



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 verify previous rental history, income, assets, and medical expenses (where applicable).

The same screening and verification process is implemented for every applicant. By applying 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 pay 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 applying.

Please return along with your completed application:

- A local Sheriff's or 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 statements for all checking and peer-to-peer 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
- 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.

FOR OFFICE USE:

DATE REC'D: _____

TIME REC'D: _____

APP FEE REC'D: Amount \$ _____

Mgr. Initials: _____

AFFORDABLE HOUSING RENTAL APPLICATION

Please complete one application for each household member over the age of 18. An application fee of \$35.00 USD per application will be due at the time the application is submitted. Applicant must be 18 or older and have the legal capacity to sign a lease. *If applying to 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 is 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.

A. GENERAL INFORMATION:

Applicant's Full Name: _____ Date of Application: _____
 Phone: _____ E-Mail: _____
 Apartment Community Desired: _____ Desired Move-In Date: _____
 Type and Size of Apartment Desired: _____
 How did you hear about us: _____

B. CURRENT RESIDENCE:

Address: _____ City: _____ State: _____ Zip: _____
 Lived there from: _____ to: _____ Monthly Payment: \$ _____
 Reason for Moving: _____
 Landlord Name: _____ Landlord Phone: _____
 Landlord Address: _____ City: _____ State: _____ Zip: _____
 Comments: _____

C. PREVIOUS RESIDENCE:

Address: _____ City: _____ State: _____ Zip: _____
 Lived there from: _____ to: _____ Monthly Payment: \$ _____
 Reason for Moving: _____
 Landlord Name: _____ Landlord Phone: _____
 Landlord Address: _____ City: _____ State: _____ Zip: _____
 Comments: _____

D. HOUSEHOLD COMPOSITION:

Full Name of Household Member	Relationship to Head of Household	Social Security Number	Place of Birth (City, State)	Date of Birth (MM/DD/YYYY)	Are you a student? (Y/N)
	HEAD				

*please attach additional sheets if necessary

**Social Security Number exceptions are as follows:

- a. A household member who is 62 or older as of January 31, 2010 and eligibility determination started before January 31, 2010.
- b. A household member who is ineligible non-citizen. This member does not qualify for assistance, therefore household assistance will be prorated.
- c. A child under age 6 added to the applicant's household within the 6-month period prior to the household's date of admission.

Do any of the above exceptions apply to your household?

Yes No

E. 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 accommodations 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 that you incur due to disability? Yes No

F. STUDENT STATUS:

6. Are you or anyone in your household a student or planning to be one within the next 12 months? Yes No
- a. If yes, please explain: _____
Status: Full-Time Part-Time Credit Hours: _____
Name of Institution: _____
- b. If you answered yes, are you:
Receiving assistance under the Title IV of the Social Security Act (AFCD/TANDF)? Yes No
Receiving assistance through the Job Training Participation Act (JTPA) or similar programs? 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
A person formerly in foster care? Yes No

G. ADDITIONAL INFORMATION:

7. Have you, your spouse, or any other proposed occupant ever:
- a. Filed for bankruptcy? Yes No
If yes, year: _____
- b. Been evicted from any residence? Yes No
- c. Willfully or intentionally refused to pay rent? Yes No
- d. Been charged and convicted with any misdemeanor or felony? Yes No
If yes, please explain: _____
- e. Been charged and convicted for possession, sale, or delivery of any illegal substance? Yes No
If yes, please explain: _____
- f. Required to register as a sex offender? Yes No
- g. Had tenancy or assistance terminated for fraud, nonpayment of rent, or failure to cooperate with recertification procedures while living in a subsidized community? Yes No
- h. Served in the United States military? Yes No
8. Do you, your spouse, or any other proposed occupant: Yes No
- a. Owe a current balance? Yes No
If yes, Amount \$ _____ To Whom (contact info): _____
What steps have you taken to rectify: _____
- b. Pay any childcare expenses to be gainfully employed or to further your education? Yes No
If yes, please provide contact information of childcare provider:
Name: _____ Phone: _____
- c. Own a pet? Yes No
If yes, please describe (breed and weight): _____
9. Are you, your spouse, or any other proposed occupant:
- a. Subject to any state's lifetime sex offender registration program? Yes No
If yes, who and what state: _____
- b. Seeking housing as a result of a government declared disaster? Yes No
- c. Currently living in subsidized housing? Yes No

