



RENTAL APPLICATION

PHONE:		FAX:	
TTY:	Statewide 711	EMAIL:	

INSTRUCTIONS TO APPLICANT - Please keep this page for your records

- Applications must be completed in ink ONLY – do not use pencil.
- Each household member 18 years of age or older must complete a separate questionnaire. However, a married couple may complete one application.
- Each household member must disclose their Social Security number (except those who do not contend ineligible immigration status).
- ALL lines must be filled in. You may write “NONE” or “NO” in a line, but DO NOT leave a line blank or write “N/A”.
- All information should be complete and accurate. False, incomplete, or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use “white-out”. Use of white-out will cause your application to be declined.
- As long as your application is on file with us, it is YOUR responsibility to contact us whenever your address, telephone number or income situation changes, or if you need to add or remove a household member from your application.
- After we receive your completed application, we will determine your initial eligibility based on income and household size. If your household is eligible for housing, you will be notified, and your application will be placed on the waiting list. If your household is not eligible, your application will be declined.
- When your application reaches the top of the waiting list, you will be notified and asked to provide further information. Once we have the required information, we will process your application according to the procedures summarized in the Tenant Selection Plan posted in the property’s office.
- Note that if your application is approved, the unit for which you are applying must be your only place of residence.



RENTAL APPLICATION

** For Management Use ONLY**	
Date Received	
Time Received	
Bedroom size needed:	

APPLICANT'S

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

How did you hear about us? _____

Household Information

Full Name of Household Members (as listed on the Social Security cards)	Relationship to Head of Household	Date of Birth (mm/dd/yyyy)	Social Security or Alien Registration #	Gender: (please check one)		Student Y or N	
				Male <input type="checkbox"/>	Female <input type="checkbox"/>		
1.	HEAD			Male <input type="checkbox"/>	Female <input type="checkbox"/>		
				Prefer not to disclose			
2.				Male <input type="checkbox"/>	Female <input type="checkbox"/>		
				Prefer not to disclose			
3.				Male <input type="checkbox"/>	Female <input type="checkbox"/>		
				Prefer not to disclose			
4.				Male <input type="checkbox"/>	Female <input type="checkbox"/>		
				Prefer not to disclose			
5.				Male <input type="checkbox"/>	Female <input type="checkbox"/>		
				Prefer not to disclose			
6.				Male <input type="checkbox"/>	Female <input type="checkbox"/>		
				Prefer not to disclose			
7.				Male <input type="checkbox"/>	Female <input type="checkbox"/>		
				Prefer not to disclose			
8.				Male <input type="checkbox"/>	Female <input type="checkbox"/>		
				Prefer not to disclose			
Do you have full custody of your children? <input type="checkbox"/>				Not applicable – no minor children		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a need for accessible features? (<i>Accessible features are requested as an</i>						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a need for an accessible unit (<i>This applies ONLY to persons with disabilities or to persons with a particular type of disability – please see our Reasonable Accommodation policy for further details</i>)						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any other persons who will live in your apartment on a less than full-time basis?						Yes <input type="checkbox"/>	No <input type="checkbox"/>



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Do you expect any additions to your household within the next 12 months?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will any of the household members listed live anywhere else except in your apartment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are there any absent household members who under normal conditions would live with you? <i>(for example, a spouse away for military service)</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you or any household member ever used any name(s) or Social Security number(s) other than what is listed above?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you or anyone in your household plan to attend an institution of higher education either full-time or part-time?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you or any member of your household subject to a state lifetime sex offender registration in any state?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have any pets? <i>(Please see the management office for information regarding our pet policy)</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you answered "YES" to any question above, please explain on the back of this page

Residence History

You must report **ALL** places you have listed for the **past five (5) years**. *(If additional space is required, use the back of this page)*

Present Address	Street Address:	From: ____/____/____	Landlord Name
	City, State, ZIP	To: ____/____/____	Landlord Street Address:
	Reason for moving:		Landlord City, State, ZIP code:
	Is this federally assisted housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Rent: \$	Landlord Phone Number:
Previous Address	Street Address:	From: ____/____/____	Landlord Name
	City, State, ZIP	To: ____/____/____	Landlord Street Address:
	Reason for moving:		Landlord City, State, ZIP code:
	Is this federally assisted housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Rent: \$	Landlord Phone Number:
Previous Address	Street Address:	From: ____/____/____	Landlord Name
	City, State, ZIP	To: ____/____/____	Landlord Street Address:
	Reason for moving:		Landlord City, State, ZIP code:
	Is this federally assisted housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Rent: \$	Landlord Phone Number:



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Please indicate each state you have lived in

You **must** report **ALL** states you and all household members have resided. All applicants are required to report this information.

