

|                     |            |            |          |
|---------------------|------------|------------|----------|
| For Office Use Only | Date Rec'd | Time Rec'd | Initials |
|---------------------|------------|------------|----------|

### Preliminary Rental Application

*Please note that this is a preliminary application and gives no lease or rent rights.*

Community \_\_\_\_\_ Office Phone ( ) \_\_\_\_\_ Date \_\_\_\_\_

Unit Size                    1            2            3            4            Unit Type:    Apartment    Studio    Townhouse

Would you or a member of your household benefit from the design features of a barrier free unit?  Yes  No

Would you request a disability adjustment to income?  Yes  No

Are you a military veteran?  Yes  No    If yes, please indicate the branch of service: \_\_\_\_\_

Applicant: \_\_\_\_\_ Email \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Email \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Current Marital Status:  Unmarried  Married  Widowed  Separated  Divorced

Do you have any pets:  No  Yes.    If yes, please list type of pet: \_\_\_\_\_

How were you referred to our community? \_\_\_\_\_

| Applicant's History |              |
|---------------------|--------------|
| Applicant:          | Co-Applicant |

|   |   |
|---|---|
| <p><b>Current Address:</b> _____</p> <p>Date:    From _____    Rent: \$ _____</p> <p>          To: _____</p> <p>Reason for Moving: _____</p> <p>Current Landlord: _____</p> <p>                  Address: _____</p> <p>                  Phone    _____</p>   | <p><b>Current Address:</b> _____</p> <p>Date:    From _____    Rent: \$ _____</p> <p>          To: _____</p> <p>Reason for Moving: _____</p> <p>Current Landlord: _____</p> <p>                  Address: _____</p> <p>                  Phone    _____</p>   |
| <p><b>Previous Address:</b> _____</p> <p>Date:    From _____    Rent: \$ _____</p> <p>          To: _____</p> <p>Reason for Moving: _____</p> <p>Previous Landlord: _____</p> <p>                  Address: _____</p> <p>                  Phone    _____</p> | <p><b>Previous Address:</b> _____</p> <p>Date:    From _____    Rent: \$ _____</p> <p>          To: _____</p> <p>Reason for Moving: _____</p> <p>Previous Landlord: _____</p> <p>                  Address: _____</p> <p>                  Phone    _____</p> |
| <p><b>Previous Address:</b> _____</p> <p>Date:    From _____    Rent: \$ _____</p> <p>          To: _____</p> <p>Reason for Moving: _____</p> <p>Previous Landlord: _____</p> <p>                  Address: _____</p> <p>                  Phone    _____</p> | <p><b>Previous Address:</b> _____</p> <p>Date:    From _____    Rent: \$ _____</p> <p>          To: _____</p> <p>Reason for Moving: _____</p> <p>Previous Landlord: _____</p> <p>                  Address: _____</p> <p>                  Phone    _____</p> |

|  |  |
|--|--|
| <p><b>List ALL States you and all members of your household have resided in:</b></p> <p>_____</p> <p>_____</p> | <p><b>List ALL States you and all members of your household have resided in:</b></p> <p>_____</p> <p>_____</p> |
|--|--|

**If you have resided at additional addresses within the past five (5) years, please attach Previous Address Information on a separate sheet.**



*We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.*

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Please list all persons that will occupy the residence.

|    | <u>Name</u><br>(First, Middle Initial, Last) | <u>Maiden Name</u><br>(If Applicable) | <u>Date of Birth</u> | <u>Relationship of</u><br><u>Head Of</u><br><u>Household</u> | <u>Social Security</u><br><u>Number</u> |
|----|--|---------------------------------------|----------------------|--|---|
| 1. |  |                                       |                      | Head of Household  |   |
| 2. |  |                                       |                      |  |   |
| 3. |  |                                       |                      |  |   |
| 4. |  |                                       |                      |  |   |
| 5. |  |                                       |                      |  |   |
| 6. |  |                                       |                      |  |   |

Do you meet the following exemption?

