



PROFESSIONAL APARTMENT MANAGEMENT

APARTMENT APPLICATION

APARTMENT COMPLEX: \_\_\_\_\_
Size Apartment Desired: \_\_\_\_\_ Desired Date of Occupancy \_\_\_\_\_

Persons which meet the definition of disabled or handicapped qualify for a \$400 deduction to their annual income when determining rent contribution and certain other deductions. See the attached addendum which defines disabled or handicapped. If you feel that you qualify and would like to request this adjustment to your income, please indicate in the space provided: \_\_\_\_\_
If you have indicated your desire to request this adjustment, then we will need sufficient information documentation to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.

PERSONAL INFORMATION

APPLICANT'S NAME: \_\_\_\_\_
SOCIAL SECURITY # \_\_\_\_\_ Date of Birth \_\_\_\_\_
CO-APPLICANT'S NAME: \_\_\_\_\_
SOCIAL SECURITY # \_\_\_\_\_ Date of Birth \_\_\_\_\_

OTHER PERSONS OCCUPYING YOUR APARTMENT

Table with 5 columns: NAME, SOCIAL SECURITY #, RELATIONSHIP, DATE OF BIRTH, FULL TIME STUDENT. Includes rows for YES/NO checkboxes for full-time student status.

NOTE: SOCIAL SECURITY # REQUIRED FOR ALL HOUSEHOLD MEMBERS

RESIDENCE HISTORY

Present Address \_\_\_\_\_ Length of Time at Present Address \_\_\_\_\_
Telephone # \_\_\_\_\_ Telephone # \_\_\_\_\_
Present Landlord or Mortgage Holder \_\_\_\_\_
Amount of Rent \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_
Previous Address \_\_\_\_\_ Amount of Rent \$ \_\_\_\_\_
Previous Landlord or Mortgage Holder \_\_\_\_\_
Telephone # \_\_\_\_\_ Reason for Moving \_\_\_\_\_
Do You Own Furniture \_\_\_\_\_ Pets \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employed By \_\_\_\_\_ How Long? \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Position Held \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Supervisor \_\_\_\_\_  
Co-Applicant's Employer \_\_\_\_\_ How Long? \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Position Held \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Supervisor \_\_\_\_\_  
A. Total Income of Applicant \$ \_\_\_\_\_ C. Total Income of Others \$ \_\_\_\_\_  
B. Total Income of Co-Applicant \_\_\_\_\_ D. Total Household Income \$ \_\_\_\_\_

**CREDIT REFERENCES**

Credit Reference \_\_\_\_\_ Acct.# \_\_\_\_\_  
Address \_\_\_\_\_  
Credit Reference \_\_\_\_\_ Acct.# \_\_\_\_\_  
Address \_\_\_\_\_  
Credit Reference \_\_\_\_\_ Acct.# \_\_\_\_\_  
Address \_\_\_\_\_  
Personal Reference (non-family) \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Personal Reference (non-family) \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_

**OTHER INFORMATION**

Number of Automobiles (including Company Cars) \_\_\_\_\_ Driver's License No \_\_\_\_\_  
Make \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No \_\_\_\_\_ State \_\_\_\_\_  
Make \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No \_\_\_\_\_ State \_\_\_\_\_

**MEDICAL STATEMENT**

Do you have unusually high recurring medical expenses? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, please bring your medical records with you at the time of your interview.

I hereby make application for an apartment which is/will be my primary residence. I do/will not maintain a separate subsidized unit in a different location. I certify that this information is correct and authorize you to contact any references that I have listed.

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

**RACE / NATIONAL ORIGIN**

WHITE  BLACK (Not of Hispanic origin)  
 AMERICAN INDIAN OR ALASKAN NATIVE  HISPANIC  
 ASIAN OR PACIFIC ISLANDER

**MARITAL STATUS**

Married  
 Unmarried (Includes single, divorced, & widowed)  
 Separated

**SEX**

MALE  FEMALE

**DISCLOSURE STATEMENT**

"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."

