

Property Name: _____

Address: _____

Phone Number: _____

TDD Phone Number: _____



EQUAL HOUSING OPPORTUNITY



Date and Time Application Received _____/_____/_____ a.m./p.m.	Last Name: _____ Apt. Size Needed: _____ Apt. # Assigned: _____ Move-In Date: _____
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_____ For Office Use Only _____

APPLICATION FOR LEASE OF APARTMENT

PERSONAL HISTORY:

Applicant's Name: _____ Social Security #: _____

Previous or Maiden Name(s): _____

Date of Birth: _____ Age: _____ Student: Yes ___ No ___

Driver's License #/State: _____

Co-Applicant's Name: _____ Social Security #: _____

Previous or Maiden Name(s): _____

Date of Birth: _____ Age: _____ Student: Yes ___ No ___

Driver's License #/State: _____

OTHER OCCUPANTS: List all other persons who will be living in the apartment regularly. No person is to live with you who is not listed.

<u>Name</u>	<u>Age</u>	<u>Student (Y/N)</u>	<u>D.O.B.</u>	<u>SS#</u>	<u>Relationship</u>

1. Present Address: _____ Phone: _____
 Street _____
 City _____ County _____ State _____ Zip _____

Landlord's Name: _____ Phone: _____

How Long at Present Address? _____ Own or Rent? _____

Amount of Monthly Rent/Mortgage: \$ _____ Utilities: \$ _____

Reason for Moving: _____

2. Previous Address: _____ How Long? _____
 Street _____
 City _____ County _____ State _____ Zip _____

Landlord's Name: _____ How Long? _____

3. Previous Address: _____ Phone: _____
 Street _____
 City _____ County _____ State _____ Zip _____

Landlord's Name: _____ Phone: _____

CREDIT REFERENCES:

Business Name: _____ Address: _____ Phone: _____

Business Name: _____ Address: _____ Phone: _____

Business Name: _____ Address: _____ Phone: _____

PERSONAL REFERENCES: (Do not include family members or relatives.)

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

How did you hear about this property? _____

Have you or any member of your household ever been evicted? Yes ___ No ___

If yes, explain: _____

Are you or any member of your household currently receiving rental assistance?
Yes ___ No ___

Has rental assistance for you or any member of your household ever been terminated in a subsidized housing program? Yes ___ No ___

If yes, explain: _____

Using the numbers below, please indicate whether any members of your household have been arrested for or convicted of any crimes relating to the following:

- | | |
|------------------------------------|---------------------------------------|
| 1. Homicide/Murder | 8. Child Abuse/Domestic Violence |
| 2. Rape or Child Molesting | 9. Public Intox./Drunk and Disorderly |
| 3. Burglary/Robbery/Larceny | 10. Receiving Stolen Goods |
| 4. Threats or Harassment | 11. Fraud |
| 5. Destruct. of Prop./Vandalism | 12. Prostitution |
| 6. Assault or Fighting | 13. Disorderly Conduct |
| 7. Drug Trafficking/Use/Possession | 14. Other Crimes (Describe) _____ |

<u>Member's Name</u>	<u>Social Security #</u>	<u>Crime(s) #</u>	<u>Status/Disposition</u>

INCOME INFORMATION: THE AMOUNT OF RENT YOU WILL PAY DEPENDS ON YOUR INCOME. We are required to verify the amount of your income from all sources. Please furnish complete information for each source of income for each person in the household. (Sources include employment, Social Security, SSI, VA, alimony, child support, pensions, welfare assistance, and/or cash contributions from individuals or agencies.) Your income may also be verified by a third party source.

<u>Family Member Name</u>	<u>Employer/Source/Type/ Address/Telephone Number</u>	<u>Amount</u>	<u>Mo./Wk./Yr.</u>

ASSET INFORMATION: List all asset information in each section below. Include IRA's, CD's, money market's, etc.

BANK ACCOUNTS:

<u>Family Member Name</u>	<u>Name of Bank</u>	<u>Acct. #</u>	<u>Acct. Type</u>	<u>Current Balance</u>

REAL ESTATE:

<u>Family Member Name</u>	<u>Source/Type</u>	<u>Value</u>

STOCKS, BONDS, OTHER ASSETS:

<u>Family Member Name</u>	<u>Source/Type</u>	<u>Value</u>

DISPOSED ASSETS: Have you disposed of any asset for less than fair market value within the last two years?
 Yes ___ No ___

If yes, please list:

	<u>Type of Asset</u>	<u>Date of Disposition</u>	<u>Amount Received</u>	<u>Market Value</u>
	_____	_____	_____	_____
	_____	_____	_____	_____

CHILD CARE EXPENSES: (If both head of household and spouse are employed or full-time student.) (Child must be under 13 years of age.)

Name and Address of Child Care Provider: _____

Amount Paid for Child Care: \$_____ Per: _____(Week or Month)

DEDUCTIONS: Persons who are disabled or handicapped may qualify for a \$400 deduction to their annual income when determining rent contribution and certain other deductions. If you feel that you qualify and would like to request this adjustment to your income, please indicate: Yes ___ No ___ (Not applicable to properties with designated elderly status.)

