



**PRELIMINARY RENTAL APPLICATION**

**Office Use Only**      **Date Received** \_\_\_\_\_ **Time Received** \_\_\_\_\_

To comply with Federal Executive Order #13166, management will make reasonable attempts to improve the access of persons with Limited English Proficiency (LEP). While we cannot guarantee the following request, management will take affirmative steps to communicate the information provided and services. Do you require services of an interpreter or materials translated into another language other than English as available for persons with LEP?  Yes,  No. If Yes, please list the language and services requested: \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

HOUSEHOLD MEMBER	GENDE R M or F Optional	HOUSEHOLD MEMBER'S FULL NAME	PHONE NUMBER	BIRTH DATE AND	AGE
				SOCIAL SECURITY #	
Head of Household					
Address		City/State/Zip			
Co-Head					
Address		City/State/Zip			
Other Adult					
Address		City/State/Zip			

**RACE/ETHNICITY Check mark. If you choose not to disclose, please indicate below:**

<b>Ethnic Categories</b>	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Non-Disclosed
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**Racial Categories (Check Mark all that apply)**

<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	Asian	<input type="checkbox"/>	White/Caucasian
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Other
<input type="checkbox"/>	Non-Disclosed		

**UNIT Size Check mark. Our occupancy standards are a minimum of 1 person per bdrm, maximum of 2 people per bdrm.**

<input type="checkbox"/>	Studio Unit	Need Mobility Accessible Unit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	1 Bedroom Unit	Please note that this need will be verified with your doctor.				
<input type="checkbox"/>	2 Bedroom Unit					

Do you have a reasonable accommodation request due to a disability? If yes, state request.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**U.S. CITIZENSHIP INFORMATION**

	US Citizen?		If you answered "No" answer next question -->	Are you an eligible non-citizen?		
	Yes	No			Yes	No
Head				Head		
Co-Head				Co-Head		
Other Adult			Other Adult			
Have you ever been convicted of a crime?				Yes	No	
If yes, please explain.						Felony ?
				Misdemeanor?		
Are you or any member of your household subject to a lifetime registration requirement under a state/federal sexual offender registration program? If yes, please explain and member's name				Yes	No	
Have you or any member of your household ever been convicted or adjudicated of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past 15 years? This also includes harassment, sexual assault, drug abuse, and other crimes? If yes, please explain.				Yes	No	
Have you or any member of your household been released from an incarcerated setting within the past 2 years? If yes, when and the members' name.				Yes	No	

**INCOME INFORMATION (list gross monthly amounts)**

Social Security	\$	
Supplemental Security Income	\$	
Veteran Administration Benefits	\$	
Unemployment Benefits	\$	
Employment	\$	
Child Support	\$	
Alimony	\$	
Public Assistance	\$	
Income from a pension, annuity or other asset	\$	
Regular contribution from organizations or from individuals not living in the unit	\$	

**ASSETS INFORMATION**

	Yes	No
Do you have a checking account?		
Do you have a savings account? If yes, what is current balance?		
Do you have a 401K or other employment savings account? If yes, what is value?		
Do you own an IRA or other retirement account? If yes, what is value?		
Do you or any member of your household own a home, other real estate If yes value?		
Do you own stocks/bonds/CDs? If yes current value?		



Do you own an annuity? If yes current value?		
Is there a trust fund in your name or have you established a trust fund for someone		
If yes, current value?		
Any other assets not listed above? If yes, name and current value		

**STUDENT STATUS**

Are you or any member of your household currently enrolled in an institution of higher education? If yes list name of member and institution _____	<b>Yes</b>	<b>No</b>

**VAWA Violence Against Women Act of 2022**

If there is a member of your family who is the survivor of domestic violence, HUD has a form you can voluntarily fill out. The law protects victims of domestic violence, dating violence, sexual assault or stalking, regardless of sex, sexual orientation, or gender identity and economic or technological abuse of affiliated with the victim from being evicted or denied housing assistance if an incident of violence that is reported and confirmed. Applicants can request HUD 5382 form during the application process.

**PENALTIES FOR MISUSING THIS FORM**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government, HUD the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer employee of HUD, the PHA or the party responsible for the unauthorized disclosure of improper use. Penalty provisions for using the social security numbers are contained in the Social Security Act at 208(a)(6)(7) and (8). Violation as cited as violations of 42 U.S.C 408 (a)(6)(7)&(8).

**APPLICANT CERTIFICATION**

I/we authorize management to verify all information which may be released to appropriate Federal, State or Local agencies. I/we certify that the statements on this form are true and complete, if not this application will be rejected. I/We also understand that false statements or information are punishable under Federal Law. I/we also understand that it is a requirement of our placement on the waiting list to contact the property in writing every 6 months.

**Email Address:**

**SIGNATURES**

Signature of Head of Household	_____	Date	_____
Signature of Spouse or Co-Head	_____	Date	_____
Signature of Other	_____	Date	_____
Signature of Management	_____	Date	_____