



APPLICATION FOR OCCUPANCY



Completed Date: _____ Time: _____
B/R size Applying for: _____ V L M A

PLEASE PRINT - RETURN COMPLETED APPLICATION TO: _____

An applicant may be interviewed only after a completed Application is received. Completed Applications are processed in order of date and time received. You may contact the rental office for assistance in completing the Application. It is your responsibility to advise us of any changes in your circumstances: address, phone, income, number of household members.

A. GENERAL INFORMATION

Applicant Name(s): _____
Current Address: _____
_____ Telephone: _____

List all persons who will live in the apartment. List head of household first.

	Name	Relationship	DOB	Social Security No.	Sex
1		Head			
2					
3					
4					
5					
6					
7					

Is anyone in this household a full-time student? Yes _____ No _____ Name(s) _____

B. REFERENCE INFORMATION

Please provide a minimum of four years rental history. Additional landlord information may be on a separate sheet of paper and attached to this application.

Current Landlord:

Name: _____ Address: _____ Telephone: _____
Address of Rental: _____
Occupancy Dates From: _____ To: _____ Amount of Rent: \$ _____

Previous Landlord(s):

Name: _____ Address: _____ Telephone: _____
Address of Rental: _____
Occupancy Dates From: _____ To: _____ Amount of Rent: \$ _____

Non-related Personal References:

1. Name: _____ Address: _____ Telephone: _____
2. Name: _____ Address: _____ Telephone: _____

Credit References:

1. Name: _____ Address: _____ Telephone: _____
2. Name: _____ Address: _____ Telephone: _____

C. HOUSEHOLD INCOME (List all sources of income for all household members).

	Name of Household Member	Employer Name	Wages	Monthly Gross
1				
2				
3				
4				

Social Security: \$ _____
 SSI Benefits: \$ _____
 Veterans Benefits: \$ _____
 Pension(s): Source of Pension(s): _____ \$ _____
 Unemployment Comp.: \$ _____
 AFDC: \$ _____
 Alimony: Source: _____ \$ _____
 Child Support: Source: _____ \$ _____
 Full Time Student Income: (Only Full time Students 18 & Over)..... \$ _____

TOTAL GROSS MONTHLY INCOME \$ _____
TOTAL GROSS ANNUAL INCOME (Base on Monthly amount listed above and multiply x 12) \$ _____

Do you anticipate any changes in this income in the next 12 months? Yes _____ No _____ If Yes, explain:

D. ASSETS

Checking Account(s): # _____ Bank: _____ Balance \$ _____
 # _____ Bank: _____ Balance \$ _____
 Savings Account(s): # _____ Bank: _____ Balance \$ _____
 # _____ Bank: _____ Balance \$ _____
 Money Market Account(s): # _____ Bank: _____ Balance \$ _____
 # _____ Bank: _____ Balance \$ _____
 Trust Account(s): # _____ Bank: _____ Balance \$ _____
 Certificates of Deposit: # _____ Bank: _____ Balance \$ _____
 IRA: # _____ Company: _____ Balance \$ _____
 Savings Bond: # _____ Cash Value: _____
 Whole Life Insurance Policy: # _____ Cash Value: _____

Real Property:

Do you own any property? Yes _____ No _____
 If Yes: Type of property _____ Location: _____
 Current Market Value: _____
 Outstanding Mortgage Balance: _____

Have you sold/disposed of any business, property or other assets in the last 2 years? Yes _____ No _____
 If Yes, state type of business, property or asset _____
 Date of Sale/Disposition _____
 Market Value When Sold/Disposed Of _____
 Amount Sold/Disposed For _____

Do you have any other assets not listed above (ie. recreational vehicle or mobile home; do not include personal property)?
 Yes _____ No _____ If Yes, please list _____

E. MEDICAL/DISABILITY EXPENSES

Medical Expenses: Complete this part ONLY if head of household or spouse is 62 or older, handicapped, or disabled and you wish to be considered for deductions from your income.

