

Official Use Only

of Adult Applicants _____

Garden Street Apartments Rental Application

Official Use Only

Date _____

Time _____

Staff _____

Instructions for Head of Household:

1. Please complete all sections by printing in ink. Please do not leave any section blank, even sections which do not apply to you. For instance, if a section asks for driver's license number and you do not have a driver's license, you may write "NONE" or "N/A" (not applicable). If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
2. As Head of Household, you will complete this Rental Application form. Each additional adult 18 years of age and older who will live in the apartment must sign this Rental Application, also.
3. It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household's application to be declined.
4. 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 and whenever you need to add a person to your application or remove a person from your application.
5. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List; but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures which are summarized in the Resident Selection Criteria posted in the Management Office.

Last Name Head of Household	First Name	Middle Initial	Social Security Number
Spouse/Co-Resident Name Last Name	First Name	Middle Initial	Social Security Number

Current Street Address	City	State	Zip	Telephone
				Head of Household Home: Work: Spouse/Co-Resident Home: Work:

Date Moved In	Landlord's Name, Address & Telephone Number

Is there another person we may contact if we are unable to reach you?

Name: _____ Relationship: _____ Phone: _____

Unit Size Requested: _____ 2nd Choice: _____

Are there any special accommodations that the household will require (e.g. unit for mobility impaired, unit for visually impaired, unit for hearing impaired, live-in aide, grab bars, etc.)? _____

HOUSEHOLD COMPOSITION:

List ALL persons, including yourself, who will reside in the unit. NOTE: The number to the left indicates the "Family Member Number" and is the number requested in the remaining sections of this application.

Full Name	Relationship	Sex	Age	Birthdate	Birthplace	Occupation	Soc Sec # or Alien Reg #	Full-time Student?
1.	Head of household							
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Will any of the above household members live anywhere except in the apartment? Yes No

Are there any other persons who will live in the apartment on a less than full-time basis? Yes No

If you answered "YES" to either question, please explain: _____

STUDENT STATUS:

Are all of the above listed household members full-time students? Yes No

If yes, please answer the following:

Is the household comprised of a single parent and child(ren)?
neither of whom is a dependent of a third? Yes No

Are applicant and co-applicant married and do they file a
joint tax return? Yes No

Does the household receive AFDC? Yes No

RENTAL HISTORY:

This must include all places where you and/or any adult household members lived in the past four years, including places where your or their name did not appear on the lease and places where you or they used a different name. (Adult members are any household members who are 18 years of age or older). NOTE: Use Family Member Numbers shown in Household Composition.

Family Member Number	Street Address	City	State	Zip	Name used if different from Above	Dates of Residency	Landlord Name & Address

INCOME:

EMPLOYMENT ONLY: List all full-time, part-time and/or seasonal employment for ALL household members including self-employed earnings. If you have income from "Other Sources," see next section of Rental Application.

Family Member Number	Place of Employment	Employment Address	Employer's Telephone	Supervisor	Annual Income (Yearly Total)

INCOME FROM OTHER SOURCES:

List ALL income from sources other than employment for ALL household members. This includes, but is not limited to Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Alimony, Child Support, Workmen's Compensation, etc.

Family Member Number	Source of Income	Address of Source of Income/Contract Person and Telephone Number	Estimate of Annual Income (Yearly Total)

ASSETS:

Assets include: Cash (wherever held), trust corpus, equity in real estate or capital investments, notes receivables, stocks, bonds, money market accounts, certificates of deposit, IRAs, retirement and pension funds, and luxury personal property (gems, jewelry, art, coin collections, etc.). You must also include the value of any assets disposed of in the past 24 months at less than fair market value.

Assets do not include: Necessary personal property such as clothing, furniture, daily-use autos, tools, dishes, etc. Also excluded is any special equipment for use by the handicapped, and assets of a business.

Checking Accounts:

Family Member Number	Account Number	Bank Name	Bank Address	Avg. 6 mo. Balance	Current Rate of Interest

Savings Accounts:

Family Member Number	Account Number	Bank Name	Bank Address	Avg. 6 mo. Balance	Current Rate of Interest

Stocks, Bonds, Credit Union Shares, C.D.s, Life Insurance Policies Surrender Value, etc.:

Family Member Number	Description of Asset/Account Number (i.e., C.D - #012345)	Current Value of Asset	Annual Income From Asset

NOTE: If more space is needed, please list on separate sheet of paper and attach to this application.

Real Estate:

Do you now own Real Estate? Yes No

If yes, are you receiving any income from this property? Yes No

If yes, complete the following:

Location of Property(ies)

Annual Income From Property(ies)

Automobiles and Other Vehicles:

List all motor vehicles, including motorcycles, owned or registered to household members.

Family Member Number	Make and Model Number	Year	License Plate Number	State	Color of Vehicle

Are the assets (as defined above) of the whole household more than \$5,000? Yes No
 Have you disposed of any assets at less than fair market value within 24 months? Yes No

If NO, what is the anticipated earnings on all household assets for the next year? \$ _____

If YES, please describe: _____

MISCELLANEOUS:

These questions apply to ALL household members.

