



APPLICATION FOR LEASE

<b>Current Date</b> _____ <b>Property Name</b> _____ <b>Address</b> _____ <b>City/State/Zip</b> _____ <b>Phone Number</b> _____	<b>FOR OFFICE USE ONLY</b>
	APPLICATION RECEIVED DATE: _____
	APPLICATION RECEIVED TIME: _____
	APARTMENT SIZE: _____
	RECEIVED BY: _____
	DATE POSTED TO MANUAL WAITING LIST: _____

Please note that all lines, questions or requests for information MUST be completed. This requires that you provide the relevant information requested, answer yes or no where applicable, or write "N/A" if the information requested does not apply to anyone in the Applicant Household listed.

<b>I. APPLICANT</b>	<b>I. CO-APPLICANT</b>
NAME: _____ LAST FIRST MI	NAME: _____ LAST FIRST MI
SOCIAL SECURITY NO.: _____	SOCIAL SECURITY NO.: _____
ADDRESS: _____	ADDRESS: _____
CITY/STATE/ZIP: _____	CITY/STATE/ZIP: _____
HOME PHONE NUMBER: ( ) _____	HOME PHONE NUMBER: ( ) _____
DRIVERS LICENSE NUMBER: _____	DRIVERS LICENSE NUMBER: _____
MAKE OF CAR & YEAR: _____	MAKE OF CAR & YEAR: _____
CAR LICENSE NO. _____	CAR LICENSE NO.: _____

<b>II. EMPLOYMENT</b>	(Check the one box on the left that applies to the status of employment. If currently unemployed, provide the most recent employer information.)	
<b>APPLICANT:</b>	_____ Name of Employer	_____ Supervisor
( ) Full Time	_____ Full Street Address	_____ Employer phone
( ) Part-time	_____ City State Zip	_____ Occupation Length of Service
( ) Unemployed	_____ City State Zip	\$ _____ per Present Gross Pay Hour or Week or Month
<b>CO-APPLICANT:</b>	_____ Name of Employer	_____ Supervisor
( ) Full Time	_____ Full Street Address	_____ Employer phone
( ) Part-time	_____ City State Zip	_____ Occupation Length of Service
( ) Unemployed	_____ City State Zip	\$ _____ per Present Gross Pay Hour or Week or Month

<b>III. CHILD CARE EXPENSE INFORMATION</b>	
Expenses may be deducted for the care of children under the age of 13 years when care is necessary to enable a family member to work, seek employment, or further his/her education (academic or vocational), the family has determined there is no adult member capable of providing care during the hours care is needed, the expenses are not paid to a family member living in the unit, the amount deducted reflects reasonable charges for child care and/or the expense is not reimbursed by an agency or individual outside the family. Further restrictions may apply.	
NAME OF EACH DEPENDENT QUALIFYING: _____	
CHILD CARE PROVIDER:	
ADDRESS: STREET: _____	PHONE #: ( ) _____
CITY: _____	FAX # ( ) _____
STATE: _____ ZIP CODE: _____	AMOUNT PAID: \$ _____
PER: [ ] WEEK [ ] MONTH (Check the one that applies)	

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<b>IV. LIST EACH HOUSEHOLD MEMBER WHO WILL BE RESIDING IN APARTMENT</b>					
FIRST NAME	MI	LAST NAME	ANY OTHER NAME (MAIDEN/ALIAS)	RELATIONSHIP TO HEAD OF	SEX
1				Head of Household	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
2					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
3					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
4					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
5					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
6					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
7					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
8					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
9					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
10					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
PLACE AND DATE OF BIRTH				SOCIAL SECURITY NUMBER	FULL-TIME STUDENT?
CITY	STATE	MONTH	DAY YEAR		
1A					<input type="checkbox"/> Yes <input type="checkbox"/> No
2A					<input type="checkbox"/> Yes <input type="checkbox"/> No
3A					<input type="checkbox"/> Yes <input type="checkbox"/> No
4A					<input type="checkbox"/> Yes <input type="checkbox"/> No
5A					<input type="checkbox"/> Yes <input type="checkbox"/> No
6A					<input type="checkbox"/> Yes <input type="checkbox"/> No
7A					<input type="checkbox"/> Yes <input type="checkbox"/> No
8A					<input type="checkbox"/> Yes <input type="checkbox"/> No
9A					<input type="checkbox"/> Yes <input type="checkbox"/> No
10A					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently homeless?					<input type="checkbox"/> Yes <input type="checkbox"/> No

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### V. ELDERLY, HANDICAPPED, or DISABLED HOUSEHOLDS

Disclosure of the following information is voluntary and will be used for the purpose of verifying allowances against income in determining the resident's monthly housing charge. Medical expenses not reimbursed by Medicare or any other insurance are allowable deductions. Please note: Disability and/or Life Insurance Policy Expenses are not deductible.

