



HOUSEHOLD RENTAL APPLICATION



Apartment Community: _____

INSTRUCTIONS FOR HEAD OF HOUSEHOLD:

Please complete all sections by PRINTING in INK. Do NOT leave any section blank. If a question does not apply to your household, print "N/A" or "None". If you need to make a correction, draw a line through the incorrect information, then print the correct information above or next to it, and initial the change.

As Head of Household, you will complete this Application on behalf of the entire household. Each additional adult household member must also sign this Application and complete an Individual Adult Rental Application, when applicable.

It is important that all information on this and all other forms related to your Application is complete and correct. False, incomplete or misleading information may cause your Application to be denied.

Your Application will be processed in accordance with our RESIDENT SELECTION CRITERIA, available in the Rental Office.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresent any material fact involving the use or obtaining of federal funds.

Head of Household: _____
Last First M.I. Work Area Code/Phone

Mailing Address: _____
Street or P.O. Box City State Zip Home Area Code/Phone

HOUSEHOLD INCOME:

What is the Household's Total Gross Monthly Income (earned and unearned *before* taxes)? \$ _____

HOUSEHOLD COMPOSITION:

List ALL persons, including the Head of Household (**Head**), who will live in the household.

#	Full Legal Name (First, MI & Last)	Relationship to Head	Male or Female	Date of Birth	Age	Social Security Number
1		Head				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

Please answer on behalf of ALL household members. If you answer **Yes** to any questions, please provide details. Attach additional pages of explanation, if necessary.

- Will any other person(s) live in the household on a fulltime or part time basis? Yes No If **Yes**, who? _____
- Will any of the above listed household members live anywhere else on a part time basis? Yes No If **Yes**, who? _____
Where? _____
- Are you currently receiving housing assistance? Yes No If **Yes**, where? _____
- Are any adult members of your household (age 18 and over) a student? Yes No If **Yes**, who? _____
- Does any household member need an accessible apartment for mobility impairment or a disability adjustment from income, (eg. medical apparatus)? Yes No If **Yes**, who? _____

PROGRAM PREFERENCE:

Have you been displaced from an urban renewal area, as a result of government action, or as a result of a disaster determined by the President of the United States to be a **Major Disaster**? Yes No If **Yes**, provide details: _____

Please check ALL that apply:

Elderly	<input type="checkbox"/>	Disabled	<input type="checkbox"/>	If Disabled, please list accessible features required: _____
Head of Household	<input type="checkbox"/>			_____
Spouse or Co-Head	<input type="checkbox"/>			_____
Other Household Member(s)	<input type="checkbox"/>			_____

MARKETING INFORMATION:

How did you hear about us? Referral from Resident/Resident's Name: _____
 Newspaper/Name: _____ HUD/Office: _____
 Rural Housing Service/Office: _____ Housing Authority/Name: _____
 Agency/Name of Agency: _____ Other: _____

APPLICANT CERTIFICATION

I certify that all information given on this Application and any additional attachments are true, complete and accurate. I understand that if any of the information I provide is false, misleading or incomplete, Management may deny my Application, or if move-in occurs, terminate my Lease. I authorize Management to make any and all inquiries to verify the information either directly or through information exchanged now or later, and to contact sources for verification and/or confirmation. If my Application is approved and move-in occurs, I certify that only those persons listed on this Application will occupy the apartment that they will maintain no other place of residence, and that there are no other persons for whom I have or expect to have, responsibility to provide housing. I agree to notify Management regarding any changes in my address, income and household composition. **ADDITIONALLY, I UNDERSTAND THAT MISREPRESENTATION COULD RESULT IN AN AUTOMATIC DENIAL OF MY APPLICATION OR TERMINATION OF MY TENANCY.**

Signature / Head of Household	Date
Signature / Spouse/Co-Head of Household	Date
Signature / Co-Applicant	Date

EQUAL HOUSING OPPORTUNITY

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
HUD Assisted Housing
Race and Ethnicity

We are required to report the race/ethnicity of the Head of Household. We ask for your assistance in completing the following questions. **Your response is optional and will not have any bearing on your eligibility for this apartment community.**

Please check all that apply:

Race:
 American Indian or Alaskan Native Native Hawaiian or Pacific Islander
 Asian Some Other Race
 Black or African American White

Ethnicity:
 Hispanic or Latino
 Non-Hispanic or Latino

RURAL HOUSING SERVICE
RD, HCD & RHCP Housing
Race, Ethnicity & Gender

The information regarding the Head of Household's race, ethnicity, and gender 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 applications 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, for Rural Housing Service applicants, 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.

Race:
(Please mark one or more.)
 American Indian or Alaskan Native Black or African American
 Asian Native Hawaiian or Other Pacific Islander
 White

Ethnicity:
 Hispanic or Latino
 Non-Hispanic or Latino

Gender:
 Male
 Female

COMPLETED BY MANAGEMENT

Received By: _____ Date Received: _____ Time: _____