# **Rental Application**

How did you hear about us? \*Options for sex are (**M**)-Male, (**F**)-Female or choose to (**ND**)-Not Disclose. Are there any unborn, adopted, or foster children you are in the process of adding to the household within the next year?  Yes  No

List each household member applying to reside in the apartment.

***Please complete and attach a separate Rental Application - Member Information form for each household member.***

**HOUSEHOLD SUMMARY INFORMATION**

|  |  |  |
| --- | --- | --- |
|  |  | **FOR OFFICE USE ONLY *Circle one: Original Update*** |
| Property Name | Date Received Time Received Received By |  |
| Address |  |  |
| City/State/Zip |  |  |
| Phone/Fax |  | Apt. Size Requested |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** | **MI** | **Last Name** | **Relationship to Head of Household**Options*: Spouse |**Co-Head | Dependent | Live-in Aide |**Foster Child/Adult | Other Family Member* | **Are you enrolled as student at an institute of higher education?** | **Sex\*** |
|  |  |  | Head of Household |  |  |
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| **I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE** |
|  |
|  | I/We certify the information given in this application is accurate and complete. I/We understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application. I/We, by signature below, authorize the Owner/Agent to request and complete a criminal background check, rental history check, and credit check, through an outside independent background service company and secure a written report of all information pertaining to landlord/rental history, sex offender records,criminal background, credit records, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine eligibility or level of assistance. |
|  | 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 United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 willingly 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 or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8). |
|  | Federal law prohibits the Landlord from discriminating against any applicant because of race, color, sex, familial status, religion, handicap, disability, sexual orientation, gender identity, marital status, or national origin. Additional state protections may apply. Applicants on the waiting list may be contacted by management to ensure continued interest to remain on the waiting list and to update any changes to the original information provided at the time of initial application. Failure to respond to this inquiry may result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive and denied applications will be held for three years as required by federalregulation. |
|  | Questions/inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be mailed to: Strategic Housing Partnership Coordinator- MRC,600 Washington Street, Boston, MA 02111. |
|  Signature Date |
|  Signature Date |
|  | **FOR OFFICE USE ONLY**Approved  Rejected By on / /  |  |

*We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are* disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.

## DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

|  |  |
| --- | --- |
| Member Name | Head of Household Name |

## TO BE COMPLETED FOR EACH HOUSEHOLD MEMBER, REGARDLESS OF AGE

|  |  |  |
| --- | --- | --- |
| Date of Birth  | SSN |  |
| * Check here you were 62 or older as of January 31, 2010.
 |  |  |  |
| * Check here if member address is the same as Head of Household
 | Email |   N/A |
| Street Address  | Home Phone  | * N/A
 |
| City \_ | Work Phone  | * N/A
 |
| State Zip  | Cell Phone  | * N/A
 |
| List all states you have ever resided in (regardless of duration)  |
| Are you subject to a state sex offender lifetime registration requirement?  Yes  No If Yes, which state?  |
| Are you temporarily displaced due to a disaster?  Yes  No |  |  |  |
| Do you require an accessible unit due to a disability?  Yes  No |  |  |  |
| Are you a U.S. military veteran?  Yes  No |  |  |  |
| Race\* *(Choose all that apply)** American Indian  Alaska Native  Asian  African American  Native Hawaiian  Pacific Islander  White  Other
 |
| Ethnicity\*  Hispanic or Latino  Not Hispanic or Latino |  |  |  |
| *\*This information is gathered for statistical purposes only* |  |  |  |

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| **BACKGROUND AND CRIMINAL HISTORY** |
| Is member 18 years of age or older?  Yes  No **If No, skip this section**A Public Records search will be conducted on each adult applicant/occupant. |
| Do you have any felonies or misdemeanors involving the below? If Yes, identify the year the incident occurred. |
| Sexual misconduct?  Yes  No | Year  |  |  |
| Illegal possession, manufacture, sale and/or distribution of a controlled substance?  Yes  No | Year  |
| Physical crime against a person or persons and/or another person's property?  Yes  No | Year  |
| Have you been evicted from federally assisted housing in the last 3 years for drug-related criminal activity?  Yes  No |
| Are you currently engaged in illegal drug use?  Yes  No |

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|  |  |
| --- | --- |
| Member Name | Head of Household Name |

If Yes, are you currently receiving assistance?  Yes  No

Do you live in subsidized housing?  Yes  No

* Check here if member address is the same as Head of Household

Current Landlord Name Rent Per Month

Apartment Complex Name  N/A Move In Date Street Address City, State, Zip

Phone Number

|  |  |
| --- | --- |
| * Check here if member address is the same as Head of Household
 |  |
| Previous Landlord Name  | Rent Per Month  |
| Street Address  |
| City, State, Zip  |
| Phone Number  |

Are you homeless or lacking a fixed nighttime residence?  Yes  No

Move in date Move Out Date

Is member 18 years of age or older?  Yes  No **If No, skip this section**

Applicant's name must have been on the Lease/Mortgage for any reference to be valid. Lack of Rental History will not be considered a negative factor.

