

(for office use only)

Date Received: \_\_\_\_\_  
Time Received \_\_\_\_\_

RRH Guide 3  
(Rev. 11-99)

APARTMENT COMPLEX NAME



Equal Housing  
Opportunity

**RENTAL APPLICATION**

Thank you for your interest in our apartments. Please complete all requested information on the front and back of this form.

\_\_\_\_\_  
\_\_\_\_\_  
City/State

Number of Bedrooms Desired \_\_\_\_\_ Desired date of Occupancy \_\_\_\_\_

PERSONAL INFORMATION

Applicant's Full Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Co-Applicants Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other Residents \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Household Income (Gross) - \$ \_\_\_\_\_ Child Care Expenses - \$ \_\_\_\_\_

Assets: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other \_\_\_\_\_

Medical Expenses (if allowable) \_\_\_\_\_

RESIDENCE HISTORY

PRESENT ADDRESS \_\_\_\_\_

Present Telephone \_\_\_\_\_ Length of Time at Present Address \_\_\_\_\_

Present Landlord or Mortgage Holder \_\_\_\_\_

Complete Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Amount of Rent \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

Length of Time at Previous Address \_\_\_\_\_ Previous Landlord or Mortgage Holder \_\_\_\_\_

Complete Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Amount of Rent \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

EMPLOYMENT INFORMATION

EMPLOYED BY \_\_\_\_\_ How Long? \_\_\_\_\_

Employer's Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Position Held \_\_\_\_\_ Supervisor \_\_\_\_\_

CO-APPLICANT'S EMPLOYER \_\_\_\_\_ How Long? \_\_\_\_\_

Employer's Address \_\_\_\_\_ Phone No. \_\_\_\_\_



This complex does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.  
Telecommunications Device for the Deaf (TDD) \_\_\_\_\_

Position Held \_\_\_\_\_ Supervisor \_\_\_\_\_

BANKING AND CREDIT REFERENCES

BANK \_\_\_\_\_ BRANCH \_\_\_\_\_

Checking Account No. \_\_\_\_\_ Savings Account No. \_\_\_\_\_

CREDIT REFERENCE \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

CREDIT REFERENCE \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

CREDIT REFERENCE \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

To qualify for a deduction of \$400 from annual income, the tenant or co-tenant must be at least 62 years old or disabled or handicapped. Do you qualify for this deduction? \_\_\_\_\_

Do you request a special handicapped accessible unit? \_\_\_\_\_

I certify that the apartment that I will occupy in this project is/will be my permanent residence.

I also certify that I do not and will not maintain a separate subsidized rental unit in a different location.

In Case of Personal Emergency, Notify \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any reference herein listed and/or other inquiries that management feels necessary in determining eligibility. (i.e., checks with credit bureau, inquiries with law enforcement, etc.)

APPLICANT'S SIGNATURE \_\_\_\_\_

CO-APPLICANT'S SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

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

Race \_\_\_\_\_ National Origin \_\_\_\_\_ Sex \_\_\_\_\_

**ATTACHMENT 6-I**

**ELIGIBILITY, INCOME, AND DEDUCTION CHECKLIST**

Head of household and/or the co-head should complete.

**LIST ALL HOUSEHOLD MEMBERS:**

<u>Name (Last, First, M.I.)</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Social Security #</u>
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____

<b>ELIGIBILITY:</b>	<b>YES</b>	<b>NO</b>
1. I have a household member who is absent from the home due to:		
Employment		
Military service		
Placement in foster care		
Temporarily in nursing home or hospital		
Permanently confined to nursing home		
Away at school		
Other		
2. I have a live-in attendant		
3. Expected changes in household:		
Baby due on _____		
Adopting a child(ren) on _____		
Obtaining custody of a child(ren) on _____		
Obtaining joint custody of a child(ren) on _____		
Receiving a foster child(ren) on _____		

**INCOME, ASSET, AND DEDUCTIONS**

A. Income:	YES	NO
1. Are you or any other members of the household currently receiving income from any of the following sources?		
Wages/salaries		
Wages earned through a government program such as Senior Aides, Older American Community Service Employment Program, AmeriCorps If yes, which program: _____		
Tips, bonuses, or commissions		
Overtime pay		
Income from operation of a business		
Social Security		
Disability / SSI		
Death Benefits		
Pension / retirement funds		
Annuities or non-revocable trust		
Unemployment		
Military pay		
Workman's Compensation		
Public assistance / TANF		
Alimony		
Child Support		
Income from rent or sale of property		
Periodic payment from lottery winnings		
Regular recurring contributions from persons or agencies outside of household		
Insurance policies		
Severance pay		
Other		
2. Are there any adult members of the household (18 years of age or older) receiving income not listed above?		
If yes, specify the source of the income		

B. Assets:	YES	NO
1. Do you or any other members of the household have any of The following:		
Checking accounts – average balance last 6 months		
Savings accounts –current balance		
Certificates of deposit		
Money market funds		
IRA/Keogh account		
Stocks		
Bonds		
Treasury bills		
Trust funds (do you have access to the funds?)		
If yes, is the trust irrevocable?		
Real estate		
Whole life or universal life insurance policy (term not included)		
Cash held in safety deposit boxes or home		
Assets held in another state or foreign country		
Other		
2. Have you or any other members of the household received any lump sum payments, such as:		
Inheritance		
Lottery winnings		
Insurance settlements		
Other		
3. Have you or any other household members disposed of any asset(s) for less than fair market value in the past two (2) years?		
4. Do you or any other household members have any assets that are held jointly with another person?		

C. Deductions:	YES	NO
1. Are there any fulltime students 18 years of age or older in the household?		
2. Does any household member qualify for elderly deduction (age 62 or older or a person with disabilities)?		
3. Do you have medical expenses that are not paid for by an outside source such as insurance (applicable to elderly/disabled)?		
4. Do you have disability expenses that are not paid for by an outside source?		
If yes, is this service necessary to enable a household member (including the member with a disability) to be employed?		
5. Do you have attendant care expenses?		
If yes, is this service necessary to enable a household member (including the member with a disability) to be employed?		
6. Do you currently pay for childcare services for any children under the age of 13 residing in your household?		
If yes, is this service necessary in order for you to be employed or to attend school?		
If yes, are any of these expenses reimbursed by an outside source?		