



Apartment Community: \_\_\_\_\_

Dear Applicant,

Thank you for considering an Investors Management Company property for your home. Our team strives to make your future housing decisions as easy as possible.

Please return your application using one of the following methods:

- To our management team during office hours: \_\_\_\_\_
- Our Office Drop Box at \_\_\_\_\_
- USPS Mail To: \_\_\_\_\_  
(Street address) (City, State, Zip Code)

All members of the household, including minors, must be listed on the application. If you have any further questions or comments, please feel free to contact us.

Please provide the following:

Application- every question must be answered or indicated N/A (not applicable) and submitted with a \$\_\_\_\_\_ application fee in check or money order dropped through the office drop box or submitted by USPS mail. **The Application Fee is per adult. No Cash accepted.**

Social Security card for each household member- \* please provide copies\*

Birth certificate for each household member- \* please provide copies\*

Driver’s License/State Issued ID for each household member 18 and up

\*If you are unable to make copies of the above items, please take a picture of them and send them to the email below prior to submitting your application. Enter applicant’s name in subject line of email. Please do not put any original copies of your social security cards or birth certificates in the mail or through the drop box. We cannot be responsible for your original documents.

Upon receipt of the application and the above items, we will process and evaluate your application through our acceptance criteria which are designed to be a fair and reasonable way to provide equality to all applicants. Part of this process includes verifying your income and assets in compliance with federal and state program regulations governing the property. This specific information is found in our Resident Selection Plan which will be provided to you as requested. Thank you for your consideration of our community.

- | <u>Program Type</u>               | <u>Property Type</u>                                  |
|-----------------------------------|---|
| <input type="checkbox"/> USDA RD  | <input type="checkbox"/> FAMILY                       |
| <input type="checkbox"/> TCC – 9% | <input type="checkbox"/> HFOP- HEAD OF HOUSEHOLD 55+  |
| <input type="checkbox"/> HUD      | <input type="checkbox"/> ELDERLY -62+ AND/OR DISABLED |

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Investors Management Company Corporate Office Number: 229-247-9956

*“This institution is an equal opportunity provider and employer.”*



If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).



**OFFICE USE ONLY:**

Date Rec'd: \_\_\_\_\_ Time Rec'd: \_\_\_\_\_

Mgr. Initials \_\_\_\_\_ App Fee Pd: Y N Check/MO # \_\_\_\_\_

# APPLICATION FOR HOUSING

NOTE TO APPLICANT: In order for us to determine your eligibility, you must provide **all** information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal Affordable Housing Program. **Providing false information may result in ineligibility for housing.** Please carefully read and answer each item. All questions must be answered yes, no, or N/A. Any items left unanswered will designate the application as incomplete.

Applicant Name:	Telephone Number: ( )
Address: City, State & Zip Code:	Alternate Telephone Number: ( )
Email Address:	Driver's License/State Issued ID #:
Size of Desired Apartment: Move In Date Needed:	Total # of Persons in Household:
Reason for moving:	How did you hear about us?
Emergency Contact Name:	Emergency Contact Phone:

## HOUSEHOLD COMPOSITION

List yourself and anyone who will live with you **within the next 12 months**. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

**Please list household members starting with Head of household on line 1, then in order of oldest to youngest.**

	First Name, Last Name	Relationship to head of Household	Birth Date	Age	Social Security Number	Student Status:			Marital Status: (Check One)						
						Full Time	Part Time	N/A	M	S	D	Sep	Est	W	
1															
2															
3															
4															
5															
6															

**Marital Status: M- Married S- Single D- Divorced Sep- Legally Separated Est- Estranged W- Widowed**

**Please read each question carefully, answer each question as it pertains to your whole household, and be prepared to verify items marked "yes".**

All Adults Initial: \_\_\_\_\_

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Please list any vehicles that will be used on a regular basis by a household member.  
Please note that parking spots are not assigned unless otherwise specified by management.