DATE \_\_\_\_\_

**IN CASE OF PERSONAL EMERGENCY**

Notify \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_

**FOR OFFICE USE ONLY - DO NOT WRITE BELOW**

DATE APPLICATION RECEIVED \_\_\_\_\_ TIME \_\_\_\_\_  
RECEIVED BY \_\_\_\_\_

## ADDENDUM TO APARTMENT APPLICATION

HB-2- 3560" and "7 CFR Part 3560

What is considered a disability:

1. Disabled person with disability. A person who is considered disabled if the person meets the criteria of either of the following:

a. The person has an inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which:

b. Has lasted or can be expected to last for a continuous period of not less than 12 months, or which can be expected to result in death,

c. Substantially impedes the ability to live independently,

d. Is of such a nature that such ability could be improved by more suitable housing conditions, or

e. In the case of a blind person who is at least 55 years old (within the meaning of blindness as determined in Section 223 of the Social Security Act), is unable, because of the blindness, to engage in substantial gainful activity in which he/she has previously engaged with some regularity over a substantial period of time.

**NOTE:** Receipt of veteran's benefits for disability, whether service oriented or otherwise, does not automatically establish disability.

2. The person has a developmental disability; a severe, chronic disability which:

a. Is attributable to a mental or physical impairment or combination of mental or physical impairment;

b. Was manifested before age 22;

c. Is likely to continue indefinitely;

d. Results in substantial functional limitations in three or more of the following areas of major life activity:

- i. Self-care
- ii. Receptive and expressive language
- iii. Learning
- iv. Mobility
- v. Self-direction
- vi. Capacity for independent living
- vii. Economic self-sufficiency

e. Reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, or treatment, or for other services which are of lifelong or extended duration and are individually planned and coordinated.

## ADDENDUM TO APARTMENT APPLICATION

What is considered a handicap:

3. A person with a handicap is a person with a physical or mental impairment that:
  - a. Is expected to be of long-continued and indefinite duration;
  - b. Substantially impedes the person's ability to live independently and could be improved by more suitable housing conditions;
  - c. Is of such a nature that the person's ability to live independently could be improved by more suitable housing conditions.
4. The term handicapped (or handicap) further means, with respect to a person, a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. This term does not include current illegal use of or addiction to a controlled substance. As used in this definition, physical or mental impairment includes:
  - a. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special senses organs; respiratory; including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatics; skin; and endocrine; or
  - b. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.
5. Major life activities means functions such as caring for one's self, performing major tasks, walking, seeing, hearing, speaking, breathing, learning and working.
6. Has a record of such an impairment means has a history of, or has been misclassified as having a mental or physical impairment that substantially limits one or more of major life activities.
7. Is regarded as having an impairment means:
  - a. Has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by another person as constituting such a limitation;
  - b. Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward such impairment; or
  - c. Has one of the impairments defined in paragraph 4a or 4b of this definition but is treated by another person as having such an impairment.

**ADDENDUM TO APPLICATION/RECERTIFICATION  
CERTIFICATION OF ASSETS AND STUDENT STATUS**

**NOTE: All questions must be answered.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OR

APARTMENT NUMBER: \_\_\_\_\_

DO YOU HAVE ANY OF THE FOLLOWING:

REAL ESTATE	CURRENT VALUE	UNPAID DEBT	EQUITY
_____	_____	_____	_____
_____	_____	_____	_____
(EQUITY EQUALS CURRENT VALUE LESS UNPAID DEBT)			
CHECKING ACCOUNT	_____	_____	_____
SAVINGS ACCOUNT	_____	_____	_____
CERT. OF DEPOSITS	_____	_____	_____
STOCKS/BONDS	_____	_____	_____

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

**CERTIFICATION OF DISPOSITION OF ASSETS**

I HAVE NOT DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE DURING THE PAST TWO YEARS.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

I HAVE DISPOSED OF THE FOLLOWING ASSETS FOR LESS THAN FAIR MARKET VALUE DURING THE PAST TWO YEARS:

ASSETS	DATE OF DISPOSITION	MARKET VALUE AT DISPOSITION	AMOUNT RECEIVED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STUDENT STATUS**

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD A FULL-TIME STUDENT    YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, COMPLETE THE OTHER SIDE.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

## STUDENT STATUS EXCEPTIONS

If you checked "Yes" to the full-time student question, please complete all the items below.