**RENTAL HISTORY**

## DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

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| --- | --- |
| Member Name | Head of Household Name |

## INCOME

Income source(s) for this member *(indicate gross income before any deductions/garnishments occur).*

|  |
| --- |
| Employment Income  Yes  No If Yes,  Full Time  Part Time Start Date Monthly Amount  |
| Employer Employer Phone  |
| Full Street Address  |

|  |
| --- |
| Additional Employment Income, Other Sources  Yes  NoIf Yes,  Full Time  Part Time Start Date Monthly Amount  |
| Employer Employer Phone  |
| Full Street Address  |

|  |  |
| --- | --- |
| Unemployment | * Yes  No
 |
| If Yes, Issuing Government Agency Monthly Amount  |
| I | ssuing State Monthly Amount  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Social Security Benefits | * Yes  No
 | Monthly Amount |   |  |
| Dual Entitlement | * Yes  No
 | Monthly Amount |   | Claim Number  |
| Federal SSI | * Yes  No
 | Monthly Amount |   |  |
| SSP (State portion of SSI) | * Yes  No
 | Monthly Amount |   |  |
| Long/Short Term Disability | * Yes  No
 | Monthly Amount |   |  |
| Retirement | * Yes  No
 | Monthly Amount |   |  |
| Rental Income | * Yes  No
 | Monthly Amount |   |  |
| Child Support | * Yes  No
 | Monthly Amount |   |  |
| Alimony | * Yes  No
 | Monthly Amount |   |  |
| General Assistance (TANF) | * Yes  No
 | Monthly Amount |   |  |
| Other | * Yes  No
 | Monthly Amount |   |  |
| Business Income | * Yes  No
 | Monthly Net Amount |   |
| Is anyone helping you with paying bills on a regular basis?  Yes  No | Monthly Amount |   |



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## DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

|  |  |
| --- | --- |
| Member Name | Head of Household |

|  |
| --- |
| **ASSETS** |
| Checking | * Yes  No
 | * Single  Joint
 |  | Balance |   |
| Savings | * Yes  No
 | * Single  Joint
 |  | Balance |   |
| CD | * Yes  No
 | * Single  Joint
 |  | Balance |   |
| Money Market | * Yes  No
 | * Single  Joint
 |  | Balance |   |
| Trusts | * Yes  No
 | * Revocable Irrevocable
 | Balance |   |
| Retirement Accounts | * Yes  No
 | * Single  Joint
 |  | Balance |   |
| Mutual Funds | * Yes  No
 | * Single  Joint
 |  | Balance |   |
| Stocks/ Bonds | * Yes  No
 | * Single  Joint
 |  | Balance |   |
| Whole Life Insurance | * Yes  No
 | * Single  Joint
 |  | Balance |   |
| EFT Debit Cards | * Yes  No
 |  |  | Balance |   |
| Direct Express Debit Card | * Yes  No
 |  |  | Balance |   |
| *(If you select No, yet receive SSA benefits, you must provide a copy of the paper benefit checks you receive.)* |
| Cash on Hand | * Yes  No
 |  |  | Amount |   |
| Do you own real estate (home, land, etc.)? | * Yes  No
 | Estimated Market Value  |
| Do you own a collection held as an investment? Do you have any other assets not listed above? | * Yes  No
* Yes  No
 | Estimated Market Value   |
|  |
| Have you disposed of any assets for less than fair market value within the last two years?  Yes  No |
| If Yes, provide date of disposal Amount Received Estimated Market Value  |
| **EXPENSES**  |
| **Medical/Disability**Is the Head, Spouse, or Co-Head of your household either age 62+ or disabled?  Yes  No **If No, go to the next section**If you answered Yes, only list out-of-pocket expenses **the member completing this form** pays regularly and is not reimbursed for. Monthly Medicare premiums (including Part D) Monthly prescription copay costs Monthly Medical Insurance Other medical/disability expenses Installment Payments on Doctor Bills Hospital bill installment payments paid in the last 12 months **Childcare** Is the member completing this form paying expenses for the care of a child under age 13?  Yes  No **If No, go to the next section**Does this care allow you to  Work  Seek Employment or  Further your academic or vocational education? Child’s Name Child’s Name  |

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| **I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE** |
|  Signature of household member or guardian/parent if member is a minor Date |