



APPLICATION INSTRUCTIONS

- Please answer ALL questions on the application, sign and date.
- Each household member 18 years and older should be listed on the "Supplement to Application" form. Please list all states lived in for each household member and have each sign and date the form.
- A landlord reference form should be completed, signed, and dated by each household member 18 years and older.
- Must be completed in blue or black ink.

YOU MUST INCLUDE THE FOLLOWING:

- Valid driver's license or photo ID for ALL household members 18 and older.
- Social security cards and birth certificates for ALL household members.
- Application fee (see below), paid by MONEY ORDER ONLY!

Family Properties: \$15.00/ household member 18 years of age & older

- ❖ ONLY COMPLETE APPLICATION PACKAGES WILL BE ACCEPTED!
- ❖ ALL ITEMS LISTED ABOVE ARE REQUIRED.
- ❖ APPLICATIONS THAT ARE INCOMPLETE OR MISSING ANY OF THE ABOVE DOCUMENTS WILL BE REFUSED.



APPLICATION FOR RENTAL

COMPLEX: _____

DATE/TIME TAKEN: _____ DATE/TIME RECEIVED: _____

RECEIVED BY: _____

APPLICANT'S NAME: _____

ACTION TAKEN: (Circle One)	APPROVED	REJECTED	WITHDRAWN
DATE OF REPLY LETTER:	_____	_____	_____

COMMENTS: _____

APPLICATION REQUIREMENTS

1. PLEASE ANSWER ALL QUESTIONS ON THE APPLICATION (IF A QUESTION DOES NOT APPLY, WRITE "N/A") APPLICATIONS MUST BE SIGNED AND DATED BY ALL HOUSEHOLD MEMBERS, 18 YEARS OF AGE AND OLDER.
2. EACH HOUSEHOLD MEMBER, 18 YEARS OF AGE AND OLDER, MUST SIGN AND DATE A SEPARATE RPS FORM, A PRIOR HOUSING RELEASE FORM, AND MUST BE LISTED ON THE "SUPPLEMENT TO APPLICATION FORM.
2. APPLICATIONS SHOULD BE OBTAINED AND RETURNED IN PERSON, UNLESS THE APPLICANT REQUIRES ASSISTANCE AS A REASONABLE ACCOMMODATION.
3. FOR APPLICATIONS TO BE COMPLETE, YOU MUST INCLUDE COPIES OF THE FOLLOWING: COPIES OF VALID DRIVER'S LICENSE FOR ALL HOUSEHOLD MEMBERS, 18 YEARS OF AGE AND OLDER, COPY OF SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS, COPY OF BIRTH CERTIFICATES FOR ALL MINOR HOUSEHOLD MEMBERS
4. ALL GROSS ANNUAL INCOME MUST BE LISTED ON APPLICATION (BEFORE DEDUCTIONS). THIS INCLUDES EMPLOYMENT INCOME, CHILD SUPPORT, INTEREST INCOME OF ANY KIND, SOCIAL SECURITY, DISABILITY, V.A. BENEFITS, PENSIONS, RENT RECEIVABLES, ETC.
5. APPLICATION FEES MUST BE INCLUDED WHEN COMPLETED APPLICATION IS RETURNED. APPLICATION FEES MUST BE PAID BY MONEY ORDER ONLY! ALL APPLICATION FEES ARE NON-REFUNDABLE!
6. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!



TDD 1-800-548-2546



(Please Print Clearly)

1. GENERAL INFORMATION

Applicant's Complete Name: _____ Phone Number: _____ Marital Status: S M D Sep
(Circle One) Single, Married, Divorced, Separated

Social Security Number: _____ Current Address: _____
Street Apt# City State Zip

Applicant's Date of Birth: ____/____/____ Race: _____ Sex: _____ Drivers License Number: _____

Present Landlord: _____ Daytime Phone Number: _____

Landlord's Address: _____
Street City State Zip

Present Rental Payment: _____ How Long Have You Lived At This Address?: _____ (If less than 3 years fill in information on previous landlord)

Previous Landlord: _____ Daytime Phone Number: _____

Previous Landlord's Address: _____
Street City State Zip

Applicant's Employer: _____ Phone Number: _____

Address: _____
Street City State Zip

Position Held: _____ Gross Annual Wages: _____ How Long Employed?: _____

Co-Applicant's Complete Name: _____ Phone Number: _____ Marital Status: S M D Sep
(Circle One) Single, Married, Divorced, Separated

Social Security Number: _____ Current Address: _____
Street Apt# City State Zip

Co-Applicant's Date of Birth: ____/____/____ Race: _____ Sex: _____ Drivers License Number: _____

Present Landlord: _____ Daytime Phone Number: _____

Landlord's Address: _____
Street City State Zip

Present Rental Payment: _____ How Long Have You Lived At This Address?: _____ (If less than 3 years fill in information on previous landlord)