List out-of-pocket medical expenses paid by you for which you are not reimbursed:

Medicare:	\$ _____	Describe: _____	
Medical Insurance:	\$ _____	Describe: _____	
Doctor Bills:	\$ _____	Describe: _____	
Hospital Bills:	\$ _____	Describe: _____	
Other Medical Expenses:	\$ _____	Describe: _____	
	\$ _____	Describe: _____	
	\$ _____	Describe: _____	
	\$ _____	Describe: _____	
	\$ _____	Describe: _____	

### VI. ASSET INFORMATION

<b>CHECKING:</b>		ACCOUNT NUMBER: _____
<input type="checkbox"/> Single	NAME OF BANK OR CREDIT UNION _____	CURRENT BALANCE: \$ _____
<input type="checkbox"/> Joint	FULL STREET ADDRESS _____	INTEREST BEARING ACCOUNT: _____
<input type="checkbox"/> No Checking Acct.	CITY _____ STATE _____ ZIP _____	INTEREST AMOUNT: _____
<b>SAVINGS:</b>		ACCOUNT NUMBER: _____
<input type="checkbox"/> Single	NAME OF BANK OR CREDIT UNION _____	CURRENT BALANCE: \$ _____
<input type="checkbox"/> Joint	FULL STREET ADDRESS _____	INTEREST BEARING ACCOUNT: _____
<input type="checkbox"/> No Savings Acct.	CITY _____ STATE _____ ZIP _____	INTEREST AMOUNT: _____
<b>CERTIFICATE or MONEY MARKET:</b>		ACCOUNT NUMBER: _____
<input type="checkbox"/> Single	NAME OF BANK OR CREDIT UNION _____	CURRENT BALANCE: \$ _____
<input type="checkbox"/> Joint	FULL STREET ADDRESS _____	INTEREST BEARING ACCOUNT: _____
<input type="checkbox"/> No Cert. Or Money Market Acct.	CITY _____ STATE _____ ZIP _____	INTEREST AMOUNT: _____
<b>Other:</b>		
1. TRUST FUND?:	PRINCIPAL VALUE: \$ _____	
<input type="checkbox"/> No Trust Fund		
2. REAL ESTATE?:	VALUE: \$ _____	JOINTLY OWNED BY: _____
<input type="checkbox"/> No Real Estate		
3. STOCKS / BONDS?:	<input type="checkbox"/> YES then provide company name & address for each _____	
<input type="checkbox"/> NO Stocks/Bonds		
4. Have you disposed of any assets (home, land, business, etc.) for less than fair market value within the last two years? <input type="checkbox"/> NO <input type="checkbox"/> YES		
If yes, _____ asset was sold or transferred:	_____	Type of Asset: _____
Your estimate of the market value of the asset:	\$ _____	Amount Received: \$ _____

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<b>VII. RENTAL AND/OR RESIDENTIAL HISTORY</b>		Please check the yes or no to advise whether you are applying as a result of being displaced by government action or a presidentially declared disaster: [ ]YES [ ]NO	
Current Landlord Name: _____		Rent per Month: _____	\$ _____
Address: _____		Move In Date: _____	
Telephone Number: (____) _____		Lease Expires: _____	
		Notice Required: _____	
		Notice Given: _____	
Previous Landlord Name: _____		Rent per Month: _____	\$ _____
Address: _____		Rented From _____ to _____	
Address: _____		Proper Notice Given: _____	
Telephone Number: (____) _____		Deposit Returned: _____	
Previous Landlord Name: _____		Rent per Month: _____	\$ _____
Address: _____		Rented From _____ to _____	
Telephone Number: (____) _____		Proper Notice Given: _____	
		Deposit Returned: _____	
Previous Landlord Name: _____		Rent per Month: _____	\$ _____
Address: _____		Rented From _____ to _____	
Telephone Number: (____) _____		Proper Notice Given: _____	
		Deposit Returned: _____	
Previous Landlord Name: _____		Rent per Month: _____	\$ _____
Address: _____		Rented From _____ to _____	
Telephone Number: (____) _____		Proper Notice Given: _____	
		Deposit Returned: _____	
Previous Landlord Name: _____		Rent per Month: _____	\$ _____
Address: _____		Rented From _____ to _____	
Telephone Number: (____) _____		Proper Notice Given: _____	
		Deposit Returned: _____	
<b>VIII. CREDIT INFORMATION</b>			
<u>Creditor</u>	<u>Creditor Address</u>	<u>Current Balance</u>	<u>Account Number</u>
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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IX. OTHER INCOME SOURCES											
TYPE OF INCOME	CARE/CLAIM NUMBER	MONTHLY AMOUNT	PLEASE RESPOND TO EACH LINE SOURCE OF INCOME?		NAME OF PERSON RECEIVING INCOME						
			YES	NO							
Social Security											
Supp. Security Income											
Black Lung Benefits											
Unemployment Comp											
Disability Compensation											
Military Wage/Allotment											
National Guard											
Pension/Retirement											
Scholarship											
Education Grant Type											
Alimony											
General Relief											
ADC/ADFC											
Parental Support											
Baby-Sitting											
Lottery Winnings											
Other											
X. CRIMINAL/FELONY/MISDEMEANOR HISTORY											
Have you, co-applicant, or any adult applicant included in this application, ever had a conviction of any of the following?											
Answer "YES" to all that apply and the household member's name involved, and "NO" to those that do not apply:											
Type of Charge	No	Yes	Household Member's Name Involved								
<b>PLEASE RESPOND TO EACH LINE</b>											
Theft											
Trespassing											
Drug Use											
Illegal Sale of Drugs or Drug Paraphernalia											
Violent Acts to Persons or Property											
Burglary											
Criminal Mischief											
Drug Possession											
Sex Offense											
DUI											
Bad Checks											
Other:											
Are any household members listed on the application subject to a lifetime sex offender registration program in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>Circle Each State Household Members Have Ever Lived In:</b>											
Alabama	Alaska	Arizona	Arkansas	California	Colorado	Connecticut	Delaware	Florida	Georgia	Hawaii	Idaho
Illinois	Indiana	Iowa	Kansas	Kentucky	Louisiana	Maine	Maryland	Mass.	Michigan	Minnesota	Miss.
Missouri	Montana	Nebraska	Nevada	N. Hamps.	N. Jersey	N. Mexico	New York	N. Carolina	N. Dakota	Ohio	Oklahoma
Oregon	Penn.	Rhode Is.	S. Carolina	S. Dakota	Tenn.	Texas	Utah	Vermont	Virginia	Washington	W. Virginia
Wisconsin	Wyoming										

