

RESIDENCY APPLICATION

WAITING LIST INFO
_____ DATE RECEIVED
_____ TIME RECEIVED

APPROVED BY: _____
DATE: _____



EQUAL HOUSING
OPPORTUNITY

PLEASE READ CAREFULLY
 ALL QUESTIONS MUST BE ANSWERED OR YOUR APPLICATION WILL NOT BE ACCEPTED AS VALID. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR OCCUPANCY, IF IT DOES NOT APPLY PUT N/A.

1.

APPLICANT NAME: .			
BIRTH DATE	SOCIAL SEC. #	DRIVER'S LICENSE #	U.S. CITIZEN STATUS

2.

Co-APPLICANT NAME: .			
BIRTH DATE	SOCIAL SEC. #	DRIVER'S LICENSE #	U.S. CITIZEN STATUS

3. PRESENT ADDRESS: _____ 4. HOW LONG? _____

5. MAILING ADDRESS: _____

6. HOME TELEPHONE: _____ WORK TELEPHONE: _____

7. PRESENT LANDLORD NAME: _____

8. PRESENT LANDLORD ADDRESS & TELEPHONE: _____

9. PRIOR RESIDENT INFORMATION (YOU MUST INCLUDE TELEPHONE NUMBER)

ADDRESS	CITY	LANDLORD NAME & ADDRESS	TELEPHONE

LIST EVERY STATE IN WHICH YOU OR ANY OTHER HOUSEHOLD MEMBERS HAVE LIVED:

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10. HOUSEHOLD COMPOSITION

NAME OF ALL HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	PLACE OF BIRTH	DATE OF BIRTH	SOCIAL SECURITY NUMBER

11. CLOSEST RELATIVE (NOT LIVING WITH YOU) _____

RELATIONSHIP; _____ ADDRESS; _____

AND TELEPHONE: _____

IN CASE OF AN **EMERGENCY** WHOM SHOULD WE CONTACT? _____

ADDRESS _____ TELEPHONE _____

12. EMPLOYMENT INFORMATION (LIST ALL CURRENT EMPLOYMENT)

EMPLOYER NAME: ADDRESS: TELEPHONE:	APPLICANTS POSITION	HOW LONG?	
EMPLOYER NAME: ADDRESS: TELEPHONE:			
EMPLOYER NAME: ADDRESS: TELEPHONE:			
EMPLOYER NAME: ADDRESS: TELEPHONE:			

13. APPLICANT'S MAIN OCCUPATION? _____

14. CO-APPLICANT'S MAIN OCCUPATION? _____

15. TOTAL HOUSEHOLD MONTHLY INCOME \$ _____

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	APPLICANT	SPOUSE/ CO-APPLICANT	EMPLOYER AGENCY /	TELEPHONE
WORK				
COMMISSIONS/TIPS	\$	\$		
BUSINESS INCOME	\$	\$		
INTEREST	\$	\$		
PENSION/ RETIREMENT	\$	\$		
DISABILITY COMPENSATION	\$	\$		
SOCIAL SECURITY PAYMENTS	\$	\$		
RELIEF (PUBLIC /PRIVATE)	\$	\$		
ALIMONY	\$	\$		
SERVICEMEN PAY	\$	\$		
G. I. BENEFITS	\$	\$		
U.S. GOVERNMENT DEATH OR DISABILITY BENEFITS	\$	\$		
GENERAL ASSISTANCE AFDC	\$	\$		
OTHER	\$	\$		

16. INCOME LAST 12 MONTHS \$ _____

17. SEASONAL WORK YES _____ NO _____
IF YES, EXPLAIN _____

18. ANTICIPATED AMOUNT TO BE SPENT ON MEDICAL EXPENSE \$ _____.

19. ANTICIPATED AMOUNT TO BE SPENT ON CHILD CARE (PER YEAR) \$ _____.

20. MONTHLY OBLIGATIONS

	\$
	\$
	\$

21. NET FAMILY ASSETS

TYPE	AMOUNT	ACCOUNT #	BANK NAME & ADDRESS
SAVINGS	\$		
CHECKING	\$		
STOCKS AND BONDS	\$		
REAL ESTATE	\$		
OTHER	\$		

22. CREDIT ACCOUNTS

COMPANY NAME	ACCOUNT NAME	ACCOUNT #	LOCATION

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23. ARE YOU AN EMPLOYEE, RELATIVE OF AN EMPLOYEE OR A BOARD MEMBER OF RCHDC? YES_____ NO_____
24. WOULD ANYONE IN YOUR HOUSEHOLD BENEFIT FROM A UNIT MODIFIED TO ACCOMMODATE A PERSON WITH A DISABILITY? YES_____ NO_____
25. DO YOU REQUEST AN ADJUSTMENT TO INCOME FOR ELDERLY OR HANDICAPPED/DISABLED? YES_____ NO_____
26. HOW DID YOU HEAR ABOUT OUR PROPERTY? FROM A FRIEND ___ AD IN PAPER ___ OTHER _____

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THE FOLLOWING INFORMATION IS REQUESTED BY THE APARTMENT OWNER IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH HUD AND USDA/RURAL DEVELOPMENT, THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANTS APPLICANTS ON THE BASIS OF RACE/NATIONAL ORIGIN, AND SEX 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.

RACE CATEGORIES			ETHNICITY
	Race	Check All Races That Apply	Check if also Hispanic
1	American Indian or Alaska Native		
2	Asian		
3	Black or African American		
4	Native Hawaiian or Other Pacific Islander		
5	White		

1. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANY DRUG RELATED CRIME? _____yes _____no
 IF YES, When: _____ City: _____ County: _____ State: _____
2. ARE YOU SUBJECT TO STATE LIFETIME SEX OFFENDER REGISTRATION IN ANY STATE? _____yes _____no
 IF YES, When: _____ City: _____ County: _____ State: _____

I AGREE TO GIVE THE MANAGEMENT AGENT THE AUTHORITY TO INVESTIGATE MY CREDIT AND MY CURRENT AND PAST RENTAL RECORDS. THE INFORMATION OBTAINED WILL BE USED FOR MANAGEMENT PURPOSES ONLY AND WILL BE HELD IN CONFIDENCE.

THE APPLICANT INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY FRAUDULENT INFORMATION WILL DISQUALIFY THIS APPLICATION FOR RESIDENCY.

I CERTIFY THE HOUSING I/WE WILL OCCUPY AT _____ WILL BE MY/OUR PERMANENT RESIDENCE. I/WE FURTHER CERTIFY THAT I/WE WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____