

Thank you for your interest in our property. Listed below is some important information you should know about the process before applying.

Please review the application carefully, answer all questions, and sign where required. Incomplete applications will be not accepted. Please print in ink, and please do not use whiteout on the application. Instead, cross out and initial mistakes. Write "N/A" in sections that are not applicable.

Once you have completed the application, please contact the property manager to set up an interview to be placed on the waiting list.

We require that you bring the following documents along with your completed application to the interview:

- Birth certificates for all household members
- Social Security cards, or acceptable verification for Social Security Numbers, for all household members
- Photo ID for all household members over 18-years-old (License, Non-Driver ID, Passport, etc.)

Please feel free to contact the property directly should you have any questions about our apartments.

We look forward to hearing from you soon.

Sincerely,

Residential Properties Management, Inc  
Property Manager





## APPLICATION FOR HOUSING

*For Office Use Only:*

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Unit Size: \_\_\_\_\_

Property Name: \_\_\_\_\_

### A. GENERAL INFORMATION

Applicant Name: \_\_\_\_\_  
                                     First                                    Middle                                    Last

Address: \_\_\_\_\_  
                                     Number & Street                                    Apt#                                    City                                    State                                    Zip

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Do you:     Rent     Own (check one)

Current Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
                                     Name of Person or Company

Landlord Address: \_\_\_\_\_  
                                     Number & Street                                    City                                    State                                    Zip

How long have you resided at this address? \_\_\_\_\_ Current Amount of Rent: \_\_\_\_\_

Check utilities currently paid by you:                      Electricity     Gas     Phone     Cable

Please list state or states in which you and all household members have resided.

\_\_\_\_\_

### B. HOUSEHOLD COMPOSITION (List ALL persons who will live in the apartment)

	Name:	Relation- Ship to head:	Status: ( <b>optional</b> ) D = Divorced S = Single L = Legal Sep. E = Estranged	Birth Date:	Social Security #:	Age & Sex: ( <b>optional</b> )	Full OR Part Time Student Y or N:
Head of Household		Self					
Co-Tenant (or other over 18)							
3.							
4.							

**All applicants must disclose and provide verification of a SSN for all non-exempt members before they can be housed.**

Were you 62 or older as of 01/31/10 and receiving HUD rental assistance at another location as of 01/31/10 \_\_\_\_\_ ?

Average out of pocket monthly cost for medical expenses: \_\_\_\_\_

Do you pay a monthly premium for medical insurance? \_\_\_ Yes or \_\_\_ No: If yes, what is the monthly premium amount? \_\_\_\_\_

Do you participate in the new Medicare Part D Program? \_\_\_ Yes \_\_\_ No  
If yes, please allow the Manager to make a copy of your card.

Is any household member a US Military veteran? \_\_\_ Yes \_\_\_ No

Are you seeking housing as a result of a presidentially declared disaster? \_\_\_ Yes \_\_\_ No

Do you need a handicap accessible unit? \_\_\_ Yes \_\_\_ No

Do you need reasonable accommodations? \_\_\_ Yes \_\_\_ No If Yes Please Describe: \_\_\_\_\_

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**Are you or any members of your household subject to the state sexual offender registration program? \_\_\_ Yes or \_\_\_ No If yes list the state where the offence occurred. \_\_\_\_\_**

**STUDENT STATUS:**

Are any members of the household (age 18 and over including yourself) full or part time students at an institute of higher education? \_\_\_ Yes \_\_\_ No

Note: Regardless of having answered “yes or no” above - All applicants age 18 and over must fill out a Student Certification Form. The certification is to be attached to this application and is considered part of this application.

