

Office use only:
 Date: _____
 Time: _____
 Apt. Size: _____

Office Use Only
 Gross Income: _____ Adj. Income: _____
USDA Income Level:
 30% EVL _____ 50% VL _____ 80%L _____

USDA RENTAL APPLICATION

Name: _____ Telephone: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name all persons in your household, starting with yourself.

Name	Relation	Date Of Birth	Age	Gender	Social Security	Residency Card

In case of an emergency, whom can we contact?

Name	Telephone	Address	City/State/Zip Code	Relation

Please note two references that are not relatives:

Name	Telephone	Address	City/State/Zip Code	Relation

Incomplete application will not be processed. Falsification of any information is cause for immediate disqualification. If you have any questions regarding this application, please contact the office manager for assistance.



Rental History: Note your history for the last three (3) years.

Present Address	
City/State/Zip Code	
Dates Renting	From: To: Rent:\$ /month
Manager's Name	
Manager's Mailing Address	
City/State/Zip Code	
Manager's Telephone	
Reason for leaving	

Previous Address	
City/State/Zip Code	
Dates Renting	From: To: Rent:\$ /month
Manager's Name	
Manager's Mailing Address	
City/State/Zip Code	
Manager's Telephone	
Reason for leaving	

Previous Address	
City/State/Zip Code	
Dates Renting	From: To: Rent:\$ /month
Manager's Name	
Manager's Mailing Address	
City/State/Zip Code	
Manager's Telephone	
Reason for leaving	

Use additional pages if necessary

<p>Apartment size that you are applying for? Mark one only</p> <p>2 Bedrooms _____ 3 Bedrooms _____ 4 Bedrooms _____</p>
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Renter / Property Information

Please add additional pages for explanations	Yes	No
Have you been given a thirty (30)/sixty (60) day notice of eviction?		
Have you paid your rent late?		
Have you been charged for apartment/house damages?		
Have you received complaints from a neighbor(s) or manager(s)?		
Have you been given a three (3) day pay or quit notice?		
Do you need an apartment for a handicap/disabled person?		
Does one of the adults in your household have legal resident status/is a USA citizen		
Have you declared bankruptcy within the last three (3) years?		
Have you had an eviction?		

Total Household Income

Does someone in your household receive income from any of the following sources? <i>Use additional pages if necessary.</i>	YES	NO	Monthly Gross Income \$	Name of the person(s) receiving income
Employment				
Employment				
Self-Employment (Business Income)				
TANF				
SSA (Social Security)				
SSI (Supplemental Social Security)				
Unemployment				
Financial Aide/ Student Loans				
Child Support				
Alimony				
Pension(s)				
Other Income not Earned (ex: Death benefits)				

Occupations of All Adults (18 years or older)

Adults Name	Occupation	Name/Mailing Address

Employment Declaration: Note **ALL** adults (18 years or older) in the household that work or plan on working within the next twelve (12) months.

Adults Name & Social Security	Employers Name & Telephone	Employers Mailing Address	City/State/Zip Code



Asset Information: Please provide the following information regarding your assets. Use an additional page if necessary.

Name(s) of person(s) appearing on the account(s)	
Bank Name	
Local Bank Telephone	
Local Bank Fax	
Bank Mailing Address	
Last 4 Digits Of Savings Account Number	
Savings Account Interest Rate %	
Current Savings Account Balance	
Last 4 Digits of Checking Account Number	
Checking Account % Rate (if applicable)	
Stocks, Bonds, Certificates of Deposit, Money Market Accounts etc...	
Retirement Accounts, IRA's , 401k's etc...	

Please answer the following questions:	YES	NO
Do you or a household member consume illegal substances (drugs)?		
Have you or a household member been convicted of manufacturing or distributing an illegal substance(s) (drugs)?		
If you answered yes to a previous question, Has the offender completed or are currently in a recovery/rehabilitation program?		
Do you or another household member 18 years or older attend school full time?		
Does your household have a waterbed?		

Do you pay for any medical expenses that are not reimbursed for the handicap/disabled person in your household? Yes _____ No _____

Does your household have a pet(s)? Yes _____ No _____

Do you pay for childcare in order to work or attend school? Yes _____ No _____

How much to you pay? \$ _____ weekly or monthly? _____

Information regarding the child care provider:

Name	Telephone	Address	City/State/Zip Code

Warning: Section 1001 of Title 18 Code of The United States dictates "Anyone in any jurisdiction of a department or agency of the United States consciously or voluntarily falsifies, omits or covers an act, or makes a fraudulent information, false or fictitious declaration or representation or uses some writing or false document knowing that such contains false or fictitious or fraudulent information, shall be fined a \$10,000 maximum penalty or jailed no more than 5 years or both things.