1. Are all members of the household enrolled as full-time students? Yes \_\_\_\_\_ No \_\_\_\_\_

A. If NO, list the names of the household members who are not full-time students.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. If YES, you must complete the certification below by qualifying under one (1) of the provisions listed. Please check the block(s) that apply and sign the certificate. You must present supporting documentation.

- \_\_\_\_\_ 1. At least one member of the household receives assistance under title IV of the Social Security Act (for example, AFDC)
- \_\_\_\_\_ 2. At least one member of the household is currently enrolled in a job training program that receives assistance under the Job Training Partnership Act (JTPA) or is funded by a state or local public agency.
- \_\_\_\_\_ 3. The head of household is a single parent with children and neither the parent nor the children are the dependent of another individual.
- \_\_\_\_\_ 4. The members of the household are married and file a joint federal tax return.

2. I certify that the statement(s) above is/are true and complete to the best of my knowledge.

Tenant Signature	Date	Co-Tenant Signature	Date
Print Name		Print Name	

# INCOME QUESTIONNAIRE

Name and address of head of household: \_\_\_\_\_

We need to know about the "income" that every member of your household earns. The following is a list of items the government counts as *income* in determining eligibility for federal housing assistance. Check "yes" for a particular type of income if any household member gets it. We'll get the details from you later. Check "no" only if no member of your household gets the particular type of income.

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

**1) Adult's employment income**

*(This doesn't include employment income of children younger than 18 or live-in aides.)*

- Wages  Yes  No
- Salaries  Yes  No
- Overtime Pay  Yes  No
- Commissions  Yes  No
- Fees  Yes  No
- Tips  Yes  No
- Bonuses  Yes  No

Any other amounts adult household members earn from working for other people or from their own business  Yes  No

**2) Benefit payments**

*(This includes lump-sum payments received because of delays in processing benefits, but not lump-sum payments received under settlements with insurance companies or lump-sum payments of Social Security or Supplemental Security Income.)*

- Social Security  Yes  No
- Supplemental Security Income (SSI)  Yes  No
- Workers' Compensation  Yes  No
- Disability pay or benefits  Yes  No
- Unemployment benefits  Yes  No
- Severance Pay  Yes  No
- Annuities  Yes  No
- Insurance policy payments  Yes  No
- Pensions  Yes  No
- Retirement fund benefits  Yes  No
- Death benefits  Yes  No
- Any other benefit payments  Yes  No

**3) Welfare assistance**

*(This includes lump-sum payments received because of delays in processing benefits, but not grants or other amounts received specifically for medical expenses or care and equipment for a disabled person.)*  Yes  No

**4) Alimony and/or child support.**  Yes  No

**5) Interest, dividends, and other income from household assets**

- Interest from bank accounts or bonds  Yes  No
- Dividends from stocks or mutual funds  Yes  No
- Income distributed from trust funds  Yes  No
- Money from renting household assets  Yes  No
- Any other interest, dividends, or rent  Yes  No

**6) Education grants, scholarships, or Veterans Administration benefits covering rent, utility costs, and board of a student who is a household member**  
*(This doesn't include student loans or amounts received under the Title IV of the Higher Education Act of 1965.)*  Yes  No

**7) Lottery winnings paid in periodic payments**  Yes  No

**8) Money regularly given by persons not living in the unit**

*(This includes rent or utility payments regularly paid by someone on behalf of the household, but doesn't include annual rent credits or rebates paid to senior citizens or payments received for the care of foster children.)*  Yes  No

**9) Any other source of income?**  Yes  No

If yes, please specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that all of the above information is true and correct to the best of my knowledge.

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

**REQUIRED NOTICE TO TENANTS AND APPLICANTS**

I understand that the managing agent will verify, in writing through a third party, the information provided on the application and tenant certification.

I understand that my household wages, other income and expenses are subject to being verified through a third party source.

**WARNING:**

**Section 1001 of the Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both".**

BY SIGNING BELOW, I CERTIFY I HAVE READ AND UNDERSTAND THE ABOVE.

\_\_\_\_\_  
TENANT

\_\_\_\_\_  
MANAGEMENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-TENANT

\_\_\_\_\_  
COMPLEX

\_\_\_\_\_  
DATE