

OFFICE USE ONLY  
Date Rec'd: \_\_\_\_\_  
Date Completed \_\_\_\_\_  
Time: \_\_\_\_\_  
Apt. Size: \_\_\_\_\_

OFFICE USE ONLY  
Gross Income: \_\_\_\_\_  
V: ( ) L: ( ) M: ( )  
Adj Income: \_\_\_\_\_



## APPLICATION FOR OCCUPANCY

TDD AND VOICE  
1-800-735-2922

### GENERAL INFORMATION HEAD OF HOUSEHOLD

Name \_\_\_\_\_ SS # \_\_\_\_\_ Birthdate/Age \_\_\_\_\_ Drivers Lic.#/State \_\_\_\_\_

Marital Status of Head of Household: ( ) Married ( ) Separated ( ) Unmarried (single, divorced, or widowed)

### LIST ALL OTHERS WHO OCCUPY THE UNIT

Name \_\_\_\_\_ SS# \_\_\_\_\_ Birthdate/Age \_\_\_\_\_ Driver Lic.#/State \_\_\_\_\_

Does anyone live with you now who is **not** listed above? ( ) yes ( ) no

If yes, who? \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever been a prior tenant or applied at this property before? ( ) yes ( ) no If yes, when? \_\_\_\_\_

Have you ever been evicted? ( ) yes ( ) no If yes, explain: \_\_\_\_\_

Do you wish to claim a \$400 deduction from your household income based on an elderly "Household Status", where the tenant or co-tenant is 62 or older, or disabled? ( ) yes ( ) no

Which member of your household entitles you to this deduction? \_\_\_\_\_

Do you wish to request a handicap accessible unit? ( ) yes ( ) no

Specify: \_\_\_\_\_

Are there any reasonable accommodations or services that you would like to request?

( ) yes ( ) no Specify: \_\_\_\_\_

Are you or any members of your household 18 or older attending school? ( ) yes ( ) no

If yes, who? \_\_\_\_\_

Do you own a pet? ( ) yes ( ) no If yes how many? \_\_\_\_\_ Description: \_\_\_\_\_

Do you have a waterbed? ( ) yes ( ) no If yes, do you have waterbed insurance? ( ) yes ( ) no

Name of insurance company: \_\_\_\_\_

**AUTOMOBILE:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate # \_\_\_\_\_

Do you own a trailer, boat, camper, moped, motorcycle, etc? ( )yes ( )no

If yes, what type? \_\_\_\_\_

**APARTMENT SIZE REQUESTED:** ( ) 1 Bedroom ( ) 2 Bedroom ( ) 3 Bedroom ( ) 4 Bedroom

**CURRENT ADDRESS:** \_\_\_\_\_

Street Apt # City State Zip

Phone Number: \_\_\_\_\_ Dates you lived here: \_\_\_\_\_

**CURRENT MAILING ADDRESS:** \_\_\_\_\_

Street or PO Box City State Zip

**CURRENT LANDLORD:** \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ If Apt., name of complex: \_\_\_\_\_

Reason you want to move: \_\_\_\_\_

Amount of rent you are paying: \$ \_\_\_\_\_ Are you currently living in a subsidized complex? ( )yes ( )no

Type: \_\_\_\_\_ Do you have a Section 8 certificate? ( )yes ( )no

Are you being displaced? ( )yes ( )no If yes, why? \_\_\_\_\_

Has your household's assistance or tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedures? ( )yes ( )no

If yes, circumstances: \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_

If apt., name of complex: \_\_\_\_\_ Dates you lived here: \_\_\_\_\_

Previous landlord: \_\_\_\_\_ Reason for moving: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

*(previous landlord)*

*(previous landlord)*

Is this landlord related to you? ( ) yes ( ) no If yes, what is the relation? \_\_\_\_\_

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Previous landlord: \_\_\_\_\_ Reason for moving: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

*(previous landlord)*

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Previous landlord: \_\_\_\_\_ Reason for moving: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

*(previous landlord)*

*(previous landlord)*

Is this landlord related to you? ( ) yes ( ) no If yes, what is the relation? \_\_\_\_\_

**PERSONAL REFERENCES** (do not list relatives):

Name	Address	Phone #	Relationship

**EMERGENCY CONTACT PERSON:**

Name	Address	Phone #	Relationship

**HOUSEHOLD FINANCIAL OBLIGATIONS:** Include all medical expenses, car payments, child support, loans, etc...

PAYABLE TO: (company name)	MONTHLY PAYMENT

**INCOME:** Do you or any member of your household anticipate receiving income from any of the following sources during the next twelve months? (Please mark every question YES or NO. If you answer any questions YES, complete the blanks at the right.)