H. VEHICLE INFORMATION:

Vehicle Make/Model	Year	Color	License Plate #	Monthly Payment	Loan Payable To

I. REFERENCES:

Full Name: _____ Relationship: _____ Phone: _____
 Full Name: _____ Relationship: _____ Phone: _____
 Full Name: _____ Relationship: _____ Phone: _____

J. 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.

Emergency Contact #1

Name: _____ Relationship: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact #2

Name: _____ Relationship: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

K. DEMOGRAPHICS:

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

“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, sex, familial status, age, and disability are complied with. You are not required to provide 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 based on 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 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.

Name: _____ State: _____ Name: _____ State: _____
 Name: _____ State: _____ Name: _____ State: _____
 Name: _____ State: _____ Name: _____ State: _____

L. 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.

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 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 Recipient	Monthly Gross Amount Received (A "0" must be placed in each column for which no income is received)	Account #	Organization Name, Phone Number, and Address for Verification (REQUIRED)
Salary/Wages/Tips/Bonus'				
Self-Employment/Unearned Income/Workers Compensation				
Social Security Benefits				
SSI				
Disability Pension/Death Benefits				
Pension/Retirement Funds				
Welfare (Not including food stamps)				
AFDC/TANF				
Annuity Payments				
Child Support/Unearned income from a family member under age 17				
Military Payments/GI Bill/VA				
Unemployment				
Net Farm/Business Income				
Payment Received on Real Estate/Rental Income				
Interest on Check/Savings Account				
Interest on Bonds/CD's				
Investment Dividends				
Stock Dividends/Annuities/Trusts				
Recurring Gifts (Monetary or other)				
Other Income				

please attach additional sheets if necessary

M. INCOME QUESTIONS:

10. Did you or any members of the household file a federal tax return last year? Yes No
If not, why? _____
11. Do you anticipate any changes in income over the next 12 months? Yes No
Why or why not: _____
12. Are any members of the household under 18 years old receiving income not listed above? Yes No
If yes, please explain: _____
13. Is anyone outside of your household assisting in the payment of your expenses such as rent, utilities, bills, groceries, clothing, household supplies, insurance, car expenses, gas, etc. ? Yes No
If yes, please explain: _____

N. CHILD SUPPORT:

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

14. Are you or any member of your household entitled to receive child support payments? Yes No
a. If yes, are you currently receiving any child support payments? Yes No
b. If yes, are your child support payments court ordered? Yes No
15. Is there a divorce or separation agreement that states you are entitled to periodic support? Yes No
16. Are you or any member of your household taking legal action to remedy any entitled payment that is not actually received? Yes No
Please explain: _____

O. OTHER INFORMATION/DEDUCTIONS:

17. Do you have disability expenses or attendant care expenses that are not paid by an outside source? Yes No
a. If yes, is this service necessary to enable a family member (including a member with a disability) to be employed? Please explain: _____
18. Are any foster children, foster adults, or live-in attendants living with or going to be living with you? Yes No
a. If yes, please explain: _____
19. Are any members of your household temporarily absent? Yes No
a. If yes, please explain: _____
20. Are there any expected changes in the household membership in the next 12 months? i.e. birth of a child, adopting a child, obtaining custody, receiving foster child, household member moving out, etc. Yes No
a. If yes, please explain: _____
21. Will all household members (including yourself/head of household) reside at the residence full-time? Yes No
a. If not, what percentage will you/they reside at this residence: % _____

P. ASSETS:

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.

To determine your eligibility to occupy a unit in this project, we need the total amounts of all assets in your household. You must place a “0” in each column describing each source from which there is no asset.

