APPLICATION FOR OCCUPANCY

Desire # of bedrooms:
Desired Move-in Date:

(Please Print)	**APPLICANT**	**CO-APPLICANT**
First Name		
Middle Name		
Last Name		
Street Address		
City, State, Zip Code		
Contact Number		
Email		
Date of Birth		
Social Security #		
Photo ID #		
Vehicle Make/Model		

OCCUPANT #1: FULL NAME	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? ☐ YES ☐ NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old ☐ NO ☐ YES	IF YES, Credit/Criminal Release required			

OCCUPANT #2: FULL NAME	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? ☐ YES ☐ NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old ☐ NO ☐ YES	IF YES, Credit/Criminal Release required			

OCCUPANT #3: FULL NAME	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? ☐ YES ☐ NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old ☐ NO ☐ YES	IF YES, Credit/Criminal Release required			

OCCUPANT #4: FULL NAME	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? ☐ YES ☐ NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old ☐ NO ☐ YES	IF YES, Credit/Criminal Release required			

OCCUPANT #5: FULL NAME	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? ☐ YES ☐ NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old ☐ NO ☐ YES	IF YES, Credit/Criminal Release required			

OCCUPANT #6: FULL NAME	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? ☐ YES ☐ NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old ☐ NO ☐ YES	IF YES, Credit/Criminal Release required			

*If more than 6 additional household members, attach additional sheet.

	Name of Member/Occupant	Source of Income	Phone number	Occupation	Monthly Income
1st Source					
2nd Source					
3rd Source					
4th Source					
5th Source					
6th Source					
7th Source					

*If more source of income, attach additional sheet.

RESIDENCE HISTORY						
	Management or Mortgage Co.	Phone Number	Address	Date of Residency From/To	Rental amount	Reason for Leaving
Present Landlord						
Previous Landlord						
Previous Landlord						

Does your household require any accessible features? ☐ NO ☐ YES Describe:

Does your household have any reasonable accommodation requests? ☐ NO ☐ YES Describe:

PETS ☐ NO ☐ YES If so, please specify: (type, breed, weight, age)

EMERGENCY CONTACT			
Name	Phone #	Relationship	Email Address

How did you hear about our Community?

☐ Newspaper ☐ Apartment Guide ☐ Referred by : _____

☐ Internet ☐ Drive by ☐ Other: _____

AGREEMENT & AUTHORIZATION SIGNATURE/S

By signing this application, the undersigned hereby authorizes Management to investigate ad confirm the information stated by the person/s signing this form. The undersigned understands and agrees that said investigation may include but is not be limited to obtaining a standard credit report and criminal background investigation. To the best of my knowledge, the above information is true and accurate.

_____ Applicant Signature	_____ Date
_____ Co-Applicant Signature	_____ Date
_____ Occupant #1 Signature (If over 18)	_____ Date
_____ Occupant #2 Signature (If over 18)	_____ Date
_____ Occupant #3 Signature (If over 18)	_____ Date
_____ Occupant #4 Signature (If over 18)	_____ Date
_____ Occupant #5 Signature (If over 18)	_____ Date
_____ Occupant #6 Signature (If over 18)	_____ Date
_____ Management Signature……	..... _____ Date-Time-Agent's Initials

We are an equal housing opportunity provider. We provide housing without discrimination on the basis of race, color, religion, sex, physical or mental handicap, familial status, national original or any other protected classes in accordance with any/all local, state, and federal civil rights and fair housing legislation.

Obligation of Receiving Party: Receiving Party shall hold and maintain the Confidential Information in this application in the strictest confidence for the sole and exclusive benefit of the Disclosing Party. Receiving Party shall carefully restrict access to Confidential information to employees, contractors and third parties as is reasonably required and shall require those persons to sign nondisclosure restrictions at least as protective as those in the Agreement. Receiving Party shall not, without prior written approval of Disclosing Party, use for Receiving Party's own benefit, publish, copy or otherwise disclose to others, or permit the use by others for their benefit or to the detriment of Disclosing Party any Confidential Information. Receiving Party shall return to Disclosing Party any and all records, notes and other written, printed or tangible materials in its possession pertaining to Confidential Information if Disclosing Party requests it in writing.

FOR OFFICE USE ONLY

APPLICATION UPDATES	
DATE	NEW INFORMATION

CRIMINAL AND CREDIT HISTORY VERIFICATION AND RELEASE

Please print legibly and complete the entire form.
(All adults must complete a separate form)

FULL NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

FULL ADDRESS: _____
(Street, Apartment number)

_____
(City, State, Zip Code)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES_____ NO_____

IF YES, WHEN, WHERE, AND NATURE OF THE OFFENSE: _____

_____

_____

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD SUBJECT TO A LIFETIME STATE SEX OFFENDER REGISTRATION PROGRAM IN ANY STATE? YES_____ NO_____

PLEASE PROVIDE A LIST OF STATES WHERE YOU AND ANY OTHER HOUSEHOLD MEMBER HAVE RESIDED: _____

_____

BY SIGNING THIS APPLICATION, THE UNDERSIGNED HEREBY AUTHORIZES _____ _____ TO INVESTIGATE AND CONFIRM THE INFORMATION STATED BY THE PERSON SIGNING THE FORM.

THE UNDERSIGNED UNDERSTANDS AND AGREES THAT SAID INVESTIGATION MAY INCLUDE, BUT IS NOT LIMITED TO, OBTAINING A STANDARD CREDIT REPORT AND CRIMINAL BACKGROUND INVESTIGATION.

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND ACCURATE:

APPLICANT SIGNATURE: _____

DATE: _____

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 incompliance 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 provide 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 no 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.