Previous Landlord: _____ Daytime Phone Number: _____

Previous Landlord's Address: _____
Street City State Zip

Co-Applicant's Employer: _____ Phone Number: _____

Address: _____
Street City State Zip

Position Held: _____ Gross Annual Wages: _____ How Long Employed?: _____

2. HOUSEHOLD INFORMATION (List ALL persons who will live in the apartment. List the Head of Household First.)

Name Date of Birth Sex Full time Student (Y/N) Social Security Number

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

3. STUDENT STATEMENT

DEFINITION OF FULL-TIME STUDENT: For the purpose of this application, a full-time student is defined as one who is, has or will be carrying a full-time subject load or attending an educational institution accredited with a degree or certificate program (including K-12 school age children) during any portion of five months within the current calendar year.

Does this Full-Time Student status apply to ALL PERSONS IN THIS HOUSEHOLD? YES NO

IF YES, ANSWER ALL OF THE FOLLOWING QUESTIONS:

Are any full-time students married and filing a joint tax return? YES NO

Are any students enrolled in a job-training program receiving assistance? YES NO

Are any full-time students a TANF or title IV recipient? YES NO

Are any full-time students a single parent living with his/her minor child who is not a dependent of another's tax return? YES NO

Is at least one member of the household enrolled in a job training program receiving assistance under the Job Training Partnership Act, or similar federal, state or local laws, and effective for households? YES NO

4. INCOME: LIST ALL SOURCES OF GROSS INCOME AS REQUESTED BELOW:

Household Member	Source of Income	Gross Annual Amount
	a. Social Security	\$ _____
	Social Security	\$ _____
	b. SSI Benefits	\$ _____
	SSI Benefits	\$ _____
	c. Pension	\$ _____
	d. Veteran's Benefits	\$ _____
	e. Unemployment	\$ _____
	f. AFDC	\$ _____
	AFDC	\$ _____
	AFDC	\$ _____
	g. Alimony	\$ _____
	h. Child Support	\$ _____
	Child Support	\$ _____
	i. Interest Income	\$ _____
	Interest Income	\$ _____
	j. Rental Income	\$ _____
	k. Employment/Other Income	\$ _____
	TOTAL ANNUAL INCOME:	\$ _____

Have you or any member of your household ever been convicted of a felony? If yes, explain: _____

Have you or any member of your household ever been evicted from Public Housing or any other Federal or State Housing program or any other house or apartment? If yes, where? _____ When? _____

Describe the reasons: _____

8. WILL YOU OR ANY HOUSEHOLD MEMBER REQUIRE A UNIT WITH ACCESSIBILITY FEATURES, OR A REASONABLE ACCOMMODATION? _____ YES. _____ NO.

If the accommodation you are requesting is for you to have a live in attendant, the person you wish to have as a live-in attendant must complete an application and be approved by management prior to their moving into your unit. If you are requesting to have a live-in attendant please provide the following information.

Name of proposed Live-In Attendant _____ Phone Number _____

9. PERSONS TO CONTACT IN AN EMERGENCY (Other than Spouse or other household members)

1. Name: _____ Relation: _____
Phone # _____ Address: _____
Street City State Zip

2. Name: _____ Relation: _____
Phone # _____ Address: _____
Street City State Zip

3. Name: _____ Relation: _____
Phone # _____ Address: _____
Street City State Zip

10. PERSONAL REFERENCES (List three personal references – NOT relatives)

1. Name: _____ Relation: _____
Phone # _____ Address: _____
Street City State Zip

2. Name: _____ Relation: _____
Phone # _____ Address: _____
Street City State Zip

Do you know anyone, including relatives, who lives here, or has lived here in the past? _____ If yes, please list: _____

How did you learn about our apartment complex? (Circle one) Website- Newspaper – Yellow Pages – flyers – Other Resident – Chamber of Commerce – Friend – Other

Why do you want to leave your current residence?

Please use this space for adding additional information which you feel would be helpful to us in determining your eligibility. _____

PLEASE CAREFULLY READ THE FOLLOWING BEFORE SIGNING

I (WE) HEREBY CERTIFY THAT I (WE) HAVE READ THE ABOVE APPLICATION REQUIREMENTS AND VERIFICATION OF EMPLOYMENT AND INCOME/ASSET REQUIREMENTS AND UNDERSTAND THEM COMPLETELY.