Medicare Premiums: Monthly Amount \$ _____
Medical Insurance Coverage: Monthly Amount \$ _____
Name of Company: _____ Address: _____

Anticipated Medical Expenses NOT covered by Insurance NOR reimbursed: Monthly Amount \$ _____
Medical bills or outstanding costs on which you are making monthly payments Monthly Amount \$ _____
Medical related travel costs: Monthly Amount \$ _____
Other medical expense type: _____ Monthly Amount \$ _____
Type: _____ Monthly Amount \$ _____

Disability Expenses: Complete this part ONLY for expenses to the extent needed to enable any family member to be employed and if you wish to be considered for deductions from your income.

Specialized Medical Attendant Care: state name of care giver and monthly cost: _____ \$ _____
Auxiliary Apparatus: list type and monthly cost: _____ \$ _____

F. CHILD CARE EXPENSES

Complete this part for household minors under 13 ONLY.

Name(s) of child cared for: _____ Age: _____
_____ Age: _____
_____ Age: _____
_____ Age: _____

Name of person/agency caring for children: _____
Address: _____ Telephone: _____
Weekly cost of child care due to employment: \$ _____
Weekly cost of child care due to education: \$ _____

G. PROGRAM INFORMATION

What size of unit are you requesting? 1 Bedroom _____ 2 Bedroom _____ 3 Bedroom _____

- Yes ___ No ___ Do you wish to claim a \$400 deduction from your household income based on an "Elderly Household" status, where the tenant or co-tenant is 62 or older, handicapped or disabled?
- Yes ___ No ___ Do you wish to have priority for a handicapped accessible unit with special design features?
- Yes ___ No ___ Do you have a Letter of Priority issued by USDA-Rural Development due to displacement from another property?
- Yes ___ No ___ Have you ever been evicted, or are you being evicted from any type of housing? (If yes, please describe on separate sheet of paper and attach with this application).
- Yes ___ No ___ Have you or any member of your household been convicted of a felony?
- Yes ___ No ___ Are you or any member of your household currently using an illegal controlled substance?
- Yes ___ No ___ Have you ever been convicted of a drug violation (use, attempted use, possession, manufacture, sale, or distribution)?
- Yes ___ No ___ Have you successfully completed a controlled substance abuse recovery program or presently enrolled in such a program?
- Yes ___ No ___ Are you now or will you become a part time or full time student prior to move-in?

How did you hear about this housing? _____

H. OTHER INFORMATION

List all cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle: _____ Year/Make: _____ Color: _____
License Plate No. _____ Registered To: _____
Type of Vehicle: _____ Year/Make: _____ Color: _____
License Plate No. _____ Registered To: _____

Do you own any pets? Yes _____ No _____ If Yes, describe _____
Note: Pets are not allowed except in designated elderly projects.

Are you related to any of the above landlords? Yes _____ No _____
In case of emergency notify: Name: _____
Address: _____ Telephone: _____

I. CERTIFICATION

I/We hereby certify that the unit applied for will be the household’s permanent residence.
I/We further certify that I/we do/will not maintain a separate subsidized rental unit in another location.
I/We understand that I/we must pay a security deposit for this unit.
I/We understand that my/our eligibility for housing will be based on USDA-Rural Development income limits and tenant selection criteria.
I/We certify that all information in this Application is true to the best of my/our knowledge and understand that false statements or information are punishable by law and will lead to cancellation of this Application or termination of Tenancy after occupancy.

Tenant/Applicant Signature Date Co-Tenant/Applicant Signature Date

J. AUTHORIZATION/CONSENT

I/We do hereby authorize VALLEY FAIR REALTY CORP. and its staff or authorized representative to contact any agencies, law enforcement offices, companies, groups or organizations to verify any information contained in this Application or to obtain and verify any additional information or materials which are deemed necessary to complete my/our Application for housing in programs administered by USDA-RURAL DEVELOPMENT. Further, I/we consent to the release of wage matching data to the RHS and the borrower.

Tenant/Applicant Signature Date Co-Tenant/Applicant Signature Date

“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 the Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability 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. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

Ethnicity: _____ Hispanic or Latino _____ **Not** Hispanic or Latino
Race: (Mark one or more):
1. _____ American Indian/Alaskan Native 2. _____ Asian 3. _____ Black or African American
4. _____ Native Hawaiian or Other Pacific Islander 5. _____ White

Gender:
Male _____ Female _____