

APPLICATION & OFFER TO RENT/LEASE REAL PROPERTY

This section to be filled out by leasing agent only:

Community: Jefferson Square

Leasing Agent: _____ Today's Date & Time: _____

Apartment #	Move-in Date	Security Deposit	Rental Rate	Move-in Special
		\$	\$	

Instructions to Applicant:

Please use black or blue ink. Each applicant must show government-issued photo identification and proof of income and assets at the time this application is submitted for processing. All adult household members (over the age of 18 and emancipated minors) must complete an application.

Type:

1st Choice: ☐ 1 BR ☐ 2 BR ☐ 3 BR ☐ Other _____
2nd Choice: ☐ 1 BR ☐ 2 BR ☐ 3 BR ☐ Other _____

APPLICANT'S PERSONAL DATA:

Full Name		Social Security Number (if applicable)	Driver's License Number or other Government-Issued Photo ID Number	State or Country of Issue	Birth Date
Student (Y/N)	List All States of Previous Residence	Cellular Phone #	Email Address		
Were you or any other household member age 62 or older as of January 31, 2010 and receiving HUD rental assistance at another location?				Yes	No
Do you and everyone in your household contend eligible immigration status?				Yes	No
If No, please list names of household members not contending eligible immigration status:					
All other names by which you have been known:					

PREFERENCES:

☐ Displaced by Government Action or Presidentially Declared Disaster
☐ Victim of Domestic Violence
☐ Elderly or ☐ Disabled
☐ Other or Local Preference:

Do you require accessible unit features?	Yes	No
If answered Yes, please describe (vision, mobility or hearing impairment):		
Are you, your spouse or Co-Head 62 years of age or older?	Yes	No
If answered Yes, please list the household member name:		
Are you, your spouse or Co-Head a person with disability?	Yes	No
If answered Yes, please list the household member name:		
Do you or anyone living in your household require to have a Live-In Aide?	Yes	No
If answered Yes, please list the Live-In Aide name:		



This property does business in accordance with Federal, State and Local Fair Housing Law

Revised 2/24/2021

HOUSEHOLD MEMBERS INCLUDING MINORS TO OCCUPY THE PREMISES:

Full Name	Relationship	Social Security Number (if applicable)	Birth Date	Student Status (Y/N)	List All States of Previous Residence (Only for 18+)

APPLICANT'S INCOME (LIST ALL HOUSEHOLD MEMBERS' EMPLOYMENT, UNEMPLOYMENT, SOCIAL SECURITY BENEFITS, VETERANS BENEFITS, PENSION, ALIMONY, CHILD SUPPORT, RECURRING GIFTS/CONTRIBUTIONS, MILITARY PAY AND OTHER):

Company Name (if applicable) or Source of Income	Address (if applicable) Please include city & zip	Phone Number	Position (if applicable)	Dates	Gross Monthly Income

APPLICANT'S ASSETS (LIST ALL APPLICANTS' CHECKING, SAVINGS, CD, MONEY MARKET ACCOUNTS, 401(K), IRA, STOCKS, BONDS AND OTHER):

Type of Asset	Current Cash Value	Interest Rate	Joint Account?
	\$		
	\$		
	\$		
	\$		

DOES ANY FAMILY MEMBER OWN REAL PROPERTY WHERE A MEMBER HAS PRESENT OWNERSHIP INTEREST IN AND THE EFFECTIVE LEGAL AUTHORITY TO SELL THE PROPERTY AND THE PROPERTY IS SUITABLE FOR OCCUPANCY BY THE FAMILY AS RESIDENCE? YES ☐ NO ☐

RESIDENCE HISTORY: (List ALL residences for the past 2 years, if applicable. Start with present.)

Street Address and Apartment #	City	State	Zip	Dates	Rent	Landlord Name & Phone #
					\$	
					\$	
					\$	

ANIMAL/PET INFORMATION:

Type of Animal/Pet	Breed	Name of Animal/Pet	Color	Age / Weight

Assistance animals are not considered pets but do require advance written approval of management and must be listed here.

IN CASE OF EMERGENCY NOTIFY (list at least one emergency contact):

Full Name	Relationship	Address	Phone Number/Email Address

VEHICLES:

Make	Model	Year	License Number	Insurance Company



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Y N

Are you currently registered or being considered for registration on any sex offender registry?		
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Have you or any person anticipated to occupy the premises ever been convicted in any sex related crime?		
Are you or any person anticipated to occupy the premises now or have ever been listed on any sex offender list?		
Do you or any person anticipated to occupy the premises have any pending case or action relating to any type of criminal offense?		
Do you or any person anticipated to occupy the premises have any outstanding warrants?		
Have you ever possessed, sold, or used illicit drugs or narcotics in or about your residence?		
Have you or any person anticipated to occupy the premises ever been convicted of any criminal offense (misdemeanor or felony)?		
Have you or any person anticipated to occupy the premises ever been part of a plea agreement relating to any criminal activity?		
Have you or any person anticipated to occupy the premises have any criminal record not previously disclosed above?		
Have you been evicted or failed to pay rent for any reason in the past 7 years?		
Have you filed for bankruptcy in the past 7 years?		
Was the bankruptcy discharged?		
Has a civil judgment been entered against you for the collection of a debt in the past 7 years?		
Do you have or intend to have any animals in the apartment home?		
Do you have or intend to have water filled furniture in the apartment home?		

If you answered “yes” to any of the above questions it may adversely affect your application. However, you have the opportunity to provide additional information regarding the issues. Please provide detailed information to assist in the review for any “yes” answer.

KEEPING OF ANIMAL/PET REQUIRES CONSENT OF MANAGEMENT, PAYMENT OF APPLICABLE FEES/DEPOSITS, AND EXECUTION OF PET ADDENDUM. ASSISTANCE ANIMALS USED FOR DISABILITIES ARE NOT CONSIDERED PETS.

This is to inform you that as part of our procedure for processing your application, an Investigative Consumer Report may be prepared whereby information obtained through personal interviews with your landlord, employer, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, mode of living and credit report. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation (Fair Credit Reporting Act). I/We hereby agree, in the event of the approval of this application, to execute a lease in accordance with the terms set forth in this rental application and my/our rental liability shall commence on _____, 20____ pursuant to the terms of the lease. That if I/We fail to sign the lease and/or pay agreed rental, Security deposit, utility fees, or other required charges as shown in this rental application the \$_____ holding fees accompanying this application shall be retained by landlord as liquidated damages and I/We agree to this amount being retained by landlord as a reasonable estimate of actual damages to landlord if I/We fail to perform as stated above after approval. I/We understand that the holding fees accompanying this application are non-refundable after 72 hours of acceptance of application. The holding fee is refundable if the application is denied. Owner and/or agent for the owner reserves the right to reject this application and to refuse possession of the above-mentioned accommodation. I/We have read the foregoing; certify that the information herein is TRUE and CORRECT, that this application is submitted for the purpose of inducing approval of this application in my/our behalf. Any "yes" or "no" question unanswered shall be considered a "yes".

By executing this application, consent is given for communication by email and text messaging from this community and its vendors. This property may send you surveys and other information relating to your application, the community, and the process. By signing this application, consent is given for communication to the emails and cellular phones listed above and herein. It is acknowledged and agreed that such may be given to vendors to assist in the process of surveys. You may withdraw this consent at any time prior to execution of a lease agreement or other agreements which may grant further consents.

Date _____
Applicant's Signature _____
Applicant's Name PRINTED _____



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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.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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Commitment of Housing Authority or Owner: 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.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: 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.

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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.