This disclosure is mandatory under federal rules and criminal screening will be reviewed in each state listed via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.

<input type="checkbox"/>	AL	<input type="checkbox"/>	AK	<input type="checkbox"/>	AZ	<input type="checkbox"/>	AR	<input type="checkbox"/>	CA	<input type="checkbox"/>	CO	<input type="checkbox"/>	CT	<input type="checkbox"/>	DE	<input type="checkbox"/>	FL	<input type="checkbox"/>	GA	<input type="checkbox"/>	HI	<input type="checkbox"/>	ID	<input type="checkbox"/>	IL	<input type="checkbox"/>	IN	<input type="checkbox"/>	IA
<input type="checkbox"/>	KS	<input type="checkbox"/>	KY	<input type="checkbox"/>	LA	<input type="checkbox"/>	ME	<input type="checkbox"/>	MD	<input type="checkbox"/>	MA	<input type="checkbox"/>	MI	<input type="checkbox"/>	MN	<input type="checkbox"/>	MS	<input type="checkbox"/>	MO	<input type="checkbox"/>	MT	<input type="checkbox"/>	NE	<input type="checkbox"/>	NV	<input type="checkbox"/>	NH	<input type="checkbox"/>	NJ
<input type="checkbox"/>	NM	<input type="checkbox"/>	NY	<input type="checkbox"/>	NC	<input type="checkbox"/>	ND	<input type="checkbox"/>	OH	<input type="checkbox"/>	OK	<input type="checkbox"/>	OR	<input type="checkbox"/>	PA	<input type="checkbox"/>	RI	<input type="checkbox"/>	SC	<input type="checkbox"/>	SD	<input type="checkbox"/>	TN	<input type="checkbox"/>	TX	<input type="checkbox"/>	UT	<input type="checkbox"/>	VT
<input type="checkbox"/>	VA	<input type="checkbox"/>	WA	<input type="checkbox"/>	WV	<input type="checkbox"/>	WI	<input type="checkbox"/>	WY	Washington, DC																			

Answer each question below:	Yes	No	If "YES" you must answer the following:	
Have you or any member of your household ever been evicted?			From where?	
			When?	Why?
Have you or any member of your household been evicted from federally assisted housing for drug-related criminal activity?			Which member?	
			When?	
			Why?	
Do you or any member of your household owe money to any public housing authority, HUD, Rural Development, or any previous landlord or apartment community?			Which member?	
			Owed to:	
			How much?	
Have you or any member of your household committed any fraud in a federally assisted housing program or been asked to repay money for knowingly misrepresenting information for such			Explain:	

Emergency Contact

List the names and contact information for 2 persons we can contact in the event of an emergency if we are unable to reach you:

Name:		Address:	
Phone Number	Relationship to you	City, state, ZIP code	
Name:		Address:	
Phone Number	Relationship to you	City, state, ZIP code	

Personal References

List the names and contact information for 2 persons **NOT RELATED TO YOU** who we can contact for personal references:

Name:		Address:	
Phone Number	Relationship to you	City, state, ZIP code	
Name:		Address:	
Phone Number	Relationship to you	City, state, ZIP code	



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Asset Information

Please indicate each asset that you or any member of your household has. You must report ALL assets. (If additional space is required, use the back of this page.)

DESCRIPTION OF ASSET <i>Please include all assets, including assets for children</i>	HAVE? (Must check Yes or No)		IF YES, HOUSEHOLD MEMBER NAME(S)	VALUE
	YES	NO		
Checking Acct (6 mo. avg. balance)				\$
Savings Account (current balance)				\$
Debit Express Card – Social Security, SSI				\$
Debit Express Card - Child Support				\$
Debit Express Card - Paycheck				\$
Debit Express Card – Other:				\$
Certificate of Deposit				\$
Trust Account				\$
Treasury Bills, Money Market Fund				\$
Stocks or Mutual Funds				\$
Bonds (Including U.S. Savings Bonds)				\$
IRA / Keogh				\$
Pension / 401(k) / Annuities				\$
Life insurance policy (not Term)				\$
Real Estate currently owned				\$
Rental Property				\$
Personal Property held for investment				\$
Other: List				\$
Other: List				\$
Other: List				\$
Answer the questions below:	YES	NO	If you answered "YES" you must complete the information below:	
Has any household member received any lump sum payments from lottery winnings, inheritances, insurance settlements, etc.?			Received from:	
			Date received:	
			Amount received:	\$
Has any household member disposed of any asset for less than fair market value during the past 2 years?			Date disposed of:	
			Description of asset:	
			Cash value:	\$
Has any household member sold any real estate in the last 2 years?			Date disposed of:	
			Description of asset:	
			Sales price:	\$
Does any household member have an interest in any real estate, boat or mobile home?			Date disposed of:	Value: \$
			Description of asset:	
			Annual income from asset:	\$