I (WE) CERTIFY THAT THE APARTMENT I (WE) ARE APPLYING FOR WILL BE MY (OUR) PERMANENT RESIDENCE. I (WE) FURTHER CERTIFY THAT I (WE) WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

I (WE) CERTIFY THAT THE INFORMATION GIVEN HEREIN IS COMPLETE, TRUE AND CORRECT. YOU ARE HEREBY EXPRESSLY AUTHORIZED TO VERIFY THE ACCURACY AND CORRECTNESS OF THESE STATEMENTS, TO COMMUNICATE WITH MY (OUR) EMPLOYER, CREDITORS, AND REFERENCES, AND TO PROCURE SUCH OTHER INFORMATION WHICH YOU MAY REQUIRE, INCLUDING CREDIT INFORMATION AND CRIMINAL BACKGROUND CHECKS. YOU HAVE MY PERMISSION TO USE THE ABOVE REFERENCED INFORMATION TO EVALUATE THIS APPLICATION OR, IN THE FUTURE, TO CANCEL A RENTAL CONTRACT AND/OR REQUIRE APPLICANT TO VACATE IMMEDIATELY.

I (WE) ACKNOWLEDGE THAT THE SECURITY DEPOSIT WILL BE FORFEITED FOR ANY APPLICANT THAT HAS PAID A SECURITY DEPOSIT, AND THEN DECIDES NOT TO RENT AN APARTMENT.

I (WE) GIVE THIS INFORMATION FREELY, VOLUNTARILY AND WILLINGLY.

Applicant's Signature

Date

Co-Applicant's Signature

Date

**SEX, RACE, AND ETHNICITY INFORMATION
FOR USE BY THE FEDERAL GOVERNMENT**

APPLICANT

I do not wish to furnish this information. _____ (initials)

What is your Ethnicity?

- Hispanic or Latino
 Non Hispanic or Latino

What is your Race?

- American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other (specify) _____

What is your Sex?

- Female Male

CO-APPLICANT

I do not wish to furnish this information. _____ (initials)

What is your Ethnicity?

- Hispanic or Latino
 Non Hispanic or Latino

What is your Race?

- American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other (specify) _____

What is your Sex?

- Female Male

The information regarding race, national origin, and sex designation which is solicited above on this application is requested in order to assure the Federal Government, acting through the USDA Rural Housing Service, HUD, or the Alabama Housing Finance Authority, that Federal Laws prohibiting discrimination against tenant applications based on race, color, national origin, religion, sex, familial or handicap status 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.

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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on the consent form is restricted to the purposes cited above. Any person who knowingly or willingly 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 office or employee of HUD 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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C 408 (a) (6), (7) and (8).

SUPPLEMENT TO RENTAL APPLICATION

Is the applicant or any member or members of the applicant's household subject to lifetime sex offender registration requirements in any state? _____ YES, _____ NO.

If "yes" list the member or members and the states in which they are subject to registration: _____

List **all** members of the household and any and all states in which each member has resided.

Name of household member:

List **all** States in which the member has resided:

Failure to fully disclose the sex offender status of any member of the household, and/or failure to list all states in which all members of the household have ever resided will be grounds for immediate rejection of the application, or grounds for immediate termination of the household's lease should a falsification of the information contained herein, or an omission of requested information be discovered at a later date, should the household be admitted to tenancy.

I certify under penalty of rejection or eviction that the above information is true and correct.

Applicant

Date

Co-Applicant

Date

Co-Applicant

Date

Co-Applicant

Date



Landlord Reference (Current/Former)

TO:		Date:	
Address:		Phone/Fax:	
RE:	SSN:	<input type="checkbox"/> Current	<input type="checkbox"/> Former
RELEASE: My signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of current/former landlord.			
Applicant/Resident Printed Name	Signature	Date	

*** To be filled out by Current/Former Landlord ***

Dates Occupied: From _____ To _____

Please verify names on lease agreement _____

Any additional occupants? Yes, _____
 No

Was Lease Agreement fulfilled? Yes No
Was required notice given? Yes No

Any complaints or problems? _____

Any evictions given or cancelled? Yes No
Any legal notices? Yes No

Monthly Rental Amount \$ _____ How many late payments, if any? _____

Any Insufficient Funds Checks? Yes, how many?: _____
 No

Security Deposit Amount \$ _____ How much was/will be refunded? \$ _____

Any Damages? (If yes, please explain) _____

Outstanding Balance(s)? Yes, Rent \$ _____ Damages \$ _____
 No

Printed Name and Title of person providing information _____

Please return to:	
Fax:	
or	
Email:	<u>foxrun@meganmanagement.com</u>

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REV 05/2024



"This institution is an equal opportunity provider and employer."



RELEASE AND CONSENT

I/We, _____, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to Suncrest Apartments/Megan Management for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED BY THIS RELEASE/CONSENT

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: 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 CONTACTED

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 | Previous Landlords (including public housing agencies) |
| State Unemployment Agencies | Social Security Administration |
| Retirement Systems | Support and Alimony Providers |
| Banks/Other Financial Institutions | |
| Medical and Child Care Providers | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

Applicant/Tenant Signature

Date

Co-Applicant/Tenant Signature

Date

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REV 05/2024



"This institution is an equal opportunity provider and employer."
"The owner does not discriminate against persons with disabilities"