount

Date _____

By _____

Written Rejection to Applicant _____

Date _____ By _____



"This institution is an equal opportunity provider and employer"
 "If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov"

To file a Fair Housing complaint, write to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development (HUD), Room 5204, 451 Seventh Street, S.W., Washington, DC 20410-2000

