



KS Relay Center:
TDD 1-800-766-3777



Equal Housing
Opportunity

(OFFICE USE ONLY)	
Date Received:	
Time Received:	
Bedrooms Needed:	1 2 3 (Circle One)

RENTAL APPLICATION FOR OCCUPANCY

COMPLETE ALL QUESTIONS OR THIS APPLICATION WILL NOT BE PROCESSED

Property Name: _____

The property you are applying for residency in is financed by USDA Rural Development/HUD and is operated in accordance with Federal Statutes, 7 CFR 3560. Full disclosure of pertinent information to determine eligibility is required. Applications are placed in order of date and time received. Applicants who need assistance in filling out this application will be accommodated. **Please note:** If you have a disability and would like the leasing agent to be knowledgeable of it when processing your application or when showing you available apartments, Fair Housing Law states YOU must inform the agent. Rents are based on adjusted family or household income.

A. Household

Applicant Name(s): _____ **SS #:** _____
First Middle Initial Last

Current Address: _____ Birth date: _____ Sex _____

City/State/Zip: _____ How Long at Present Address: _____

Home Phone: _____ Work Phone: _____ years _____ months

Current Landlords Name: _____ Phone #: _____

Current Landlords Address: _____

Co-Applicant Name(s): _____ **SS #:** _____
First Middle Initial Last

Current Address: _____ Birth date: _____ Sex _____

City/State/Zip: _____ How Long at Present Address: _____

Home Phone: _____ Work Phone: _____ years _____ months

Current Landlords Name: _____ Phone #: _____

Current Landlords Address: _____

Other household members NOT including Applicant or Co-applicant

Household Member: _____ Birth date: _____ SS #: _____ Sex _____

Household Member: _____ Birth date: _____ SS #: _____ Sex _____

Household Member: _____ Birth date: _____ SS #: _____ Sex _____

Household Member: _____ Birth date: _____ SS #: _____ Sex _____

B. Residential History: (We require 5 years of residential History. Please use page 2 if more space is needed.)

Applicant:

Former Address: _____

Former Landlord's Name: _____ Date Moved in: _____

Former Landlord's Address: _____ month/year

Former Landlord's Phone #: _____ Date Moved out: _____

month/year

Co- Applicant:

Former Address: _____

Former Landlord's Name: _____ Date Moved in: _____

Former Landlord's Address: _____ month/year

Former Landlord's Phone #: _____ Date Moved out: _____

month/year

C. Credit References:

1.) Name: _____ Phone: _____

Address: _____ City/St/Zip: _____

2.) Name: _____ Phone: _____

Address: _____ City/St/Zip: _____

This institution is an equal opportunity provider and employer.

Supplement to Part B: Residential History

Additional Residences: Please List All Addresses you have lived at within the past 5 years, including those owned by parent(s) or other family members.

Former Address:	_____	
Former Landlord's Name:	_____	Date Moved in: _____
Former Landlord's Address:	_____	month/year
Former Landlord's Phone #:	_____	Date Moved out: _____
		month/year
Former Address:	_____	
Former Landlord's Name:	_____	Date Moved in: _____
Former Landlord's Address:	_____	month/year
Former Landlord's Phone #:	_____	Date Moved out: _____
		month/year
Former Address:	_____	
Former Landlord's Name:	_____	Date Moved in: _____
Former Landlord's Address:	_____	month/year
Former Landlord's Phone #:	_____	Date Moved out: _____
		month/year
Former Address:	_____	
Former Landlord's Name:	_____	Date Moved in: _____
Former Landlord's Address:	_____	month/year
Former Landlord's Phone #:	_____	Date Moved out: _____
		month/year
Former Address:	_____	
Former Landlord's Name:	_____	Date Moved in: _____
Former Landlord's Address:	_____	month/year
Former Landlord's Phone #:	_____	Date Moved out: _____
		month/year
Former Address:	_____	
Former Landlord's Name:	_____	Date Moved in: _____
Former Landlord's Address:	_____	month/year
Former Landlord's Phone #:	_____	Date Moved out: _____
		month/year
Former Address:	_____	
Former Landlord's Name:	_____	Date Moved in: _____
Former Landlord's Address:	_____	month/year
Former Landlord's Phone #:	_____	Date Moved out: _____
		month/year
Former Address:	_____	
Former Landlord's Name:	_____	Date Moved in: _____
Former Landlord's Address:	_____	month/year
Former Landlord's Phone #:	_____	Date Moved out: _____
		month/year

D. Employment:

USDA Rural Development Section 515 regulations require that all applicants reveal all amounts and sources of income and assets. Applicants for housing in this USDA Rural Development Section 515 property must complete the following requested information.

