

Date: \_\_\_\_\_

Dear Applicant,

Thank you for your interest in our community! We take pride in our management and in our apartment communities. We screen all of our applicants carefully and verify all information provided to us.

- Anyone 18 years and older must fill out a rental application.
- We run a credit check on EVERY applicant.
- We run criminal checks on ALL applicants and require all applicants provide us with a local.
- We run a sexual predator check on ALL applicants.
- We check previous rental history.
- We verify income and assets (where applicable).
- We verify medical expenses (where applicable).

The same screening and verification process is implemented for every applicant. By submitting an application to our community, you acknowledge that these checks and verifications will be done and give us your permission to do so by signing your application.

Please, sign and fill out your application completely. If you do not, we will NOT be able to process the application successfully. **Please, leave NO question unanswered.** If you have any questions when filling out the application please ask for assistance, we are here to be of service to you. We do charge an application fee, the amount is located at the top of your application. Please note if you are applying for an apartment in a HUD property and you paid an application fee, the fee will be returned to you.

**Please return along with your completed application:**

- A local Sheriff's background report for all applicants over age 18
- Application fee per application – We ONLY accept check/money order (NO CASH)
- Approximately one (1) month of pay history for a **Conventional application**
- Copy of Social Security card for ALL members of the household
- Copy of Birth Certificate for ALL members of a household for a **Subsidized application**

We will do our best to process your application quickly and notify you in writing within 10 business days the status of your application. Once again, thank you for your interest in our community.

Sincerely,

\_\_\_\_\_  
Biggs Property Management



AN EQUAL OPPORTUNITY PROVIDER & EMPLOYER

*Specializing in the Development & Management of Market Rate, RD-Section 515, HUD-Section 8 & Tax Credit Section-42 Properties. Biggs Property Management conducts business in accordance with all federal, state, and local fair housing laws. It is our policy to provide housing to all persons regardless of race, color, religion, sex, national origin, disability, or familial status. We are an equal opportunity provider and employer. TDD: 7-1-1.*

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EQUAL HOUSING  
OPPORTUNITY

# BIGGS

## PROPERTY MANAGEMENT

522 S. 13<sup>TH</sup> ST. P.O. BOX 549

DECATUR, IN 46733

260-724-9131 (VOICE) 800-743-3333 (TDD) 260-724-6439 (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: \_\_\_\_\_ Telephone: \_\_\_\_\_

### PRESENT RESIDENCE:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone/Alternate: \_\_\_\_\_ 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?
- 2. Would you like to be placed on a priority waiting list for a handicap-accessible unit?
- 3. Do you require any accommodation for any disability?
- 4. If you are disabled, do you require any modifications to the unit for any disability?

Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 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?
- 2. Been evicted from any residence?
- 3. Willfully or intentionally refused to pay rent?
- 4. Been arrested and charged with any misdemeanor or felony?

Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 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.)	ORGANIZATION NAME, 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: _____ _____ _____ _____
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# 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: \_\_\_\_\_