

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.

If applicable – Please note that we will assist you in filling out an application to request a housing voucher from the local housing authority and will fax it to them. After faxing, it will be your responsibility to follow up with the housing authority as to where you might be in their process. This does NOT in any way guarantee that you will receive a housing voucher, and we are just happy to help you with submitting an application.

Please return along with your completed application:

- A local Sheriff's of Police Department (depending on area) background report for all applicants 18 or older.
- Application fee per application – We ONLY accept check/money order (NO CASH)
- 6-Current consecutive Pay Stubs – *if applicable*
- 6-months' Current/Consecutive bank statements for all "Checking" accounts
- Current bank statement for all "Savings" accounts
- 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**
- Social Security Award Letter – *if applicable*
- Court Orders for all Child support awarded, custody/or guardianship – *if applicable*

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



EQUAL HOUSING
OPPORTUNITY

BIGGS

PROPERTY MANAGEMENT

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

Decatur, IN 46733

260-724-4076 (VOICE) 800-743-3333 (TDD) 260-728-1426 (FAX)

VAN BUREN FLATS 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 \$25.00 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.

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: Van Buren Flats 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: _____