Vehicle 1 Used By:	Make/Model	Color:	License Plate #
Vehicle 2 Used By:	Make/Model:	Color:	License Plate #:

- 1.) Do you anticipate any changes in the size of your household within the next 12 months?  Yes  No  
(Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)  
If yes, please describe any changes here:  
\_\_\_\_\_
- 2.) Will anyone under age 18 listed above live in the unit *less than* 50% of the next 12 months?  N/A  Yes  No  
If yes, please explain here: \_\_\_\_\_
- 3.) Does any member in your household have a disability and require a live-in care attendant?  
3a.) Is Head or Co-Head of Household handicap, elderly, or disabled?  Yes  No  
 N/A  Yes  No  
If yes, please list name of household member: (Applicant understands that verification is required.)  
\_\_\_\_\_
- 4.) Does your household have a pet?  Yes  No  
(Applicant understands pets are only allowed for qualified households at designated properties with prior written approval, signed Pet Agreement, and that a non-refundable pet fee may apply.)
- 5.) Does any member of your household have an assistance animal?  Yes  No  
(Applicant understands that assistance animals are allowed as a reasonable accommodation and that verification is required.)
- 6.) Have you or any member of your household filed for bankruptcy or plan to do so?  Yes  No
- 7.) Are you and all members of your household a United States citizen?  Yes  No
- 8.) In specific federally funded properties there are certain benefits for those who meet the definition of elderly or persons with disabilities. To determine if any household member qualifies, please answer the following:  
8a.) Is any household member 62 years of age or older?  Yes  No  
8b.) Does any household member meet the definition of a person with disabilities?  Yes  No  
8c.) Does any household member pay for medical or disability expenses out of pocket?  Yes  No  
8d.) Would any household member benefit from a reasonable accommodation or modification?  Yes  No  
If yes, please describe: \_\_\_\_\_
- 9.) Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance?  Yes  No
- 10.) Are you or any member of the household registered as a sex offender?  Yes  No
- 11.) Do you or any member of the household have a pending criminal charge?  Yes  No  
If yes, please explain: \_\_\_\_\_

All Adults Initial: \_\_\_\_\_



- 12.) Have you or any member of your household been convicted of a crime?  Yes  No  
If yes, please explain: \_\_\_\_\_
- 13.) Are you or any member of the household a current user of illegal controlled substances?  Yes  No
- 14.) Have you or any member of your household been previously convicted for the illegal use, sale, manufacture, or distribution of a controlled substance?  Yes  No  
\*\*\*If questions 11, 12, or 13 are marked yes, has this household member successfully completed or are they presently enrolled in a controlled substance abuse program? (Applicant understands that verification is required.)  N/A  Yes  No

## STUDENT ELIGIBILITY QUESTIONS

*Please read each question carefully, answer each question as it pertains to your entire household (including minors), and be prepared to verify items marked yes.*

- 15.) Are **ALL** members of your household full-time students?  Yes  No
- 16.) Will **ALL** members of your household be full-time students during 5 months of **THIS** calendar year?  Yes  No  
(Please note, months do not have to be consecutive.)
- 17.) Will **ALL** members of your household be full-time students during any 5 months of **NEXT** calendar year?  Yes  No
- 18.) Is **ANY ADULT** member of your household a part or full time student in an institute of higher education?  Yes  No  
18a.) If yes, who is enrolled? \_\_\_\_\_  
18b.) Which school are they enrolled in? \_\_\_\_\_  
18c.) How do they pay for their education? \_\_\_\_\_
- 19.) Does **ANY ADULT** member of your household intend to become a student *within the next 12 months*?  Yes  No  
19a.) If yes, who will be enrolling in school? \_\_\_\_\_  
19b.) If yes, will they be enrolling as a full-time or part-time student? \_\_\_\_\_

## ALIMONY / CHILD SUPPORT INFORMATION

*Please read each question carefully, answer each question as it pertains to your entire household (including those temporarily absent from the home) and be prepared to verify items marked yes.*

- 20.) Does any member of your household have a **COURT ORDER** to receive Child Support or Alimony payments, even if no child support or alimony is being received?  Yes  No Case Id #/File #: \_\_\_\_\_  
**IF "NO", SKIP TO QUESTION 23**
- 21.) Name of person with court order: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_ per \_\_\_\_\_
- 22.) Name of person(s) paying child support / alimony: \_\_\_\_\_  
22a.) Are the **FULL** court-ordered amount(s) being received?  Yes  No  
22b.) If **"NO"**, are you making efforts to collect the amounts due?  Yes  No  
22c.) If **"YES"**, please explain the efforts you're making here: \_\_\_\_\_
- All Adults Initial: \_\_\_\_\_

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23.) Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**?  
(This includes help from children's father or mother in the form of money, clothes, groceries, etc.)  Yes  No  
**IF "NO", SKIP TO NEXT SECTION: INCOME INFORMATION**