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<b>XI. CERTIFICATION OF APPLICANTS</b>	
<b>VERY IMPORTANT - READ CAREFULLY</b>	
<p>I/we certify the information given in this application [pages 1 through 6] is accurate and complete, and has been provided based on a complete review and understanding of the "Resident Selection Plan", the basis for determining eligibility. I/we further understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application by the Owner/Agent. I/we, by signature below, authorize the Owner/Agent to request a complete criminal, sex offender, credit employment and landlord investigation through the use of an outside independent background service company to secure a written report of all information pertaining my/our application request. I/we understand that there will be no separate verification form used in the processing of this background check other than this application and the HUD Form 9887 &amp; 9887A, as applicable. I/we further agree and understand that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/we understand the Owner/Agent will request only that information necessary to determine eligibility and/or level of assistance.</p>	
<b><u>WARNING</u></b>	
<p>Title 18, section 1001 of the U.S.Code states that a person is guilty of felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on each individual verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).</p>	
<b>PLEASE BE FURTHER ADVISED</b>	
<p>The Department of Housing &amp; Urban Development and/or the Contract Administrator will compare the information applicant families supply with information federal, state and/or local agencies have on those same applicant families income and household composition. Federal law prohibits the Landlord from discriminating against individuals with disabilities and/or handicaps. Each applicant is encouraged to make known accessibility needs and/or any reasonable accommodations necessary at initial application or as part of occupancy consideration. As required by Federal law, applicants must produce proof of their social security numbers. Individuals who have not been assigned a social security number are required to sign and date a certification stating that a social security number has not been assigned. This certification requires subsequent compliance should this apply.</p>	
<p>Applicants on the waiting list will be reviewed and contacted by letter once annually to insure continued interest to remain on the waiting list and to update any changes to the original information supplied at the time of initial application. Failure to respond to this annual review will result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive [including denied applications] will be held for three years as required by federal regulation.</p>	
<p>How did you learn about this community? [Please check box or fill in information]: <span style="float: right;">[ ] Newspaper</span>  <input type="checkbox"/> Current Resident <span style="margin-left: 100px;"><input type="checkbox"/> Property Signage/Driveby</span> <span style="margin-left: 100px;"><input type="checkbox"/> Yellow Pages/Phone Directory</span>  <input type="checkbox"/> Internet/WEB Site <span style="margin-left: 100px;"><input type="checkbox"/> Other: _____</span></p>	
<p style="text-align: center;">Signature of Applicant</p>	<p style="text-align: center;">Date</p>
<p style="text-align: center;">Signature of Co-Applicant</p>	<p style="text-align: center;">Date</p>
<p style="text-align: center;">Signature of Additional Adult Applicant</p>	<p style="text-align: center;">Date</p>
<p style="text-align: center;">Signature of Additional Adult Applicant</p>	<p style="text-align: center;">Date</p>

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.