



RENTAL HOUSING APPLICATION

(Complex Name)

(Complex Address)

I hereby apply for a rental housing living unit in this housing complex, and for rental assistance, if I am eligible and if it is available. I certify that this will be my permanent residence and I will not maintain a separate subsidized rental unit in a different location.

PRELIMINARY INFORMATION PERTAINING TO APPLICANT(S)

Applicant's Name: _____ Age: _____

Co-Applicant's Name: _____ Age: _____

Others Living in the Unit:

Name _____ Age: _____

Name _____ Age: _____

Name _____ Age: _____

Present Address: _____

Telephone Number: _____ Approximate Annual Family Income: \$ _____

Source(s) of Income: _____ Approximate Net Worth: \$ _____

Are you a U. S. citizen? Yes / No

Do you request consideration for an income adjustment based on a disability? Yes / No

Do you need special accommodations or modifications to the living unit based on a disability? Yes / No

SIGNED:

(Owner or Agent)

(Applicant)

(Date Received)

(Co-Applicant)

The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through USDA Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap 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 (or managing agent) is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

HEAD OF HOUSEHOLD

(check as appropriate)

Race
____ American Indian / Alaskan Native
____ Asian
____ Black or African American
____ Native Hawaiian or Other Pacific Islander
____ White
____ Other

Ethnicity
____ Hispanic or Latino
____ Not Hispanic or Latino

Marital Status
____ Married
____ Separated
____ Unmarried

Sex
____ Male
____ Female

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(FOR MANAGEMENT USE ONLY)

Eligibility Determination:

Date: _____ (Attach copy of Notification Letter)

____ Eligible Unit size(s): ___ 1 bdr. ___ 2 bdr. ___ 3 bdr. ___ 4 bdr. Date Purged from Waiting List: _____

Ineligible - Reason(s): _____

COMMENTS: _____