As of January 31, 2010, were you aged 62 years or older?  Yes  No

If yes, as of January 31, 2010, did you have a valid Social Security Number?  Yes  No

If no, as of January 31, 2010, were you receiving HUD rental assistance at another location?  Yes  No

**Employment**

| <u>Applicant</u>   | <u>Co-Applicant</u>   |
|--|---|
| Employer: _____  | Employer: _____   |
| Address: _____   | Address: _____  |
| Phone: _____   | Phone: _____  |
| Length of Employment: _____  | Length of Employment: _____   |
| Position Held: _____   | Position Held: _____  |
| Salary/Wage: _____ Per: _____  | Salary/Wage: _____ Per: _____   |
| Supervisor: _____  | Supervisor: _____   |
| Status: _____ Full-Time: <input type="checkbox"/> Part-Time <input type="checkbox"/> | Status: _____ Full-Time: <input type="checkbox"/> Part-Time: <input type="checkbox"/> |
| List average hours per week worked: _____  | List average hours per week worked: _____   |

Total household income from all other sources (i.e. social security pension, child support, Section 8 Certificate, etc):

|               |                  |
|---------------|------------------|
| Source: _____ | Amount: \$ _____ |
| Source: _____ | Amount: \$ _____ |
| Source: _____ | Amount: \$ _____ |

Do you or any member of your household engage in current illegal use or illegal distribution of a controlled substance or have you previously been convicted of the same?  Yes  No

If you answered "yes" to the above question, have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program?  Yes  No

If "yes", please explain: \_\_\_\_\_

Have you or any member of your household ever been convicted of a crime, felony, misdemeanor?  Yes  No

If "yes", please explain: \_\_\_\_\_

Are you, or any member of your household subject to a lifetime sex offender registration requirement by any state?

Yes  No

If "yes", please explain: \_\_\_\_\_



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Have you or any member of your household lived in subsidized housing?  Yes  No

If "yes", when and where? \_\_\_\_\_

Have you ever committed fraud in a subsidized housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?  Yes  No

Do you own a car? \_\_\_\_\_ Model/Year \_\_\_\_\_ License # \_\_\_\_\_

Do you own a second car? \_\_\_\_\_ Model/Year \_\_\_\_\_ License # \_\_\_\_\_

Do you, or anyone in your household, or guests, smoke or intend to smoke?  Yes  No

Are you a student?  Yes  No If yes:  Full Time  Part Time

Are any members of your household students?  Yes  No If yes:  Full Time  Part Time

If "yes", please explain: \_\_\_\_\_

Provide asset information below: (also include Checking account, savings account, CD, etc.)

| Type of Assets | Name of Bank, Stock or Bond | Account Number | Balance/Current Value | Rate of Interest | Dividend | Real Estate |
|----------------|-----------------------------|----------------|-----------------------|------------------|----------|-------------|
| 1.             |                             |                |                       |                  |          |             |
| 2.             |                             |                |                       |                  |          |             |
| 3.             |                             |                |                       |                  |          |             |
| 4.             |                             |                |                       |                  |          |             |
| 5.             |                             |                |                       |                  |          |             |

Have you disposed of any assets in the last two years?  Yes  No

If "yes", please list asset and value received: \_\_\_\_\_

| PERSONAL REFERENCES: List 3 people (not related to you) that we can call for a personal reference: |                  |              |                  |
|--|------------------|--------------|------------------|
| Name   | Address/City/Zip | Relationship | Telephone Number |
| 1.   |                  |              |                  |
| 2.   |                  |              |                  |
| 3.   |                  |              |                  |

Applicant's certification that the unit applied for will be the applicant household's permanent residence and it does/will not maintain a separate subsidized rental unit in a different location.



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**HUD, RURAL DEVELOPMENT & MSHDA APPLICANTS**

I fully understand that Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I therefore, certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the statements above. Falsified statements shall be grounds for eviction.

Applicants Initials                       Co-Applicants Initials                       Managers Initials

**RURAL DEVELOPMENT**

I/We certify that the rental unit which I/We will occupy will be my/our permanent residence and further certify that I/We do not and will not maintain a separate subsidized rental unit in a different location. I acknowledge that I am responsible to inform the office of any changes to any part of this application (i.e. address, phone, income).

Applicants Initials                       Co-Applicants Initials                       Managers Initials

GENDER DESIGNATION: (Applicant)                       I do not wish to furnish this information

Male                       Female

GENDER DESIGNATION: (Co-Applicant)                       I do not wish to furnish this information

Male                       Female

Additional information will be required at a later date to complete the processing for residency.