23a.) Payment Amount: \$ \_\_\_\_\_ per \_\_\_\_\_ **OR** type of help given (e.g. clothes, groceries, diapers): \_\_\_\_\_

23b.) Name of person(s) paying support / alimony: \_\_\_\_\_  
Phone: \_\_\_\_\_ For child: \_\_\_\_\_

## INCOME INFORMATION

*Please read each question carefully, answer each question as it pertains to your entire household (including minors and those temporarily absent from the home), and be prepared to verify items marked yes.*

24.) Is any member of the household employed?  Yes  No

24a.) Who is employed? \_\_\_\_\_  
Job 1.) What company? \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Gross Monthly Earnings: \_\_\_\_\_

Job 2.) What company? \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Gross Monthly Earnings: \_\_\_\_\_

24b.) Who is employed? \_\_\_\_\_  
Job 1.) What company? \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Gross Monthly Earnings: \_\_\_\_\_

Job 2.) What company? \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Job Title: \_\_\_\_\_ Gross Monthly Earnings: \_\_\_\_\_  
 **Check here if there are any additional jobs in the household** (Attach a separate sheet to list as needed.)

25.) Are any household members self-employed?  Yes  No

25a.) Who is Self-employed? \_\_\_\_\_  
What type of work does this person do? \_\_\_\_\_ Net Annual Earnings: \_\_\_\_\_

26.) Are any adult members of your household unemployed?  Yes  No

25a.) Which adult members are unemployed? \_\_\_\_\_

27.) Does any household member receive pay from the military?  Yes  No

27a.) Who is paid by the military? \_\_\_\_\_  
Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Which branch of the military? \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

All Adults Initial: \_\_\_\_\_

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28.) Does any household member receive any payments from the Social Security Administration?  Yes  No

28a.) Who receives payments from the Social Security Office? \_\_\_\_\_

Which type: \_\_\_ SS \_\_\_ SSI \_\_\_ Other Amount \$ \_\_\_\_\_ Per \_\_\_\_\_

29.) Does any household member receive severance pay or worker's compensation?  Yes  No

29a.) Who is receiving severance pay or worker's compensation? \_\_\_\_\_

Amount \$ \_\_\_\_\_ Per \_\_\_\_\_

What company pays them? \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

30.) Is any household member unemployed and receiving payments from an Unemployment Agency?  Yes  No

30a.) Who is receiving unemployment benefits? \_\_\_\_\_

Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Last Place Worked: \_\_\_\_\_

31.) Does any household member receive Public Assistance payments such as TANF or AFDC?  Yes  No

(Please do not include Food Stamp benefits here.)

31a.) Who is receiving TANF or AFDC benefits? \_\_\_\_\_

Amount \$ \_\_\_\_\_ Per \_\_\_\_\_

Caseworker: \_\_\_\_\_ Phone: \_\_\_\_\_

32.) Does any household member receive periodic payments from a pension, annuity, or retirement benefit account?  Yes  No

32a.) Who receives these benefits? \_\_\_\_\_

Which type: \_\_\_ Pension \_\_\_ Annuity \_\_\_ Other Retirement

Amount \$ \_\_\_\_\_ Per \_\_\_\_\_

What company pays this person? \_\_\_\_\_

33.) Does anyone outside of your household provide you or any other household member with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments, cell phone bills, or groceries?  Yes  No

33a.) Who receives these contributions? \_\_\_\_\_

Amount \$ \_\_\_\_\_ Per \_\_\_\_\_

What is the name of the person that pays you? \_\_\_\_\_

Relationship to recipient: \_\_\_\_\_ Phone Number? \_\_\_\_\_

All Adults Initial: \_\_\_\_\_

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34.) Is there any other source of income we haven't already asked about above that you receive?  Yes  No

34a.) Please Describe: \_\_\_\_\_

Amount \$ \_\_\_\_\_ Per \_\_\_\_\_

35.) Does your household expect any changes to their income *within the next 12 months*?  Yes  No  
(For example, taking a 2<sup>nd</sup> job, applying for social security, being awarded child support.)

35a.) Whose income is expected to change? \_\_\_\_\_

Please Describe: \_\_\_\_\_

36.) Do any adult members of your household have zero income?  Yes  No

36a.) Which adult members have zero income? \_\_\_\_\_

### ACCOUNT / ASSET INFORMATION

*Please read each question carefully, answer each question as it pertains to your entire household (including minors and those temporarily absent from the home), and be prepared to verify items marked yes.*

37.) Does any household member have a Checking, Savings, CD or Money Market account?  Yes  No  
(Please be reminded that this includes minors and those temporarily absent from the household.)