Applicant:

Current Employer Name: _____ Phone Number: _____
 Current Employer Address: _____
 How Long: _____ years _____ months

Co-Applicant:

Current Employer Name: _____ Phone Number: _____
 Current Employer Address: _____
 How Long: _____ years _____ months

E. Household Income: List all full and/or part time employment for all household members (Include self-employment earnings).

Household Member:	Name of Employer:	Gross Yearly Earnings Current/Anticipated:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Is any member entitled to receive child support that is not being received? no yes -explain:
 Is any member entitled to receive alimony that is not being received? no yes -explain:
 Do you anticipate any changes in this income in the next 12 months? no yes -explain:
 Explain: _____

All Other sources of income: (Examples: State Assistance (Welfare), Aid to Families with Dependent Children (AFDC), Unemployment, Social Security, S.S.I., Pensions, Disability Compensation, Baby Sitting, Alimony, Child Support, Annuities, Dividends, Interest, Income from Real Property, Armed Forces Reserves, Workmen's Compensation, V.A. Benefits, Farm Income, Business Income, Cash Contributions from Agencies or Non-Aplicant, Work for Cash and Tips, or Income received by a Full-Time Student.

Household Member:	Source of Income:	Amount:
_____	_____	\$ _____ per
_____	_____	\$ _____ per
_____	_____	\$ _____ per
_____	_____	\$ _____ per

F. Childcare Costs

Complete this part **ONLY FOR CHILDREN 12 & YOUNGER.**

	Name of Child	Age of Child	Provider Name, Address & Phone Number	Monthly Amount	Annual Amount
1.)					
2.)					
3.)					
4.)					
Total Child Care Costs:					

Applicants must also disclose any assets disposed of for less than fair market value in the two years preceding effective date of the certification. This means that the assets were either given away or sold at less than the allotted market value. Any asset listed as disposed of for less than fair market value in the two years preceding the effective date of the certification will be counted as an asset.

Have you disposed of any assets for less than fair marked value within the past two years?

yes _____

No _____

G. Household Asset Information: List all Assets including Balances, Cash Values, & Sources as requested below. Cash value is the market value less any reasonable costs that would be incurred in converting the asset to cash, i.e. broker and legal fees

Write N/A in Blanks Provided if "Not Applicable"

	Asset	Applicant or Household Member	Provider's Name, Address & Phone Number	Balance / Cash Value of Asset	Actual Income from Asset (Annual)	Current Asset Disposed of for Less than Fair Market Value
1.)	Checking Accounts					
2.)	Savings Accounts					
3.)	Certificates of Deposit					
4.)	Stocks or Bonds					
5.)	IRA or Other Retirement Funds					
6.)	Mutual Funds					
7.)	Trust Accounts					
8.)	Life Insurance (Whole or Universal)					
9.)	Personal property held as an investment.					
10.)	Real estate. Is it for sale or rent?					
11.)	Other Current Assets					
12.)	Disposed of Assets in last 2 years (i.e. given money to relatives, set up Irrevocable Trusts)					
13.)	Assets not listed (excluding Personal Property)					
				Total Value of All Assets >>>>		Total Actual Income from Assets <<<<

Elderly Households, where the applicant or co-applicant is at least 62 years old or is a person of any age with a disability may qualify for an adjustment to their income when calculating the rent payment, or may qualify for a special accessible unit, or both.

H. Medical/Disabled Assistance Expenses: Complete this part **ONLY** if Applicant or Co-Applicant is 62 years or older or they are an individual with a disability.

Write "N/A" in blanks provided if "Not Applicable"

	Medical Related Item	Applicant or household member	Name, Address & Phone Number	Monthly Amount	Annual Amount	Amount Insurance Pays/Paid
1.)	Medicare Premiums					
2.)	Medical Insurance Coverage (list Name and address of Co.)					
3.)	Projected Medical Cost NOT covered by Insurance NOR Reimbursed					
4.)	Monthly Payments toward Medical Bills or Outstanding Costs: (also show outstanding balances)					
5.)	Medical Related Travel Costs					
6.)	Are you Seeing a Physician Regularly? (list name address and phone number)					
7.)	Projected Physician Cost NOT covered by Insurance NOR Reimbursed					
8.)	Other Medical Expenses (list Type)					
9.)	Hand-capped assistance expenses. (Only complete if the expenses allow a household member to work.)					
Total Medical Costs						

I. Program Information:

(circle one)

