

**Note: An application fee of \$25.00 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. Additionally, the information provided is subject to verification by the Rural Development Agency of the United States Department of Agriculture.

Please Print

Applicant's Full Name: _____ Date of Application: _____

Community Desired: Renaissance Pointe Homes Neighborhood Homes Desired Move-In Date: _____

Type and Size of Home Desired: _____

PRESENT RESIDENCE:

Address		City		State	Zip
Telephone	Lived there From:		To	Monthly Payment	
Reason for Moving			Landlord's Name		
Landlord's Address		City		State	Zip
Landlord's Telephone		Comments			

PREVIOUS RESIDENCE #1:

Address		City		State	Zip
Lived there From:	To	Reason for Moving		Monthly Payment	
Landlord's Name		Landlord's Telephone			
Landlord's Address		City		State	Zip
Comments					

PREVIOUS RESIDENCE #2:

Address		City		State	Zip
Lived there From:	To	Reason for Moving		Monthly Payment	
Landlord's Name		Landlord's Telephone			
Landlord's Address		City		State	Zip
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	Are you a Full- Time Student?
	Head				

How did you hear about our community? _____ Referred By: _____



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

STUDENT STATUS

Are you or anyone in your household currently a student or planning to be one within the next 12 months? Yes No
 If yes, please explain _____

Name of Institution: _____ Full-Time Part-Time # of Credit Hours Taken: _____

If you answered either of the previous two questions, are you:

- Receiving assistance under Title IV of the Social Security Act (AFCD/TANF)? Yes No
- Receiving assistance through the Job Training Participation Act (JTPA) or other similar program? Yes No
- Married and filing a joint tax return? Yes No
- Single parent with a dependent child and neither you nor your child are dependent of another? Yes No

GENERAL INFORMATION

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

- 1. Filed for Bankruptcy? Year: _____ 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. Are any household members subject to any state's lifetime sex offender registration? Yes No
If so, who and what state? _____
- 8. Are you currently living in subsidized housing? Yes No
- 9. Have you or any other proposed occupant ever, while living in a subsidized community had a tenancy or assistance terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedures? Yes No
- 10. Do you have to pay any childcare expenses in order to be gainfully employed or to further your education? Please provide contact information of childcare provider: Yes No
 Name: _____
 Address: _____
 Phone: _____
- 11. Do you have any pets? Yes No
If yes, please describe: _____ *Breed* _____ *Weight* _____

VEHICLES

List any cars, trucks, or other vehicles owned.

Type of Vehicle	Yr/Make:	Color
Plate #	Monthly Payment:	Loan Payable To

Vehicle #2

Type of Vehicle	Yr/Make:	Color
Plate #	Monthly Payment:	Loan Payable To

REFERENCES

Personal Reference	Relationship	Telephone
Personal Reference	Relationship	Telephone

INCOME

LIHTC and HUD regulations require that all applicants/residents reveal all sources of income and assets. Applicants/residents for housing in this LIHTC and HUD property must complete this disclosure form by filling in the requested information and certifying this form. This form must be completed in its entirety. **Please provide the mailing address and phone number for each of these sources in the area provided.** Should you need assistance completing this form, feel free to ask your Resident Manager for assistance, he/she would be more than happy to help.

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 (A "0" MUST BE MARKED IN EACH COLUMN IN WHICH YOU DO NOT RECEIVE INCOME FROM THAT SOURCE.)	ACCOUNT #	ORGANIZATION NAME, PHONE NUMBER & ADDRESS TO SEND VERIFICATION FORM (PLEASE PROVIDE)
Salary / Wages / Employment Tips / Bonuses				
Self-Employment / Unearned Income / Workers Compensation				
Social Security Benefits				
SSI				
Disability Pension / Death Benefits				
Pension / Retirement Funds				
Pension / Retirement Funds				
Welfare – <i>do not include food stamps</i>				
AFDC / TANF				
Annuity Payments				
Child Support / Unearned income from a family member under 17 years of age				
Military Payments / GI Bill / VA				
Unemployment				
Net Farm / Business Income				
Payment Rec'd on Real Est. / Rental Income or Income from a Contract sale of Real Estate				
Interest on Check/Savings Acct.				
Interest on Bonds/CDs				
Investment Dividends				
Stock Dividends / Annuities / Trusts				
Recurring Gifts – <i>monetary or not</i>				
Other				

OTHER INCOME RELATED ISSUES

Did you, or any other members of the household, file a federal tax return last year? Yes No

If not, why? _____

Do you anticipate any changes in income during the next 12 months? Yes No

Explanation: _____

Are any members of the household under 18 years of age receiving income not listed above? Yes No

Explanation: _____

MONETARY/NONMONETARY HOUSEHOLD CONTRIBUTIONS: (These include money for or expenses paid on your behalf, such as rent, utilities, telephone, groceries, clothing, household supplies, insurance, car expenses and gas)

Does anyone outside of your household pay for any of your bills or give you money? Yes No

If yes, please explain: _____

CHILD SUPPORT: (We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather received directly from payor.)