If you have indicated your desire to request this adjustment, then we will need sufficient information (documentation) to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.

Who should be contacted to certify your handicap and/or disability?

Physician Name: _____ Phone: _____

Address: _____

MEDICARE PRESCRIPTION DRUG, IMPROVEMENT AND MODERNIZATION ACT (MMA):

Are you enrolled in the Medicare Prescription Discount Drug and Transitional Assistance Program? ___ Yes / ___ No

If yes, please provide a copy of your Medicare-approved drug discount card as proof of your enrollment.

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE: Do you, or does any member of your household have a condition that requires:

___ A Separate Bedroom _____ Unit for Vision-Impaired
 ___ A Barrier-Free Apartment _____ Unit for Hearing-Impaired
 ___ Physical Modifications to a Typical Apartment

If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation: _____

Who should be contacted to verify your need for the features you have identified above?

Name: _____ Phone: _____

Address: _____

The following medical information applies ONLY to households whose applicant and/or co-applicant is elderly, disabled, or handicapped.

MEDICAL: Do you have Medicare: Yes ___ No ___ If yes, monthly premium? _____

Do you have medical/hospital insurance? Yes ___ No ___ If yes, give name of company and monthly premium: _____

Do you have outstanding medical bills on which you are paying? Yes ___ No ___

Please list below any medical expenses you anticipate paying during the next 12 months:

<u>Family Member Name</u>	<u>Names of Doctors, Dentist, Pharmacy, etc.</u>	<u>Estimated Expense</u>	<u>Mo. or Yr.</u>

What federal or local agencies are assisting you now? Food Stamps ___ Medical Aid ___
Meals ___ Energy Assistance Payments ___ Other _____

AUTOMOBILE: In order to keep a record of vehicles allowed on the premises and to control adequate parking, please provide the following:

Make: _____ Model: _____ License Plate #: _____

Make: _____ Model: _____ License Plate #: _____

CMC Parking Sticker Assigned #: _____ #: _____ (FOR OFFICE USE)

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: _____ Relationship: _____

Address: _____ Phone: _____ (Home)
_____ (Work)

Name: _____ Relationship: _____

Address: _____ Phone: _____ (Home)
_____ (Work)

PENALTIES FOR FALSE OR WILLFULLY OMITTED INFORMATION INCLUDE REJECTION OF APPLICATION, EVICTION, LOSS OF ASSISTANCE, FINES UP TO \$10,000, OR IMPRISONMENT FOR UP TO FIVE YEARS.

THE APPLICATION MUST BE SIGNED BY ALL ADULT MEMBERS OF THE HOUSEHOLD.

BY SIGNING BELOW, APPLICANT(S) AUTHORIZE MANAGEMENT TO VERIFY THE REPUTATION AND CHARACTER OF ALL HOUSEHOLD MEMBERS VIA REFERENCES, LAW ENFORCEMENT AGENCIES, CREDIT BUREAUS, AND CURRENT/PREVIOUS LANDLORDS. (SEE ATTACHED FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE.)

APPLICANT(S) HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT. APPLICANT(S) FURTHER CERTIFY THAT THE HOUSING THEY WILL OCCUPY IS/WILL BE THEIR PERMANENT RESIDENCE, AND THAT THEY DO/WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

SIGNATURE: _____ (APPLICANT) **DATE:** _____
_____ (CO-APPLICANT) **DATE:** _____
_____ (CO-APPLICANT) **DATE:** _____
_____ (CO-APPLICANT) **DATE:** _____

FOR STATISTICAL PURPOSES ONLY

APPLICANT	CO-APPLICANT	CO-APPLICANT	CO-APPLICANT
SEX: _____	SEX: _____	SEX: _____	SEX: _____
RACE: _____	RACE: _____	RACE: _____	RACE: _____

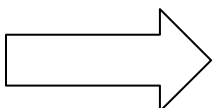
THIS INFORMATION WILL NOT AFFECT TENANT SELECTION
EQUAL HOUSING OPPORTUNITY

"The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Farmers Home Administration and/or United States Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial 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 visual observation or surname.

FARMERS HOME PROPERTIES ONLY: If you feel that this application is unjustly rejected on the basis of discrimination, you have the right to appeal this decision under the FmHA Tenant Grievance and Appeals Procedure (Part 1944-L).

***PLEASE BRING WITH YOU OR ATTACH TO THIS APPLICATION COPIES OF:**

1. BIRTH CERTIFICATE OR DRIVER'S LICENSE FOR ALL ADULTS IN HOUSEHOLD.
2. BIRTH CERTIFICATE FOR ALL MINORS IN HOUSEHOLD.
3. SOCIAL SECURITY CARD FOR ALL HOUSEHOLD MEMBERS.
4. INS LETTER FOR PERSONS APPLYING FOR TEMPORARY RESIDENT STATUS.



***NO APPLICATION CAN BE ACCEPTED WITHOUT PROOF OF AGE.**

***THIS APPLICATION CANNOT BE PROCESSED UNLESS ALL INFORMATION IS COMPLETE.**