



Rental Application

Date of Application _____

Desired Move-In Date _____

Type & Size Desired: _____

Head of Household's Name: _____

Would anyone in your Household benefit from the features of a handicap-accessible unit? Yes No

Is your household displaced due to a Presidentially Declared Disaster? Yes No

Are you or any household member a Veteran? Yes No

If yes, who? _____

How Did You Hear About Us? _____

Are you or any household members including live-in aides, or foster child/adults **subject to a lifetime sex offender registration requirement in any state?** Yes No

List the Head of Household and all other members who will be living in the unit. Give the relationship of each household member to the head. Applicants for admission into this community must provide a complete list of **ALL** states in which any household member has resided.

Names of Household Members (First, Middle Initial, Last)	Relationship	Birth Date	Age	Sex (optional)	Social Security Number	Previous States Resided (use abbreviation)
	Head					

Home Telephone Number: _____ Work Phone Number: _____

Cell Telephone Number: _____ Alternate Phone Number: _____

Email address: _____

Are there currently any plans to add anyone to the household? _____

If so, Who? _____ When? _____

Do you hold a Housing Choice Voucher and wish to use it at this community? Yes No

ANIMALS

Will your household have an assistance animal? Yes No

Will your household have a pet? Yes No

Please give description of the assistance animal or pet? _____





HOUSING INFORMATION:

Beginning with your current address, list all required information for the last two-years (2). Please attached a separate page explaining any gaps in housing history or additional housing references.

Address	Landlord's Name	Landlord's Complete Address & Phone Number	Rent/Own/Live with Someone	From/To
Current:				From/To
Former:				From/To

Is your household presently homeless and/or fleeing a dangerous situation? Yes No

EMPLOYMENT INCOME: Is any member of the household employed? Yes No

List all family members who are employed, the source of wages or salaries, the address of the employer and total annual amount.

Employed Family Member	Employer	Employer's Address/Phone	Gross Annual Amount

ADDITIONAL INCOME:

Does any member of the household receive additional income? Yes No

List all other sources of re-occurring income, such as Social Security, SSI, pensions, annuities, disability, alimony, child support, welfare, ADC, regular monetary contributions from outside sources, unemployment benefits, grants/scholarships, lottery, etc.

Persons Who Receive Income	Source of Income	Address/Phone of Income	Gross Annual Amount

Is any member of your household entitled to child support or alimony that he/she is not now receiving?

Yes No

If YES, then the household must fill out the CHILD (or SPOUSAL) SUPPORT CERTIFICATION.

ASSETS INFORMATION Does any member of the household have assets? Yes No

List all types of checking and/or savings accounts held by all household members.

Type of Account	Account in Name Of (Interest Paid To)	Account Number	Name of Bank	Address of Bank





Does any member of the household have a Debit Card in which its sole purpose is have cash benefits deposited? Yes No

Name of Debit Card	Cardholder's Name	Account Number (last 4 digits)	Name of Bank	Address of Bank

OTHER ASSETS: Does any member of the household have other assets? Yes No

List all other assets: stocks, bonds, savings bonds, money market, IRAs, pensions, mutual funds, trust accounts, money in safety deposit boxes, whole or universal life insurance policies, cash savings on hand, personal property held as investment and all other assets.

Type of Asset/Owned By:	Source Name and Address	Value	Annual Income Received

Do you own a home or other real estate? Yes No

If yes, what is the value of this home or real estate? \$ _____

Have you disposed, sold or given away real property or other assets in the past 2 years? Yes No

If yes, what is the current market value of the asset? \$ _____ Date Disposed: _____

Description: _____

EDUCATION:

Are there any students (full or part-time) that are currently or projected to attend an institution of higher education within the next year? Yes No *If yes, please complete the following:*

Name	Name of School	Phone/Address of School

APPLICANT CERTIFICATION

I/we understand that the above information is being used to determine my/our eligibility for this community. I/we authorize the agent to verify all information provided on this application and to contact previous or current landlords or other sources including the police records department, credit and verification information with the appropriate Federal, State, or local agencies. I/we certify that the statements made on this application are true and complete to the best of my/our knowledge and belief. I/we further certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form. In addition, I/we have fully disclosed all wage and benefit income being received in my/our household and understand that verification processes may be used with federal/state wage and benefit records. I/we understand that false statements and/or information are punishable by Federal law. The undersigned is the person(s) named above and hereby authorizes the release to conduct a search of any criminal records, police records, housing history, and sex offender checks for the purpose of determining housing suitability. Additionally, I authorize all companies and law enforcement agencies to release such information, and release them from any liability and responsibility from doing so.

Signature of Head of Household Date: _____

Signature of Spouse/Co-Tenant of Household Date: _____

Signature of Property Manager Date: _____ Time: _____

Section 504 Coordinator ~ 574-289-1066 ext 1211 ~TTY: 711



This institution is an equal opportunity provider and employer.