	YES NO		AMOUNT RECEIVED	BY WHICH	SOURCE OF INCOME
	( )	( )	(per time period)	FAMILY MEMBER	(name, address, & phone #)
Employment (Earned Income)	( )	( )	_____	_____	_____
Employment (Earned Income)	( )	( )	_____	_____	_____
Child Support	( )	( )	_____	_____	_____
Alimony	( )	( )	_____	_____	_____
Monetary Gifts	( )	( )	_____	_____	_____
Pension or Retirement/Benefits	( )	( )	_____	_____	_____
School Grants or Scholarships	( )	( )	_____	_____	_____
Social Security	( )	( )	_____	_____	_____
Supplemental Security Income	( )	( )	_____	_____	_____
Unemployment Compensation	( )	( )	_____	_____	_____
Veterans Administration	( )	( )	_____	_____	_____
Welfare (TANF)	( )	( )	_____	_____	_____
Workers Disability Compensation	( )	( )	_____	_____	_____
Other	( )	( )	_____	_____	_____

Do you anticipate any change in this income in the next twelve months? ( )yes ( )no

**CHILDCARE:** (Complete only if your child/children is/are 12 years of age or younger and living in you household.)

Do you pay for childcare expenses? ( )yes ( )no If yes, how much? \$\_\_\_\_\_

To whom is this expense paid? Name: \_\_\_\_\_ Address: \_\_\_\_\_

Do you employ childcare in order for a household member to work or continue education? ( )yes ( )no

**MEDICAL EXPENSES:** Complete this part ONLY if the head of household or spouse is 62 or older, handicapped or disabled and you wish to be considered for deductions from your income.

Do you wish to claim ANY medical expenses within the next twelve-(12) months that are not paid for by Medicare or an insurance policy? ( )yes ( )no If yes, explain: \_\_\_\_\_  
(examples: medical or dental expenses, including cost of insurance, prescriptions, eyeglasses, hearing aids or nursing care) DO NOT INCLUDE expenses that are reimbursed or paid by others outside your household.

**DISABILITY EXPENSES:** Complete the part ONLY for expenses to the extent needed to enable any family member to be employed and you wish to be considered for deductions from your income.

Do you wish to claim handicap or Attendant Care Expenses? ( )yes ( )no If yes, do you employ an attendant in order for a family member to work? ( )yes ( )no If yes, name of attendant: \_\_\_\_\_  
Address of the attendant: \_\_\_\_\_  
Are any of these expenses paid for or reimbursed by an outside agency? ( )yes ( )no

**ASSETS:**

Have you received or do you expect to receive any LUMP SUM payment such as inheritance, lottery winnings, or insurance settlements? ( )yes ( )no

If yes source of income: \_\_\_\_\_ Amount of income: \$ \_\_\_\_\_  
Source Address: \_\_\_\_\_ When did you receive a payment? \_\_\_\_\_

In the last TWO years have you sold, given away or disposed of assets or real property (example: real estate and other items held for investment purposes such as gems, jewelry, coins, or collections)? ( )yes ( )no

If yes what type of asset: \_\_\_\_\_

Name of party who acquired asset and address: \_\_\_\_\_

Was this due to a divorce, separation, or bankruptcy? ( )yes ( )no

**ASSETS II:** Please mark every question either YES or NO. If you answer with a YES, complete the blanks on the right.

DO YOU HAVE...?	YES	NO	NAME ON	Account #	BALANCE/VALUE	BANK (name and address)
Checking Account (s)	( )	( )	_____	_____	_____	_____
Savings Account (s)	( )	( )	_____	_____	_____	_____
Money Market	( )	( )	_____	_____	_____	_____
Certificate/Time Dep.	( )	( )	_____	_____	_____	_____
Trust Account (s)	( )	( )	_____	_____	_____	_____
Stocks or Bonds	( )	( )	_____	_____	_____	_____
IRA/Keogh/Life Ins.	( )	( )	_____	_____	_____	_____
Or other retirement	( )	( )	_____	_____	_____	_____
Rental Property	( )	( )	_____	_____	_____	_____
Other Real Estate	( )	( )	_____	_____	_____	_____
Other	( )	( )	_____	_____	_____	_____

Have you been convicted of a felony in the last 10 years? ( ) yes ( ) no

Are you a convicted sex offender or required to register as a sex offender? ( ) yes ( ) no

If yes, when \_\_\_\_\_ and what for? \_\_\_\_\_

I/We certify the housing I/we will occupy at \_\_\_\_\_ Apartments will be my/our permanent residence and I/We will not maintain a separate rental unit in a different location. **I/We authorize USDA/the owner/the borrower to obtain a criminal back ground check, credit report, wage-matching data and to contact any previous landlords.**

I/We also certify that the information given is accurate and complete and understand lying or deliberate omission of relevant information will disqualify the applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is your responsibility as applicants to keep the Management notified of any changes in your application. This includes a change in household size, current address, income or assets.

**HOUSEHOLD COMPOSITION:**

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that Federal Laws prohibiting discrimination against tenant application on the basis of race, color, national origin, religion, sex, familial status, age, and disability 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, ethnicity and sex of individual applicants on the basis of visual observation or surname.

**GENDER / SEX:**            **Head of Household**      **M / F**            **Co-Tenant**      **M / F**

**RACE/NATIONAL ORIGIN OF HEAD OF HOUSEHOLD (check at least one):**    American Indian or Alaska Native    Asian  
 Black or African American    Native Hawaiian or Other Pacific Islander    White

**ETHNICITY (check one):**    Hispanic or Latino    Not Hispanic or Latino

**ADVERTISING:** How did you hear about us? \_\_\_\_\_

In accordance with Federal law and U.S. Department of Agriculture policy, this Institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).