**C. INCOME:**

List ALL sources of income as requested below (*if a section does not apply, cross it out or write N/A*):

Household Member Name:	Source of Income:	Gross Monthly Amount (Before taxes)
	Employer: _____ Address: _____ Phone #: _____ \$\$ Per hour: _____ # Hours weekly: _____	\$
Household Member Name:	Source of Income:	Gross Monthly Amount (before taxes):
	Social Security/Disability:	\$
	Social Security/Disability:	\$
	SSI:	\$
	SSI:	\$

Household Member Name:	Source of Income:	Gross Monthly Amount (before taxes):
	Pension (list source):	\$
	Veteran's Benefits Claim #:	\$

#### D. ASSETS

##### Checking Accounts:

Bank:	Acct#:	Balance \$
Bank:	Acct#:	Balance \$

##### Savings Accounts:

Bank:	Acct#:	Balance \$
Bank:	Acct#:	Balance \$

##### Certificates of Deposit:

Bank:		Acct#:		Balance \$	
Trust Accounts:	Bank:		Acct#:		Balance \$
IRA Accounts:	Where?		Acct#:		Balance \$
401K:	Where?		Acct#:		Balance \$
Savings Bonds:	#		Maturity Date:		Value \$
	#		Maturity Date:		Value \$
Mutual Funds:	Name:	# Shares:	Interest/Div \$		Value \$
Stocks:	Name:	# Shares:	Dividend Paid \$		Value \$

**Is any money received from any of the assets or income sources listed above being deposited onto a pre-paid debit card (such as: Direct Express, ReliaCard, Net Spend, Citi Bank, Etc.)**

**\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list the card type and provide verification documentation:**

##### Prepaid Debt Card:

Card Type:	Acct#:	Balance \$
Card Type:	Acct#:	Balance \$

##### Real Estate:

Do you own any property?	Yes No
If yes, type of property (investment, home, land, mobile home): _____ Location of Property:	Appraised Market Value \$
Have you disposed of any property in the last 2 years?	Yes No

If yes, type of property: _____	
Date of transaction: _____	
Market Value when sold/disposed: _____	\$ _____
Amount sold/disposed for: _____	\$ _____

**E. REFERENCE INFORMATION:**

Credit Reference:

Utility Reference:
Address:
Phone:

Personal Reference:

Name:
Address:
Phone:

**F. ADDITIONAL INFORMATION:**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you or any member of your household ever been evicted? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

How did you hear about our property? \_\_\_\_\_

**G. CITIZENSHIP: (optional)**

Do you have a legal right to be in the United States?

- ☐ Yes, because I am a United States citizen.
- ☐ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (BCIS, formerly the U.S. Immigration, and Naturalization Service) or from the State Department.
- ☐ No

Certification:

I hereby acknowledge that the above information given is true to the best of my knowledge. I authorize the investigation and verification of all statements contained in this application by the landlord or its authorized agents. I understand and agree that misrepresentation or omission of facts called for is cause for disqualification of this application. I hereby authorize Residential Properties Management, Inc. to obtain a copy of my credit history and criminal record (if any). I also understand that the Sex Offender Registry for each state in which I have resided in the past 10 years will be researched.

**SIGNATURES (ALL adults over the age of 18 MUST sign this application):**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

*Statistical Information of Applicant/Head of Household:*

***(The following information is optional)***

*Sex:      Male    Female*

*Race:      White    Black    American Indian or Alaskan Native    Asian or Pacific Islander*

*Origin:    Hispanic Origin      Non-Hispanic Origin*

This project does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. As required in the HUD Occupancy Handbook 4350.3 REV-1, all individuals with disabilities have the right to request reasonable accommodations. Reasonable accommodations are changes, exceptions, or adjustments to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to: participate fully in a program; take advantage of a service; live in a dwelling; or perform a job. To show that a requested accommodation may be necessary, there must be an identifiable relationship, between the requested accommodation and the individual's disability. Requests for Reasonable Accommodations should be brought to the attention of management.

**Violence Against Women Act (VAWA) 2013 Notification Requirement:** VAWA 2013 provides the following protections relating to admission, occupancy, and termination of assistance policies. Being a victim of domestic violence, dating violence, or stalking, as these terms are defined in the law, is not basis for denial of assistance or admission to assisted housing if the applicant otherwise qualifies for assistance or admission.

For Office Use Only:

STATUS:	Accepted	Rejected	Incomplete
Signature:			
Date:	Reason:		