Are you, or any member of your household *entitled* to receive child support payments? Yes No

If yes, are you *currently* receiving any child support payments? Yes No

If yes, are your child support payments court ordered? Yes No

Is there a divorce or separation agreement that state you are entitled to periodic support? Yes No

If money is not actually received, are you taking legal action to remedy? Yes No

Explanation: _____

OTHER INCOME AND/OR DEDUCTIONS:

Do you have disability expenses or attendant care expenses that are not paid by an outside source? Yes No

If yes, is this service necessary to enable a family member (including a member with a disability to be employed)?

Please Explain: _____

Will any foster children, foster adults or live-in attendants that are living, or going to be living, with you? Yes No

Who? _____

Are any members of your household temporarily absent? Yes No

If so, list who and why: _____

Are there any expected changes in the household membership in the next 12 months? Yes No

(For instance: Baby due, adopting a child, obtaining custody of a child, receiving a foster child or adult member of the household moving out) Explain: _____

HOME VISITS

As part of the screen process, Management will conduct a home visit of your current place of residency.

Do you agree to allow management to perform a home inspection? Yes No

How did you hear about our homes? _____

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	
Personal Reference	Relationship		Telephone	
Address	City	State	Zip	

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
Checking Accounts			
Checking Accounts			
Savings Accounts			
Savings Accounts			
Cash on Hand/At Home <i>-must list amount of cash</i>			
Balance on Direct Express Card			
Trust Accounts/Revocable or Irrevocable			
CD's			
CD's			
CD's			
CD's			
CD's			
Annuities			
Annuities			
Annuities			
Annuities			
IRA's / Pensions / 401K / Mutual Funds			
Stocks			
Stocks			
Money Market			
Whole Life			
Whole Life			
Whole Life			
Money in a safety deposit box			
Savings Bonds			
Personal Property Held as an Investment			
Other (Describe)			
Other (Describe)			

OTHER ASSET INFORMATION

REAL ESTATE

Do you own any property? Yes No

Type of Property	Location
Appraised Market Value	

Do you have any land contracts? Yes No

Type of Property	Location
Terms of Contract	

Do you receive any rent from your property? Yes No

Type of Property	Location
Amount received per month	

ASSETS DISPOSED OF: Applicants/Residents must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification/recertification. This includes, but is not limited to, assets or money given away or sold for less than their true value if offered for sale to the public.

Did you have any assets (excluding personal assets) in the last two years not listed above? Yes No
If yes, did you dispose of any assets for less than fair market value? Yes No

Please list assets disposed of:

ASSET	MARKET VALUE	AMOUNT RECEIVED	DATE DISPOSED OF

DEMOGRAPHICS

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, acting through the Rural Housing Service 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
- Native Hawaiian or Other Pacific Islander
- Asian
- White
- Black or African American

GENDER: Please check one of the following:

- Male
- Female
- Choosing Not To Respond

*Please list ALL states in which ALL household members have lived. Failure to provide accurate information to management is grounds to deny the application. Please write N/A on any line that is left blank.

State	Name	State	Name
State	Name	State	Name
State	Name	State	Name

CERTIFICATION & CONSENT FOR RELEASE OF INFORMATION



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. Your signature on this form also 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 | Benefits |
| Self-Employment Income | Disability Income | Student Status |
| Pension Income | Other Sources of Income | Prescriptions |
| Assets of Any Kind | Medical/Pharmaceutical Expenses | Credit References |
| Family Composition | Childcare Expenses | Criminal History |
| Federal, State, Tribal, and Local | Handicap Apparatus Expenses | Landlord References |
| Other Qualifying Expenses | Personal References | Loan Information |

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. I also hereby certify that all of the information disclosed on this form is accurate and true. By signing this document, 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. 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.

APPLICANT INFORMATION:

Name		Phone		Email	
Address			City		State
Social Security #			Birthdate		State Issued
			Driver's License #		
				Zip	

Signature: _____ **Date:** _____

CO-APPLICANT INFORMATION:

Name		Phone		Email	
Address			City		State
Social Security #			Birthdate		State Issued
			Driver's License #		
				Zip	

Signature: _____ **Date:** _____