



COMMUNITY HOUSING PARTNERS

Rental Application

Applicant:

Name: _____

Current Address: _____

City, State, Zip Code: _____ Work Phone: _____

Home Phone: _____ Social Security # _____

Date Of Birth: _____ Bedroom Size Requested: _____

Marital Status: ___ single ___ married ___ divorced ___ separated ___ widow

Co-Applicant:

Name: _____

Current Address: _____

City, State, Zip Code: _____ Work Phone: _____

Home Phone: _____ Social Security # _____ Date of Birth: _____

Marital Status: ___ single ___ married ___ divorced ___ separated ___ widow

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the Relations of each family member to the head. Disclosure of SSN is not required for individuals age 62 or older and receiving assistance as of January 31, 2010.

<u>Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex</u>	<u>Social Security</u>	<u>Student</u> circle which applies	<u>Citizenship Status</u> circle which applies
	Head of Household					NO FT PT	Citizen NonCitizen
						NO FT PT	Citizen NonCitizen
						NO FT PT	Citizen NonCitizen
						NO FT PT	Citizen NonCitizen
						NO FT PT	Citizen NonCitizen
						NO FT PT	Citizen NonCitizen
						NO FT PT	Citizen NonCitizen
						NO FT PT	Citizen NonCitizen

2. Do you expect a change in your household composition within the next 12 months? Yes No
If yes, please explain: _____

STUDENT STATUS:

Is the head of household a student at an institute of higher education? Yes No

If yes: Is applicant unmarried? Yes No

If yes: Is Applicant a veteran? Yes No

If yes: Does applicant have a dependent child? Yes No

If yes: Is applicant disabled? Yes No



INCOME INFORMATION

Please answer each of the following questions. For each "yes," provide details in the charts below.

Does any member of your household:

1. Work Full time, part time, or seasonally .. []Yes []No \$ _____
2. Work for someone who pays him or her cash []Yes []No \$ _____
3. Expect a leave of absence from work due to lay off []Yes []No \$ _____
 medical, maternity, or military leave.
4. Now receive or expect to receive unemployment benefits..... []Yes []No \$ _____
5. Now receive or expect to receive child support. []Yes []No \$ _____
6. Entitled to child support that he/she is not now receiving []Yes []No \$ _____
7. Now receive or expect to receive alimony []Yes []No \$ _____
8. Have an entitlement to receive alimony that is not
 currently being received []Yes []No \$ _____
9. Now receive or expect to receive public assistance (TANF) []Yes []No \$ _____
10. Now receive or expect to receive Social Security or disability..... []Yes []No \$ _____
11. Now receive or expect to receive income from a pension/annuity []Yes []No \$ _____
12. Now receive or expect to receive regular contributions from
 organizations or individuals not living in the unit..... []Yes []No \$ _____
13. Receive income/dividends from assets including checking, savings,
 certificates of deposit, stocks, bonds, rental property []Yes []No \$ _____
14. Own real estate or any asset for which you receive income []Yes []No \$ _____
15. Now receive military pay []Yes []No \$ _____
16. Now receive workers compensation..... []Yes []No \$ _____
17. Now receive veterans administration benefits..... []Yes []No \$ _____
18. Do you have income from any source not mentioned above []Yes []No \$ _____
 If yes, please explain: _____

Employment:

Applicant:

Circle all applicable:

	Employed full time Non-employed	Employed part time Unemployed	self – employed
Current Employer _____		Position _____	Date Hired _____
Address _____		Supervisor _____	Phone _____
Current Wages: \$ _____ per: hour week month year (circle one)			
Do you expect to earn substantial overtime? () Yes () No If so, how much? _____			

Co-Applicant:

Circle all applicable:

	Employed full time Non-employed	Employed part time Unemployed	self – employed
Current Employer _____		Position _____	Date Hired _____
Address _____		Supervisor _____	Phone _____
Current Wages: \$ _____ per: hour week month year (circle one)			
Do you expect to earn substantial overtime? () Yes () No If so, how much? _____			



ASSET INFORMATION

Please answer each of the following questions.

Do any household members have any of the following? If yes, indicate the value.

Checking Account (average 6mon balance)..... []Yes.. []No \$ _____

Savings Account..... []Yes.. []No \$ _____

Certificates of Deposit..... []Yes... []No \$ _____

Stocks or Bonds..... []Yes.. []No \$ _____

IRA/s or Retirement Funds..... []Yes.. []No \$ _____

Mutual Funds..... []Yes.. []No \$ _____

Trust Accounts..... []Yes.. []No \$ _____

Whole or Universal Life Insurance (not Term)..... []Yes.. []No \$ _____

Personal Property held as an investment []Yes.. []No \$ _____

Real Estate..... []Yes.. []No \$ _____

Any Assets not listed above []Yes.. []No \$ _____

Have you disposed of any assets in the previous 24 months for less than fair market value?.. []Yes.. []No