I/We certify that the apartments to occupy at _____ Apartments will be our primary residency and that I/we do not maintain another apartment for rent at any other place. I/We certify that the information given is correct and complete and understand that any case of falsification is reason for disqualification of this application.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

VOLUNTARY INFORMATION FOR PURPOSE OF MONITORING

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 applications 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.

APPLICANT Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

CO-APPLICANT Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

APPLICANT Race: (Mark one or more)

1. American Indian / Alaska Native
2. Asian
3. Black of African American
4. Native Hawaiian or Other Pacific Islander
5. White

CO-APPLICANT Race: (Mark one or more)

1. American Indian / Alaska Native
2. Asian
3. Black of African American
4. Native Hawaiian or Other Pacific Islander
5. White

Applicant **Gender:** Male Female

Co-Applicant **Gender:** Male Female



WAITING LIST – FARM LABOR

_____Apartments maintains a Waiting List in accordance with Farm Labor Housing Program requirements. Applications are processed on a “first come, first served” basis in accordance with the Selection Criteria below as vacancies become available.

Completed Applications meeting the mandatory requirements of the Farm Labor Housing Program are placed on the Waiting List according to date and time received in the Management Office. When a unit becomes available, the first eligible applicant will be contacted by phone. If unable to contact by phone, the applicant will be notified by mail and directed to respond within (10) ten business days. If no response is received within (10) ten business days, the Application will be withdrawn (removed) from the waiting list. Applicants must notify the office in writing when address or phone number changes occur. If management attempts to contact an Applicant and is not successful due to address and phone numbers that were not current or accurate, the Application will be withdrawn (removed) from the Waiting List. The applicant may re-apply by completing a new Application and will be placed on the list according to the new date and time received.

Persons with disabilities who require “accessible” units (i.e. mobility, vision, or hearing) will receive preference over all applicants when filling vacant units designated as “accessible”.

Vacant units may be offered to current Residents in order to comply with occupancy standards or to provide a reasonable accommodation to persons with a disability. Restrictions and regulations governing in-house transfers are uniformly enforced.

Applicants will be allowed to pass on a unit offer only **twice** before being removed from the waitlist.

SELECTION CRITERIA – FARM LABOR

Once an applicant has been pulled from the Waiting List, an appointment will be scheduled to complete an application packet to ensure the household qualifies based on the following criteria established for _____ Apartments.

1. Applicants must complete a rental application, sign all other required forms and provide all requested documentation to determine eligibility (ID, Social Security Cards, Citizenship / Immigration Status, current verifiable Farm Labor Income or Retirement from Farm Labor).
2. First priority will be given to Eligible Active Farm Labor Households. Second priority will be given to retired or disabled Domestic Farm Labor Households who were active at the time of retirement or becoming disabled. Third priority will be given to retired or disabled Domestic Farm Labor Households who were not active in the Farm Labor market at the time of retirement or disability.
3. The household must meet income eligibility based on program requirements and the Head of Household must meet the minimum income requirement of \$5,752.50 annually from Farm Labor employment.
4. All household adult members must have positive housing history for the past () _____ years. Positive housing history is defined as:
 - No more than (3) three late pays in a (12) twelve month period
 - No outstanding debt to a previous landlord
 - No evictions (exceptions may include no outstanding balance and a positive rental reference is given by the evicting landlord or all debt is paid and a positive rental history has been established for the last (3) three years.)
 - No substantial violations of the lease/rental agreement including but not limited to: interference with the use, possession, or quiet enjoyment of their unit by other tenants of the property; adversely affecting the health and safety of any person; interference with the management, maintenance; operation of the property; failure/refusal to pay rent or other charges in a timely manner or failure to maintain the unit in a safe/sanitary condition to include poor housekeeping habits.

If an applicant is unable to provide residence references due to homelessness, (2) two letters of recommendations from a reputable source may be acceptable.

5. All household adults must have acceptable credit histories. Acceptable credit history for an individual will be defined as:
 - No Credit
 - At least () _____ current account in good standing (no outstanding balance, paid “as agreed”)
 - No more than () _____ “collection” or “charge-off” accounts within the past () _____ years (excluding medical and student loans)
 - No current utility (gas / electric) collection accounts
 - A bankruptcy within the last (3) three years may be acceptable if currently there are no more than () _____ “collections” or “charge-off accounts and at least () _____ current account.

CHIP complies with the letter and spirit of the Fair Housing Act that prohibits housing discrimination against persons based upon race, color, religion, national origin, sex, familial status, disability or other protected classes.

By signing below, the applicant understands the Waiting List and Selection Criteria for _____ Apartments. A complete Tenant Selection Plan is posted in the rental office for your review should you have further questions.

Applicant Signature	Date	Applicant Signature	Date
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