37a.) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Account Type: \_\_\_ Checking \_\_\_ Savings \_\_\_ CD \_\_\_ Money Market

37b.) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Account Type: \_\_\_ Checking \_\_\_ Savings \_\_\_ CD \_\_\_ Money Market

37c.) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Account Type: \_\_\_ Checking \_\_\_ Savings \_\_\_ CD \_\_\_ Money Market

37d.) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Account Type: \_\_\_ Checking \_\_\_ Savings \_\_\_ CD \_\_\_ Money Market

Check if there are additional accounts of these types belonging to the household. (Attach a separate sheet to list as needed.)

38.) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments, or a Whole Life Insurance Policy?  Yes  No  
(Please note that we do not count TERM insurance.)

38a.) Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Account Type: \_\_\_ Stocks \_\_\_ Bonds \_\_\_ Mutual Funds \_\_\_ Whole Life Insurance

38b.) Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Account Type: \_\_\_ Stocks \_\_\_ Bonds \_\_\_ Mutual Funds \_\_\_ Whole Life Insurance

All Adults Initial: \_\_\_\_\_

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39.) Does any household member have an IRA, Keogh, 401k, Annuity, or similar retirement account?  Yes  No

39a.) Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Account Type:  IRA  Keogh  401k  Other: \_\_\_\_\_

39b.) Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Account Type:  IRA  Keogh  401k  Other: \_\_\_\_\_

40.) Does any household member have a Pension account that will pay upon retirement or termination of employment?  Yes  No

(NOT including IRA, Keogh, 401k, or Annuity accounts)

40a.) Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Contact/Phone: \_\_\_\_\_ Account Type: \_\_\_\_\_

41.) Does any household member own any Real Estate?  Yes  No

(Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property, and property being sold by deed of trust or Contracts for Deed)

41a.) Property Owner(s): \_\_\_\_\_ Type of Property: \_\_\_\_\_

What is the name of the bank or institution with financial interest in this property? \_\_\_\_\_  
(Mortgage Holder, Contract Owner, etc.)

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

42.) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (Examples include: coin or stamp collections, antique cars, jewelry, etc.)  Yes  No

42a.) Type: \_\_\_\_\_ Estimated Cash Value: \$ \_\_\_\_\_

43.) Does any household member have a Trust Account?  Yes  No

43a.) Name(s) on Account: \_\_\_\_\_ Institution Name: \_\_\_\_\_

Is this account Revocable or Non-Revocable Trust Account? \_\_\_\_\_ Contact Phone: \_\_\_\_\_

44.) Does any household member have any Treasury Bills or Government Savings Bonds? ([www.savingsbonds.gov](http://www.savingsbonds.gov))  Yes  No

44a.) Which household member(s): \_\_\_\_\_

Series: \_\_\_\_\_ Face Value: \$ \_\_\_\_\_ Serial Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

45.) Does any household member have cash on hand or in safe deposit boxes?  Yes  No

45a.) Which household member? \_\_\_\_\_ What amount is kept on hand? \$ \_\_\_\_\_

All Adults Initial: \_\_\_\_\_

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46.) Does any household member have any accounts or assets that were not described above?  Yes  No  
(For example, loadable debit cards not tied to checking accounts such as Direct Express, pay cards, etc.)  
(Please DO NOT include personal use vehicles, furniture, clothing, etc.)

46a.) Who owns this asset? \_\_\_\_\_

What type of account or asset is this? \_\_\_\_\_

46b.) Who owns this asset? \_\_\_\_\_

What type of account or asset is this? \_\_\_\_\_

47.) In the past two years, has any household member given away any asset(s) for less than they were worth?  Yes  No  
(Examples include property quit claims, transferring an asset account into someone else's name, charitable contributions etc.)

