



Biggs, Inc.

522 S. 13TH ST. P.O. BOX 549
DECATUR, IN 46733
260-724-9131 (VOICE) 800-743-3333 (TDD) 800-724-8542 (FAX)

RENTAL APPLICATION (Conventional Housing)

FOR OFFICE USE:

DATE REC'D: _____

TIME REC'D: _____

References: _____

**Note: An application fee of \$20.00 will be due at the time the application is returned
Applicant must be over 18 and have the legal capacity to sign a lease**

This application is to be completed fully and in detail. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process by Landlord and is subject to verification by Landlord. In the event any information provided is later determined to be false, Landlord may, in Landlord's sole discretion, terminate any lease. Landlord's gathering of information from and about prospective tenants is for the benefit of the Landlord, only, and does not create any right of reliance on the part of any tenant or occupant part regarding the behavior or character of any other tenant or occupant of the community.

(Please Print)

Applicant's Full Name: _____ Date of Application: _____
Apt. Community Desired: _____ Desired Move-In Date: _____
Type and Size of Apartment Desired: _____

PRESENT RESIDENCE:

Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____
Reason for Moving: _____ Landlord Name: _____
Landlord Address: _____ City: _____ State: _____ Zip: _____
Landlord Telephone: _____ Comments: _____

PREVIOUS RESIDENCE #1:

Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____
Reason for Moving: _____ Landlord Name: _____
Landlord Address: _____ City: _____ State: _____ Zip: _____
Landlord Telephone: _____ Comments: _____

PREVIOUS RESIDENCE #2:

Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____
Reason for Moving: _____ Landlord Name: _____
Landlord Address: _____ City: _____ State: _____ Zip: _____
Landlord Telephone: _____ Comments: _____

HOUSEHOLD COMPOSITION:

NAMES OF HOUSEHOLD MEMBERS (First, Middle Initial, Last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	PLACE OF BIRTH	DATE OF BIRTH	FULL-TIME STUDENT
	HEAD				

Do you expect any additions to the household within the next twelve months? Yes: _____ No: _____

DISABILITY STATUS:

- 1. Would you or anyone in your household benefit from the features of a handicap-accessible unit? Yes: _____ No: _____
- 2. Would you like to be placed on a priority waiting list for a handicap-accessible unit? Yes: _____ No: _____
- 3. Do you require any accommodation for any disability? Yes: _____ No: _____
- 4. If you are disabled, do you require any modifications to the unit for any disability? Yes: _____ No: _____

If so, please list the specific modifications needed: _____

- 5. Do you have any handicap assistance expenses you incur due to disability? Yes: _____ No: _____

GENERAL INFORMATION:

Have you, your spouse, or any other proposed occupant ever:

- 1. Filed for bankruptcy? Yes: _____ No: _____
- 2. Been evicted from any residence? Yes: _____ No: _____
- 3. Willfully or intentionally refused to pay rent? Yes: _____ No: _____
- 4. Been arrested and charged with any misdemeanor or felony? Yes: _____ No: _____

If yes, please explain: _____

- 5. Been arrested for possession, sale or delivery of any illegal or controlled substance? Yes: _____ No: _____

If yes, please explain: _____

- 6. Been required to register as a sex offender? Yes: _____ No: _____

- 7. Do you have any pets? Yes: _____ No: _____

If yes, please describe (include breed and weight): _____

- 8. How did you hear about our apartment community: _____

VEHICLES: List any cars, trucks, or other vehicles owned.

Type of Vehicle _____ Yr./Make: _____ Color: _____

License Plate #: _____ Monthly Payment: _____ Loan Payable To: _____

REFERENCES:

Local Credit Reference: _____ Account #: _____ Type of Acct _____

Bank/Credit Union: _____ Account #: _____ Type of Account _____

Personal Reference: _____ Relationship: _____ Telephone: _____

Personal Reference: _____ Relationship: _____ Telephone: _____

EMERGENCY CONTACT (Please provide information for two people not planning to occupy the Premises whom we may contact in the event of an emergency, or to locate you:

Name: _____ Relationship: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

INCOME:

To determine your eligibility to occupy a unit in this project, we need the total amounts of all income sources earned by your household. You must list any income in which you and your household members receive. (You must place a "0" in each column describing each source from which no income is received)

INCOME SOURCES	HOUSEHOLD MEMBER WHO RECEIVES THE INCOME	MONTHLY GROSS AMT. RECEIVED (Put a "0" if you do not receive income from that source.)	PHONE NUMBER & ADDRESS TO SEND VERIFICATION FORM (Please Provide)
Salary / Wages / Employment/Tips / Bonuses			
Self Employment / Unearned Income			
Social Security Benefits/SSI			
Disability Pension / Death Benefits			
Pension / Retirement Funds			
Other			

ASSETS: (You must place a "0" in each column describing each source from which no income is received)

Type of Assets	Value	Account #	Organization Name, Phone & Address	FOR OFFICE USE ONLY
Checking Accounts				
Checking Accounts				
Savings Accounts				
Savings Accounts				
CD's				
C D's				
Credit Union				
Other (Describe)				

NOTE: In considering this application from you, Landlord will rely heavily on the information which you have supplied. It is most important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize Management to verify any references that you have listed.

I do hereby certify that the information listed on this form and the questions answered are true and complete to the Best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property). I realize that false statements are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. Rural Development has also established a process to match resident wage and benefit data with federal and state records to assure that applicants/residents are fully disclosing income. I hereby consent to release wage matching data to Rural Development and Landlord. I hereby certify that if I am applying for a federally subsidized apartment, it will serve as my permanent residence, and that I will not maintain a separate subsidized rental unit in a different location.

Date: _____ **Applicant Signature:** _____

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

Please review the statement below and provide the requested information, if you are willing:

STATUS:

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, that Federal Laws prohibiting discrimination against tenant applicants 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, 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."

ETHNICITY: Please check one of the following: Hispanic or Latino _____
Not Hispanic or Latino _____

RACE: Please check one of the following: American Indian/Alaska Native _____
Asian _____
Black or African American _____
Native Hawaiian or Other Pacific Islander _____
White _____

GENDER: Please check one of the following: Male _____ Female _____

For Landlord Use Only: _____ _____ _____ _____
--

CONSENT FOR RELEASE OF INFORMATION

Your signature on this form authorizes Landlord to obtain any information that is pertinent to eligibility, according to federal law, for residency at the housing complex in which you reside/have applied. Any individual or organization may be asked to release information.

Inquiries including, but not limited to, the following information may be made:

Employment Income	Social Security Income
Self-Employment Income	Disability Income
Pension Income	Other Sources of Income
Assets of Any Kind	Medical/Pharmaceutical Expenses
Family Composition	Childcare Expenses
Federal, State, Tribal, and Local Benefits	Handicap Apparatus Expenses
Student Status	Other Qualifying Expenses
Credit References	Landlord References
Prescriptions	Personal References
	Criminal History

Photocopies of this authorization may be used for the purpose indicated above. The original is retained by the requesting organization.

Please Complete This Section:

I understand that failure to consent to the release of this information will render me ineligible for housing complex at which I have applied. I give my permission for Landlord, as mentioned above, to obtain any information that is pertinent to my eligibility, and to any reference or entity I have identified to release such information to Landlord.

Applicant Information:

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Social Security # _____ Birthdate: _____

Driver's License # _____ State Issued: _____

Signature: _____ Date: _____

Co-Applicant Information:

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Social Security # _____ Birthdate: _____

Driver's License # _____ State Issued: _____

Signature: _____ Date: _____