	YES	NO
1. Do you or any member of your household currently have a Section 8 Certificate or Voucher? _____ What is the amount Section 8 will pay towards your rent? _____	_____	_____
2. Are you or any members of your household currently using an illegal controlled substance? _____	_____	_____
3. Are you or any household member currently expecting a child? _____ If yes, what is the scheduled due date? _____	_____	_____
4. Do you own a pet? Cat _____ Dog _____ Other _____ If this property has a NO PETS Policy, would you be willing to give up your pet(s) in order to reside here? _____	_____	_____
5. Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one you are currently using? _____ If yes, explain: _____	_____	_____
6. Have you or any member of your household ever committed any fraud in a Federal assistance housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? _____ If yes, explain: _____	_____	_____
7. Have you or any member of your household sold or given away any real property or other assets in the past two (2) years? _____ If yes, explain: _____	_____	_____
8. Do you have any life insurance policies that have a surrender value? _____ If so, what is the total surrender cash value of the policies? _____	_____	_____
9. How did you hear about our apartment complex? <input type="checkbox"/> newspaper <input type="checkbox"/> apartment guide <input type="checkbox"/> friend/family <input type="checkbox"/> other – specify: _____		

WARNING:

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false fraudulent statements to any Department of the United States Government. The agency, the PHA and owner (or employee of the agency, 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 the verification forms is restricted to the purposes cited thereon. 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 or employee of the agency, the PHA 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 42 U.S.C. 208 (f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h."

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS:

1. We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.
2. We authorize Garden Street Apartments or its agents to make any and all inquiries to verify this information, either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, State or local agencies.
3. If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.
4. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income, and household composition.
5. We have read and understand the information in this application, in particular the information contained in the Instruction for Head of Household; and we agree to comply with such information.
6. We have been notified that the Resident Selection Criteria which summarizes the procedures for processing applications is posted in the management office.
7. We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages and Security Deposits.
8. We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.
9. I/We understand that this property limits the number of occupants to two persons per bedroom.

FAIR CREDIT REPORTING ACT:

This is to inform you that as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through personal interviews with third parties (such as family members, business associates, financial sources, friends, neighbors or others who are acquainted with you). This inquiry includes information as to your character, general reputation, personal characteristics, mode of living, income and credit background and also police records. All information you or others give us will be held in strict confidence.

We do not discriminate on the basis of race, religion, national origin, color, creed, age, sex, handicap, familial status, marital status, sexual orientation or lawful source of income.

Please be advised that any information given to this office that is falsified in any will automatically result in the denial of your application.

I/we have read and understand the above.

Date

Applicant Signature

Date

Co-Applicant Signature

Date

Co-Applicant Signature

Date

Co-Applicant Signature

FAIR HOUSING CERTIFICATION:

Federal and state laws prohibit acts of housing discrimination including:

- ◆ Refusals to provide housing because of an applicant's race, color, creed, religion, national origin, sex, marital status, disability, age, familial status, sexual orientation or lawful source of income;
- ◆ Providing housing on an unequal basis;
- ◆ Segregating occupants;
- ◆ Claiming housing is unavailable when, in fact, it is available;
- ◆ Rejecting a disabled applicant because he/she uses a trained guide dog or any other assistive animal; and
- ◆ Refusing to make reasonable accommodations in rules, policies and procedures which would allow occupancy by a person disabilities.

If you believe you may have been a victim of housing discrimination, immediately contact the following agency:

U.S. Department of Housing and Urban Development	1-800-669-9777 (toll free)
Assistant Secretary for Fair Housing and Equal Opportunity	1-800-927-9275 (TDD)
Washington, DC 20410	

I/We acknowledge that I/we have been informed of my/our right to fair housing.

_____	_____
Date	Applicant Signature
_____	_____
Date	Co-Applicant Signature
_____	_____
Date	Co-Applicant Signature
_____	_____
Date	Co-Applicant Signature

PROGRAM INFORMATION:

ETHNIC ORIGIN: We are required to report to HUD the ethnic origin of the HEAD OF HOUSEHOLD. We, therefore, ask for your cooperation in providing us with the following information. Please check the ONE box which you feel best describes your ethnic origin. This question is optional and your response will have NO bearing on your eligibility for this complex.

- | | | |
|----------------------------------------------|----------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> White, Non-Hispanic | <input type="checkbox"/> Black, Non-Hispanic | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> White, Hispanic | <input type="checkbox"/> Black, Hispanic | <input type="checkbox"/> Asian or Pacific Islander |

DO NOT WRITE BELOW THIS LINE -- MANAGEMENT USE ONLY

APPLICATION DISPOSITION:

Approved: _____
Date

Approved by: _____
Signature Title

Disapproved: _____
Date

Disapproved by: _____
Signature Title

Reason(s) for Disapproval: _____

Applicant Notified in Writing on: _____

Applicant Appealed Decision on: _____ (Written notification attached).

Applicant Appeal Reviewed by: _____
Signature Title Date

Appeal Decision: Approved Disapproved

Applicant Notified in Writing on: _____