47a.) Who gave this asset away? \_\_\_\_\_ Type of asset: \_\_\_\_\_

What was the estimated value of this asset? \$ \_\_\_\_\_ When was it given away? \_\_\_\_\_

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### MINORS IN THE HOUSEHOLD

*Please read each question carefully, answer each question as it pertains to the minors in your household, and be prepared to verify items marked yes.*

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48.) Are there minors in the household?  Yes  No **IF "NO", SKIP TO NEXT SECTION: RENTAL HISTORY**

48a.) Name of minor: \_\_\_\_\_

Do you receive child support?  Yes  No Have you ever filed to receive child support?  Yes  No

Do you pay for child care?  Yes  No Amount \$ \_\_\_\_\_ Per \_\_\_\_\_

Child Care Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_

48b.) Name of minor: \_\_\_\_\_

Do you receive child support?  Yes  No Have you ever filed to receive child support?  Yes  No

Do you pay for child care?  Yes  No Amount \$ \_\_\_\_\_ Per \_\_\_\_\_

Child Care Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_

48c.) Name of minor: \_\_\_\_\_

Do you receive child support?  Yes  No Have you ever filed to receive child support?  Yes  No

Do you pay for child care?  Yes  No Amount \$ \_\_\_\_\_ Per \_\_\_\_\_

Child Care Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_

All Adults Initial: \_\_\_\_\_



48d.) Name of minor: \_\_\_\_\_

Do you receive child support?  Yes  No Have you ever filed to receive child support?  Yes  No

Do you pay for child care?  Yes  No Amount \$ \_\_\_\_\_ Per \_\_\_\_\_

Child Care Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Check if there are additional minors in the household. (Attach a separate sheet to list as needed.)

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## RENTAL HISTORY

*Please read each question carefully, answer each question as it pertains to the adult members in your household, and be prepared to verify items marked yes.*

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49.) Has anyone in your household ever had an eviction filed against them?  Yes  No

49a.) Which household member? \_\_\_\_\_ When? \_\_\_\_\_

Landlord Name: \_\_\_\_\_

What was the result of this filing? \_\_\_\_\_

Adult 1: Current Landlord's Name \_\_\_\_\_ Is this an apartment complex?  Yes  No

Address \_\_\_\_\_

Telephone \_\_\_\_\_ M/I Date \_\_\_\_\_ M/O Date \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

Previous Landlord's Name \_\_\_\_\_ Is this an apartment complex?  Yes  No

Address \_\_\_\_\_

Telephone \_\_\_\_\_ M/I Date \_\_\_\_\_ M/O Date \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

Adult 2: Current Landlord's Name \_\_\_\_\_ Is this an apartment complex?  Yes  No

Address \_\_\_\_\_

Telephone \_\_\_\_\_ M/I Date \_\_\_\_\_ M/O Date \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

Previous Landlord's Name \_\_\_\_\_ Is this an apartment complex?  Yes  No

Address \_\_\_\_\_

Telephone \_\_\_\_\_ M/I Date \_\_\_\_\_ M/O Date \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

Check if there are additional adults household. (Attach a separate sheet to list as needed.)

All Adults Initial: \_\_\_\_\_

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## SELF-IDENTITY INFORMATION

*To be completed by Head and Co-Head of Household.*

**Self- Identify Information:** “The information regarding race, ethnicity, and sex designation solicited on this application is requested to assure compliance with the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, sexual orientation, reprisal, and disability. 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 the individual applicants on the basis of visual observation or surname.”

Race: (check all that apply)	Applicant	Co-Applicant
1. American Indian/ Alaska native		
2. Asian		
3. Black or African American		
4. Native Hawaiian or Other Pacific Islander		
5. White		
<b>Ethnicity:</b>		
A. Hispanic		
B. Non-Hispanic or Latino		
<b>Gender:</b>		
Male		
Female		

## HOUSEHOLD CERTIFICATION

*All household members who are 18 years of age or older, or who will be 18 years of age within the upcoming 12 month period, should read each item carefully before signing agreement.*

I/we understand that the information provided on this application will be used to determine my eligibility for housing. Under penalties of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in loss of my housing consideration at this property.

I/we also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility.

I/we understand that a credit, criminal, and residence history will be performed on all adult household members in order to process the application.

I/we understand that the management company, acting on behalf of the owner, is required to verify your income and assets in compliance with program regulations governing this property. Information obtained on this application may be used, as well as verification of information from third party sources. You, and all adult members, are required to complete and sign the release form attached to this application. After verifications are received, if the household income exceeds the program qualifying income limit or other eligibility requirements are not met, this application will be denied. Changes in household composition, income, assets, and/or student status changes during this verification period, you should immediately report to

*“This institution is an equal opportunity provider and employer.”*



*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).”*