1. Are you applying for status as an "Elderly Household", where the applicant or co-applicant is at least 62 years old or is a person of any age with a disability as defined by USDA-Rural Development?	No	Yes
1.1. If so, you will be eligible for a \$400 adjustment to your income? <i>(Your eligibility must be verified.)</i>	No	Yes
2. Would you or anyone in your household benefit from a wheelchair or other accessible unit?	No	Yes
2.1. If so, would you like to request an adapted unit?	No	Yes
3. Is anyone in your household currently living in Government Housing?	No	Yes
4. Has anyone in your household ever resided in a project financed and/or subsidized by the Government?	No	Yes
5. Has anyone in your household ever been evicted from a Government Housing Program?	No	Yes
5.1. If Yes, Where, When & Reason:		
6. Has anyone in your household ever been evicted from other Housing?	No	Yes
6.1. If Yes, Where, When & Reason:		
7. USDA Rural Development regulations grant a priority to those applicants that are a holder of a "Letter of Priority Entitlement" issued by the US Department of Housing and Urban Development (HUD) or USDA Rural Development, and those households displaced due to housing being rendered uninhabitable. Do you hold a "Letter of Priority Entitlement"?	No	Yes
7.1. Are you currently living in a housing unit that has been determined to be uninhabitable?	No	Yes
8. Are you being evicted?	No	Yes
8.1 If Yes, when must you be out of your home?		
9. Has anyone in your household ever been convicted of a felony?	No	Yes
9.1 If Yes, please give the date, describe the felony, and name the household member with the record:		
10. Is anyone in your household currently using illegal drugs?	No	Yes
11. Has anyone in your household ever been convicted of sale, distribution, or possession of illegal drugs?	No	Yes
11.1 If Yes, has that person(s) successfully completed a controlled substance abuse recovery program or is presently enrolled in such a program?	No	Yes
12. Has anyone in your household ever lived on this property in the past?	No	Yes
13. Is anyone in your household 18 or older attending a school of higher education?	No	Yes
14. Do you anticipate a change in the number of family members within the next 12 months?	No	Yes
15. Does your household have a pet?	No	Yes
16. Will you take an apartment when one is available?	No	Yes
17. Are all household members a lawful citizen or have eligible immigration status in the United States?	No	Yes
Under certain housing programs I will be required to complete a Declaration of Citizenship.		
18. How did you hear about this housing?		
Briefly describe your reasons for applying.		

J. In case of Emergency notify:

Name:	Phone:
Address:	City/St/Zip:
Relationship, if any:	

STATEMENT REQUIRED BY THE PRIVACY ACT:

USDA Rural Development is authorized by Title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 at.Seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary. However failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except it is unlawful for USDA Rural Development to deny eligibility because of the refusal to disclose the Social Security Number. The principal purposes for collecting the requested information are to determine eligibility for occupancy in the USDA Rural Development financed rental property and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State, and Local Agencies when relevant to civil, criminal, or regulatory proceedings.

I CERTIFY THAT THE HOUSING THAT I AM APPLYING FOR WILL BE MY PERMANENT RESIDENCE AND I WILL NOT MAINTAIN A SEPARATE RESIDENCE IN A DIFFERENT LOCATION. I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE RELEASE OF ANY INFORMATION CONTAINED HEREWITH TO DETERMINE MY ELIGIBILITY FOR THIS HOUSING.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO WILLFULLY FALSIFY A MATERIAL FACT OR MAKE A FALSE STATEMENT IN ANY MATTER WITHIN THE JURISDICTION OF A FEDERAL AGENCY.

Signature: _____ (Applicant) Date: _____

Signature: _____ (Co-Applicant) Date: _____

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.

Ethnicity:
Hispanic or Latino: _____
Not Hispanic or Latino: _____

Race: (Mark one or more)
1 American Indian/Alaska Native _____
2 Asian _____
3 Black or African American _____
4 Native Hawaiian or Other Pacific Islander _____
5 White _____

Gender: Male _____ Female _____



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TENANT RELEASE AND CONSENT



Equal Housing
Opportunity

I/ We _____ the undersigned, hereby authorize
name(s)

all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to _____ for purposes of verifying information on my/our Rental Application for Occupancy.

INFORMATION COVERED:

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: criminal and credit background screening, personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|--|--------------------------------|------------------------------|
| Past and Present Employers | Welfare Agencies | Veterans Administration |
| KS Departments of Corrections | State Unemployment Agencies | Retirement Systems |
| Support and Alimony Providers | Social Security Administration | Banks/Financial Institutions |
| School Administrations | Screening Services | Medical Providers |
| Previous Landlords (including Public Housing Agencies) | Military Employment & Veterans | Child Care Providers |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file. I/We understand I/we have a right to review this file and correct any information that is incorrect.

Signatures

_____	_____	_____
Applicant/ Resident	(Print Name)	Date
_____	_____	_____
Co-Applicant/ Resident	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR A COPY OF TAX FORM" MUST BE SIGNED SEPERATELY.

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, the PHA, and any owner (or employee of HUD, the PHA or the owner) and 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 willfully requestes, obtains or discloses any information under false pretenses concerning an applicant or participant my 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, 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.