Type of Asset	Value	Account #	Organization Name, Phone Number, and Address for Verification (REQUIRED)
Checking Account			
Checking Account			
Savings Account			
Savings Account			
Cash on Hand/At Home			
Balance on Direct Express Card			
Trust Accounts/Revocable or Irrevocable			
CD			
CD			
Annuities			
Annuities			
Mutual Funds			
Digital Wallet Accounts (Venmo, Cash App, PayPal, etc.)			
Digital Wallet Accounts (Venmo, Cash App, PayPal, etc.)			
Stocks			
Stocks			
Whole Life			
Money in safety deposit box			
Savings Bond			
Personal property held as an investment			
Other (Please Describe)			
Other (Please Describe)			

please attach additional sheets if necessary

Q. ASSET INFORMATION:

Real Estate:

22. Did you own any property? Yes No
 a. If yes, Property type: _____ Location: _____
 Appraised Market Value: \$ _____
 b. If yes, do you receive any rent from your property? Yes No
 Property Type: _____ Location: _____
 Amount Received per month: \$ _____
23. Do you have any land contracts? Yes No
 If yes, property type: _____ Location: _____
 Terms of Contract: _____

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.

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

ASSET	MARKET VALUE	AMOUNT RECEIVED	DATE DISPOSED OF

R. MEDICAL INFORMATION:

25. Do you qualify for housing as an elderly household as described by RD or HUD? Yes No
 a. If yes, please complete the questions 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.

<ul style="list-style-type: none"> • Medicaid Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> ○ Monthly Spenddown: \$ _____ ○ Medicaid Office Address: _____ Phone: _____ • Medicare Premiums Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> ○ Monthly Amount: \$ _____ Type: _____ • Do you have a live-in Resident Assistant? Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> ○ Cost Per Month: \$ _____ Name of Assistant: _____ ○ Address: _____ Phone: _____ • Do you pay for any nursing home care for your spouse? Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> ○ Cost Per Month: \$ _____ Name of Facility: _____ ○ Address: _____ Phone: _____ • Other Medical Insurance (excluding Medicare/Medicaid) Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> ○ Monthly Premium: \$ _____ Annual Deductible: \$ _____ ○ Carrier Name: _____ Phone: _____ ○ Address: _____ • Outstanding Medical/Dental Balance Not Covered by Insurance Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> ○ Monthly Payment: \$ _____ Balance Due: \$ _____ ○ Organization Name: _____ Phone: _____ ○ Address: _____ • Outstanding Medical/Dental Balance Not Covered by Insurance Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> ○ Monthly Payment: \$ _____ Balance Due: \$ _____ ○ Organization Name: _____ Phone: _____ ○ Address: _____ • Pharmacy – Do you pay for your prescriptions? Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> ○ Monthly Amount: \$ _____ ○ Pharmacy Name: _____ ○ Pharmacy Address: _____ • Physician – Do you have regular physician visits? Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> ○ Cost Per Visit (after insurance): \$ _____ # Visits Per Year: _____ ○ Physician Name: _____ Phone: _____ ○ Physician Address: _____ • Specialist – Do you have regular specialist visits? Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> ○ Cost Per Visit (after insurance): \$ _____ # Visits Per Year: _____ ○ Physician Name: _____ Phone: _____ ○ Physician Address: _____ • Eye Doctor – Do you have regular eye doctor visits? Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> ○ Cost Per Visit (after insurance): \$ _____ # Visits Per Year: _____ ○ Physician Name: _____ Phone: _____ ○ Physician Address: _____ • Dentist – Do you have regular dental visits? Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> ○ Cost Per Visit (after insurance): \$ _____ # Visits Per Year: _____ ○ Physician Name: _____ Phone: _____ ○ Physician Address: _____

please attach additional sheets if necessary

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 | Handicap Apparatus Expenses |
| Benefits | Other Qualifying Expenses |
| Student Status | Landlord References |
| Credit References | Personal References |
| Prescriptions | Criminal History |

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

Please Complete This Section:

I understand that failure to consent to the release of this information will render me ineligible for the housing complex in 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 the information disclosed in 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 completed 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:

Full Name: _____ Phone: _____ E-Mail: _____

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

Social Security #: _____ Birthdate: _____

Driver's License #: _____ Issuing State: _____

Signature: _____ Date: _____