List all information for any asset noted above (including Checking, Savings, IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

BANK NAME or INSTITUTION	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

PREVIOUS RENTAL HISTORY

Name and Address of Your Present Landlord:

Do you: Rent Own Other _____

Telephone No. _____

How Long Have You Lived There? _____

Reason for Leaving. _____

Name and address of your Former Landlord:

Telephone No. _____

How Long Did You Live There? _____

Reason for Leaving. _____

Please list all states in which you or any household member has resided: _____



RD and HUD PROPERTIES ONLY

EXPENSES

Yes No Do you have expenses for child care of a child aged 12 or younger?
If yes, provide the name, address, and telephone number and cost of the care provider:

Yes No Do you or any household member meet the following definition of disabled person?

1. A person who:
 - a. Has a disability, as defined in 42 U.S.C. 423;
 - 1) Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or
 - 2) In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time. For the purposes of this definition, the term blindness, as defined in section 416(i)(1) of this title, means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.
 - b. Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:
 - 1) Is expected to be of long-continued and indefinite duration;
 - 2) Substantially impedes his or her ability to live independently; and
 - 3) Is of such nature that the ability to live independently could be improved by more suitable housing conditions; or
 - c. Has a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that
 - 1) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - 2) Is manifested before the person attains age 22;
 - 3) Is likely to continue indefinitely;
 - 4) Results in substantial functional limitation in three or more of the following areas of major life activity:
 - a) Self-care,
 - b) Receptive and expressive language,
 - c) Learning,
 - d) Mobility,
 - e) Self-direction,
 - f) Capacity for independent living, and
 - g) Economic self-sufficiency; and
 - 5) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

If yes to above:

Yes No Do you pay a care attendant or for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work?
If you pay a care attendant, provide their name, address and telephone number and cost:

Yes No Do you have Medicare? If yes, what is your monthly premium? _____

Yes No Do you have any other medical insurance? If yes, provide name and address of carrier, policy number, and premium amount: _____

What medical expenses do you expect to incur in the next twelve months?

If you use the same pharmacy regularly, please provide the name and address:

OTHER INFORMATION:



Driver's License #: _____ State: _____ Expires: _____

Vehicle Model: _____ Year: _____ License Plate #: _____

HAVE YOU EVER:

Filed for Bankruptcy? [] Yes [] No

Been evicted from Tenancy? [] Yes [] No

Been evicted from Federally Funded Housing for a lease violation including drug use or a crime? [] Yes [] No

If yes, when: _____

Been convicted of a Felony or Misdemeanor? [] Yes [] No

If yes, explain: _____

Been displaced by government action? [] Yes [] No

Been displaced by a presidentially declared disaster? [] Yes [] No

Are you or any household member subject to lifetime sex offender registration [] Yes [] No

Are you or any household member enlisted in the U.S. Military or a veteran [] Yes [] No

Are you or any household member currently receiving housing assistance from HUD or a PHA ... [] Yes [] No

Do you have any special housing needs? [] Yes [] No

If yes, explain: _____

Emergency Contact:

Nearest Living Relative: _____

Name	Phone	Relationship
_____	_____	_____

Address: _____

MARKETING INFORMATION:

How did you hear about this community? _____

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Community Housing Partners, Agent for the owner of the property, to accept this application, I warrant that all statements contained herein are true. I have been advised and understand that residency at this community entails certain income restrictions and that residency is subject to qualification. I hereby authorize Landlord to procure a consumer report as defined in the Fair Credit Reporting Act, 15 U.S.C. 1881 a (d) seeking information on the credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I agree that in addition to execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certification will be made under the penalty of perjury.

By execution of this application, I hereby authorize Community Housing Partners. to make such investigations into my credit history as they may deem appropriate. I understand that such investigations typically include (but are not limited to) verification of employment and salary, rental history and consumer credit reports. By signing below, the applicant gives permission to procure a criminal background check and understands the results of such background check could affect the approval of this application. The undersigned do hereby acknowledge disclosure that the licensee, Community Housing Partners represents the Landlord in a real estate transaction.

RESIDENT'S DUTY TO PROVIDE TRUTHFUL & COMPLETE INFORMATION

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).

Resident acknowledges that federal law and the IRS require Resident to answer all questions about income and student status truthfully and completely at Resident's initial certification and at each annual recertification. This information is essential for determining Resident's eligibility to occupy the Unit. Resident understands that (s) he must give truthful and complete income and student status information at all times. Resident understands that compliance with this paragraph is a condition of Resident's occupancy of the Unit. If Owner discovers, at any time the Lease Term, that Resident purposely gave false or incomplete income or student status information, Owner may evict Resident from the Unit.

Resident's Acknowledgement: _____ (Initial here)

Applicant: _____ **Date:** _____

Co-Applicant: _____ **Date:** _____

Received by: _____ **Date Received:** _____ **Time :** _____