**The information contained in this application is treated confidentially. No information will be revealed to anyone without the express written consent of the applicant.**

\_\_\_\_\_  
Head of Household                      Date

\_\_\_\_\_  
Co-Applicant, Spouse/Co-Head                      Date



*We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.*

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**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Name of Property Project No. Address of Property

Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

| Ethnic Categories*                        | Select One            |
|---|-----------------------|
| Hispanic or Latino                        |                       |
| Not-Hispanic or Latino                    |                       |
| Racial Categories*                        | Select All that Apply |
| American Indian or Alaska Native          |                       |
| Asian                                     |                       |
| Black or African American                 |                       |
| Native Hawaiian or Other Pacific Islander |                       |
| White                                     |                       |
| Other                                     |                       |

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**DISCLOSURE UNDER FAIR HOUSING REPORTING ACT AND AUTHORIZATION**

KMG Prestige, Inc., Affinity Property Management, LLC. and/or \_\_\_\_\_ Apartments is requesting a copy of your Consumer Report or Credit Report to assist it in its consideration for:

- Employment purposes, or
- Housing at \_\_\_\_\_ Apartments

We are required as part of our screening process to secure a Consumer Report on you to assist us in our determination. Under the Fair Credit Reporting Act, 15 U.S.C.A. 1681 et seq. we must first seek your written consent to obtain your consumer or credit report. The information obtained will not be used in violation of any applicable Federal or State law.

Pursuant to the Fair Credit Reporting Act, 15 U.S.C.A. 1681a the following definitions are provided to you:

“Consumer” means an individual.

“Consumer Report” means any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer’s eligibility for a) credit or insurance to be used primarily for personal, family, or household purposes; b) employment purposes; or c) any other purpose authorized in the act.

“Investigative Consumer Report” means a consumer report or portion thereof in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information.

“Employment Purposes” means a report for the purpose of evaluating a consumer for employment, promotion, reassignment or retention as an employee.

“Adverse Action” means (i) a denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee; (ii) a denial or cancellation of, an increase in any charge for, or any other adverse or unfavorable change in the terms of credit or any license or other reasons described in section 168b(a)(3)(D) of the Act; or (iii) an action or determination that is made in connection with an application that was made by, or a transaction that was initiated by, any consumer, or in connection with a review of an account under the act and adverse to the interests of the consumer.

In accordance with the company policy we must obtain your consent in writing authorizing us to obtain a “Consumer Report” and/or Investigative Report on you for **employment** purposes. Upon receipt of your written authorization, we will obtain the written report. If we consider any information in that report which directly and adversely affects you in our employment related decision, you will be provided with a copy of the Consumer Report and a summary of your rights under the FCRA before a decision is final. Alternatively, you may contact the Federal Trade Commission about your rights under the Fair Credit Reporting Act.

*We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.*



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If we are obtaining a "Credit Report" with respect to your application for **housing**, and should your application be rejected due to information contained on your credit report you will be provided with the name and address of the local credit bureau where within sixty (60) days of rejection, you can obtain a free copy of your credit report, dispute it's accuracy, and provide a consumer statement describing your position if you dispute the credit report. Pursuant to the Fair Debt Credit Reporting Act you will have the right to put into your report a statement explaining your position on the item under dispute. For further information, contact your State or Local consumer protection agency or your State Attorney General's office.

**I have read the foregoing information referred to as a Fair Credit Reporting Disclosure and now hereby authorize KMG Prestige, Inc., Affinity Property Management, LLC., and/or \_\_\_\_\_ Apartments to obtain a Consumer Report, Credit Report or Investigative Report on me from a consumer reporting agency or company for:**

- Employment purposes
- Housing purposes
- Both

**I understand that KMG Prestige, Inc., Affinity Property Management, LLC., and/or the Apartment Community referenced above will rely upon the information contained in the report. I further understand that I have rights to dispute any adverse decision which may be made against me by I understand that KMG Prestige, Inc., Affinity Property Management, LLC., and/or the Apartment Community as set forth in the disclosure that I may seek additional advice or assistance from my local consumer protection agency or Attorney General's office.**

**I acknowledge that I have received a copy of this document for my records.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



*We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.*

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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

|  |  |
|--|--|
| <b>Applicant Name:</b>   |  |
| <b>Mailing Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |
| <b>Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>E-Mail Address (if applicable):</b>   |  |
| <b>Relationship to Applicant:</b>  |  |
| <b>Reason for Contact:</b> (Check all that apply)  |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent  |  |
| <b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |  |

Check this box if you choose not to provide the contact information.

|  |  |
|--|--|
|  |  |
|--|--|

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.