



EQUAL HOUSING
OPPORTUNITY

BIGGS

PROPERTY MANAGEMENT

522 S. 13th St. -P.O. Box 549

Decatur, IN 46733

260-724-9131 (VOICE) 800-743-3333 (TDD) 260-724-6439 (FAX)

RENTAL APPLICATION

Affordable Housing

FOR OFFICE USE:

DATE REC'D: _____

TIME REC'D: _____

APP FEE REC'D: Amount \$ _____

Mgr. Initials: _____

Please fill out one application for each household member over the age of 18
Note: An application fee of \$8.00 per application will be due at the time the application is returned
Applicant must be over 18 and have the legal capacity to sign a lease.
If you are applying at a HUD property, no application fee will be required due to program regulations.

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 can be subject to verification by the Rural Development Agency of the United States Department of Agriculture. Please note, Limberlost I, and Village Green II are HUD properties, in which eligibility is determined by federal statute and HUD regulations.

(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	ARE YOU A STUDENT?
	HEAD				

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 modification 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: _____
- Full-Time Part-Time # of Credit Hours Taken _____
- Name of Institution: _____
- If you answered yes, are you:
 - Receiving assistance under the 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. Do you owe a current balance? Yes No
If yes, Amount: \$ _____ To whom (contact info): _____
What steps have you taken to rectify? _____
 - 5. Is any member of the household a US military veteran? Yes No
 - 6. Are you seeking housing as a result of a Presidentially declared disaster? Yes No
 - 7. Been charged & convicted with any misdemeanor or felony? Yes No
If yes, please explain: _____
 - 8. Been charged & convicted for possession, sale or delivery of any illegal or controlled substance? Yes No
If yes, please explain: _____
 - 9. Been required to register as a sex offender? Yes No
 - 10. Are any household members subject to any state's lifetime sex offender registration program? If so, who and what state? _____ Yes No
 - 11. Are you currently living in subsidized housing? Yes No
 - 12. Have you or any other proposed occupant ever, while living in a subsidized community, had tenancy or assistance terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedures? Yes No
 - 13. Do you 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: _____
 - 14. Do you have any pets? Yes No
If yes, please describe (include breed and weight): _____

VEHICLES:

List any cars, trucks, or other vehicles owned.

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

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

REFERENCES:

Personal Reference: _____ Relationship: _____ Telephone: _____

Personal Reference: _____ Relationship: _____ Telephone: _____

INCOME:

RURAL DEVELOPMENT-USDA, HUD and Section 42 of the Internal Revenue Code regulations require that all applicants/residents reveal all sources of income and assets. Applicants/residents for housing in this RURAL DEVELOPMENT-USDA / HUD / Section 42 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-do not include food stamps				
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/CD's				
Investment Dividends				
Stock Dividends / Annuities / Trusts				
Recurring gifts/monetary or not				
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 old 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 INFORMATION 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 members (including a member with a disability) to be employed?
Please explain: _____

Are any foster children, foster adults or live-in attendants living with 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: _____

How did you hear about our apartments? _____ Referred by: _____

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: _____

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- must list amount of cash			
Balance on Direct Express Card			
Trust Accounts/Revocable or Irrevocable			
CD's			
C D's			
CD's			
C D's			
C D'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

If yes, type of property: _____ Location _____

Appraised Market Value: \$ _____

Do you have any land contracts? Yes No

If yes, type of property: _____ Location: _____

Terms of Contract: _____

Do you receive any rent from your property? Yes No

If yes, 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
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

GENDER:

Please check one of the following

- Male
- Female
- Prefer Not 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: _____

MEDICAL:

Do you qualify for housing as an elderly household as described by RD or HUD?

Yes No If you answered **yes** to the above question, please complete the boxes below regarding the medical expenses your household anticipates incurring in the next 12 months. **Please provide receipts for non-prescription medicine and hearing aid batteries.**

Medicaid	Yes/No	Monthly Spenddown	Medicaid Office Address & Phone Number	
Medicare Premiums	Yes/No		Monthly Amount/Type	
Do You Have a Live- In Resident-Assistant	Yes/No	Cost Per Month	Name, Phone Number & Address of Resident Assistant	
Do You Pay For Your Spouses Nursing Home Care	Yes/No	Cost Per Month	Name Phone Number & Address of Nursing Home	
Other Medical Insurance-not Medicare or Medicaid	Yes/No	Monthly Premium	Annual Deductible Amt.	Carrier Name, Phone Number and Address
Outstanding Medical/Dental Balance Due Not Covered By Insurance	Yes/No	Monthly Payment	Balance Due	Name, Phone Number & Address of Organization
Outstanding Medical/Dental Balance Due Not Covered By Insurance	Yes/No	Monthly Payment	Balance Due	Name, Phone Number & Address of Organization
Pharmacy #1: Do You Pay for Your Prescriptions?	Yes/No	Monthly Amount	Name & Address of Pharmacy #1	
Pharmacy #2: Do You Pay for Your Prescriptions?	Yes/No	Monthly Amount	Name & Address of Pharmacy #2	
Physician #1: Do You Have Regular Physicians Visits	Yes/No	Cost Per Visit **AFTER INSURANCE	# Visits Per Year	Name, Phone Number & Address of Physician
Physician #2: Do You Have Regular Physicians Visits	Yes/No	Cost Per Visit **AFTER INSURANCE	# Visits Per Year	Name, Phone Number & Address of Physician
Eye Doctor: Do You Have Eye Doctor Visits	Yes/No	Cost Per Visit **AFTER INSURANCE	# Visits Per Year	Name, Phone Number & Address of Physician
Dentist: Do You Have Regular Dental Visits	Yes/No	Cost Per Visit **AFTER INSURANCE	# Visits Per Year	Name, Phone Number & Address of Physician
Specialist: Do You Have Regular Specialists Visits	Yes/No	Cost Per Visit **AFTER INSURANCE	# Visits Per Year	Name, Phone Number & Address of Physician

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
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. 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. Rural Development has also established a process to match resident wage and benefit date 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.

Applicant Information:

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Social Security # _____ Birthdate: _____

Driver's License # _____ State Issued: _____

Signature: _____ Date: _____

Co-Applicant Information:

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Social Security # _____ Birthdate: _____

Driver's License # _____ State Issued: _____

Signature: _____ Date: _____