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Income Information

Please indicate each source of income received or anticipated within the next 12 months. You must report income from ALL sources. This includes but is not limited to Employment, Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, etc. If anyone outside your household gives you money or pays your bills, you must report it as a source of income. (If additional space is required, use the back of this page.)

DESCRIPTION OF INCOME OR STATUS <i>Please include Social Security or SSI benefits you receive on behalf of a child in your household</i>	RECEIVES NOW OR ANTICIPATES RECEIVING (Must check Yes or No)		IF YES, HOUSEHOLD MEMBER NAME(S)	GROSS AMOUNT RECEIVED MONTHLY
	YES	NO		
Employment/Anticipated Employment				\$
Employment/Anticipated Employment (second job)				\$
Self-employment				\$
Military Pay				\$
Do you have court ordered child support/alimony?				\$
Do you receive child support/alimony that is not court ordered?				\$
Unemployment Benefits				\$
Social Security				\$
SSI				\$
V.A. Benefits				\$
Public Assistance (TANF, AFDC)				\$
Disability, Worker's Compensation				\$
Recurring Gift of monetary value				\$
Recurring Gift - non-monetary (clothing, bills paid, etc.)				\$
Regular Payments from Retirement Account				\$
Regular payments from lottery winnings				\$
Regular Payments from Trust Account				\$
Income from Temporarily Absent Family Member				\$
Income from rent or sale of real estate				\$
Financial Aid (grants, scholarships, etc.)				\$
Other—List type:				\$



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Expenses and Deductions – HUD Properties only

Answer the questions below:	YES	NO	Name of Household member:
Is the Head of household, Spouse or Co-Head age 62 or older?			
If yes, are there medical expenses that are not covered by insurance?			
Is the Head of household, Spouse or Co-Head a person with disabilities?			
If yes, do you have disability expenses that are not paid by an outside source?			
If yes, are the expenses necessary to enable a household member to work?			
If yes, do you have attendant care services?			
If yes, are the expenses necessary to enable a household member to work?			
Do you currently pay for childcare for a child under the age of 13?			
If yes, are the expenses necessary to enable to work, look for work, or attend			

Tenant Certification - Read each statement below and initial to indicate that you

Please initial in the box next to each statement to indicate that you have read and understand

<input type="checkbox"/>	I/We have read and understand the information in this questionnaire, and agree to comply with all Information and instructions
<input type="checkbox"/>	I/We have read and understand the Tenant Selection Plan, which is posted in the on-site management office and summarizes the procedures for processing applications.
<input type="checkbox"/>	I/We certify that all information given in this application is true, complete, and accurate. I understand that if any of this information is false, misleading, or incomplete, Management may terminate my lease and evict me and my household.
<input type="checkbox"/>	I/We understand that if I or any household member needs a reasonable accommodation or reasonable modification, I must inform management of our needs.
<input type="checkbox"/>	I/We certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.
<input type="checkbox"/>	I/We certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent, damages, and security deposits.
<input type="checkbox"/>	I/We authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with credit screening services, law enforcement agencies or other sources for verification confirmation which may be released to appropriate federal, state, or local agencies.
<input type="checkbox"/>	I/We understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy and/or for the purposes of securing a lower rent in a subsidized housing development.
<input type="checkbox"/>	I/We understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a \$10,000 fine upon conviction.

Applicant's Signature

Date

Applicant's Signature

Date

**Acknowledgment of receipt of
completed application:**

Management Signature

Date



RENTAL APPLICATION

PENALTIES FOR MISUSING THIS CONSENT: 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 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 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 USC 408 (a)(6),(7) and (8).

This property 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. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988

Name of Section 504 Coordinator:	Alice F. Morris
Address:	P O Box 3732, Topeka, KS 66604
Phone Number:	(470) 297-0498
TDD/TTY Number:	711 Voice Relay