

This is a preliminary application page. Once it is returned in completed form, you will be added to the waiting list. Please do not leave anything blank. (Answer all questions Yes or No.)

This is not a complete application packet. If you do not meet our preliminary screening criteria, your application will be rejected and you will be notified as soon as possible. However, the final determination of eligibility for all other applicants will occur when a unit becomes available. As your name moves closer to the top of the list, you will be asked to complete additional paperwork as required by HUD, for final determination of eligibility and approval.

If You Are A Student, HUD Requires Additional Information Prior To Move In To Determine Eligibility.

PRELIMINARY APPLICATION FOR RESIDENCY

1. NAME (FIRST) (LAST)
2. ADDRESS (STREET) (CITY) (STATE & ZIP)
3. TELEPHONE (HOME) (WORK)
4. ALIASES OR MAIDEN NAME

	First, Middle, Last	Birth Date Mo/Day/Yr	Age	Rel.	Sex/ Not Disclose	Social Security #	Student	Race
1							Yes / No	
2							Yes / No	
3							Yes / No	
4							Yes / No	
5							Yes / No	
6							Yes / No	

I will need a (1) (2) (3) (4) bedroom apartment. If accepted for an apartment, when could you occupy?

5. MARITAL STATUS (Check one) Married Single Widowed Divorced

6. Please list all states in which you have resided.
7. Have you applied for an apartment at this complex previously?
8. Why are you leaving present residence?
9. Has any household member ever been evicted? Yes Year No Why?
10. Has any household member ever lived in government housing? Yes No Where When
- Has any household member ever received Rental Assistance such as Section 8, Voucher, etc? Yes No
- Where When
11. Do you have 2 years of nonrelated verifiable Landlord history within the last 5 years? Yes No
12. Has any household member ever been sued for non-payment of rent or damages to rental property? Yes No
- Does any household member owe money to a landlord? Yes No

13. CRIMINAL RECORD:

Have you or any member of your family, ever been convicted of any offense than a minor traffic violation? Yes No

If yes, please list member, offense, city and state, and date:

A. Have you or any member of your household ever been convicted of any drug-related criminal activity?

B. Are you or any member of your household subject to lifetime registration under a state sex offender registration program?
(Check One) Yes No

14. Do you have legal capacity to enter into a contract? (Check One) Yes No



15. **INCOME INFORMATION** (Include ALL household members 18 years of age or older)

EMPLOYMENT

Household Member	Employer	Gross Income	How long employed?
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>
K-TAP \$	SSI \$	Social Security \$	Pensions/Annuities \$
Child Support \$	Alimony \$	Unemployment Benefits \$	
Workers Compensation \$	Interest \$	Other \$	

ASSETS

Savings	Yes / No	Checking	Yes / No	C.D.'s; Stocks, Bonds, etc.	Yes / No	Life Insurance	Yes / No	
Assets disposed of for less than fair market value in past two years				Yes / No	Property			Yes / No
Vehicles	Type	Color	Year	License	State			
	Type	Color	Year	License	State			

You are **not** required to answer if someone in your house has a disability.

However, if a household member has a disability you may qualify for additional deductions in your rent amount.

Does any household member have a disability? Yes ☐ No ☐ If yes, list name(s) _____

Is there any specific accommodation that you believe would allow you to fully utilize our programs? Yes ☐ No ☐

If yes, please explain _____

If you are requesting downstairs only, do you wish to be contacted for upstairs units? Yes ☐ No ☐

Do you qualify for a Preference as defined below?

Families or single persons who have been displaced by government action or a presidentially declared disaster.

YES _____ NO _____

If yes, please provide proper verification.

The U.S. Department of Housing and Urban Development, which provides this property with rental assistance, has issued regulations which allows certain applicants for assisted housing to move higher on the waiting list.

EMERGENCY NUMBER(S)

1.)

Name

Phone

RELATIONSHIP

2.)

Name

Phone

RELATIONSHIP

CORRECT INFORMATION

Applicant agrees that all of the above statements are true and complete and hereby authorizes verification of above information, references, criminal, and credit records. Complex will run (at our expense) a credit history, criminal history, and sex offender report, on all household members 18 years of age or older. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy, and, or forfeiture of deposits and may constitute a criminal offense under the laws of this state.

Please note that we will need to run your police report, credit report, and check your current landlord again prior to your move in, if your application is older than 120 days. The information we obtain must prove that you still meet the eligibility requirements stated in our Resident Admission Criteria for approval into our community. If you do not qualify after this review, you will be contacted and notified in writing that your application has been rejected.

"Pursuant to the federal Fair Credit Reporting Act, as amended by the Fair and Accurate Credit Transactions Act, and other applicable law, the management has the right to share information obtained from the applicant with individuals and entities with which the management shares common ownership or corporate affiliation. Management will not share information for solicitation or marketing purposes unless the applicant is notified in advance and given opportunity to object to such activity."

Were you referred by a current Resident, if so whom? Name

Date

Applicant Signature

Date

Applicant Signature

For Office Use Only

Date Received:

Time Received:

Received By:

*If you are a person with disabilities and require an accom-
modation to participate in this process, please let us know.*

NON-DISCRIMINATION. This property adheres to the Fair Housing Act and will not discriminate against any person because of race, color, religion, sex, disability, familial status, age and sexual orientation, gender identity, marital status and national origin.