



SHNIR APARTMENT MANAGEMENT RENTAL APPLICATION



FOR OFFICE USE ONLY		
APP # _____	DATE REC'D: _____	TIME REC'D: _____
PROPERTY NAME: _____	BEDROOM SIZE: _____	

Last Name/Head of Household	First Name	M.I.	Date of Birth	Social Security Number
Spouse Last Name/Co-Resident	First Name	M.I.	Date of Birth	Social Security Number
CURRENT STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE HOH Home: _____ HOH Work: _____ CoHd Work: _____
DURATION OF CURRENT RESIDENCY	LANDLORD NAME, ADDRESS AND TELEPHONE NUMBER			

HUD regulations require that Management give preference to applicants who have been displaced by government action or a presidentially declared disaster. Please indicate if you are claiming such preference: _____ Yes, _____ No.

Is there another person we may contact if we are unable to reach you?

Name: _____ Relationship: _____ Phone: _____

Are there any special accommodations that the household will require (e.g. unit for mobility impaired, unit for visually impaired, unit for hearing impaired, live-in aide, grab bars, etc.)? _____

HOUSEHOLD COMPOSITION:

List **ALL** persons, including you, who will reside in the unit. **NOTE: The number to the left indicates the "family member number" and is the number requested in the remaining sections of this application**

Full Name	Relationship	Sex	Age	Birth date	Birthplace	Occupation/ Student	Social Security No. Or Alien Registration No.
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Will any of the above household members live anywhere except in the apartment? _____

Are there any other persons who will live in the apartment on a less than full-time basis? _____

If you answered "YES" to either question, please explain: _____

Are you or any adult member of your family students? If yes, provide name of school _____

Full Time Student _____ Part Time Student _____.

INCOME:

EMPLOYMENT ONLY: List all full-time, part time and / or seasonal employment for ALL household members including self-employment earnings. If you have income from "Other Sources", see next section of Rental Application.

#	Place of Employment	Employment Address	Employer's Phone #	Supervisor Name	Annual Income (yearly gross total)
					\$
					\$
					\$
					\$
					\$

Please answer the following questions about yourself and all members of your household who will occupy the unit.

ELDERLY AND/OR HANDICAPPED HOUSHOLDS ONLY (HEAD, SPOUSE OR CO-HEAD)		YES	NO
1.	Do you have Medicare? If yes, what are your monthly payments? \$ _____ If yes, what Medicare plan do you have? _____ If yes, what is your annual deductible? \$ _____	_____	_____
2.	Do you have any other kind of medical insurance? If yes, provide the following information: Policy Number: _____ Company Name: _____ Agent's Name: _____ Premium Amount \$ _____ [] Week; [] Month; [] Other _____	_____	_____
3.	Do you receive medical assistance through the Public Assistance Program	_____	_____
4.	Do you have any outstanding medical bills on which you are currently payment?	_____	_____
5.	Do you expect to have any medical expenses during the next twelve (12) months? If yes, state the type and amounts of these medical expenses anticipated: _____ _____	_____	_____

MISCELLANEOUS:

(These questions apply to ALL HOUSEHOLD MEMBERS)		YES	NO
1.	Are you or any member of your household currently using an illegal controlled substance?	_____	_____
2.	Are you or any member of your household currently abusing alcohol or have exhibited a Pattern of abuse caused by alcohol?	_____	_____
3.	Have you or any member of your household ever been convicted of a misdemeanor involving violence? If yes, Please explain _____	_____	_____
4.	Have you or any member of your household ever been convicted of possession, usage, or distribution of a controlled, illegal substance? If yes, explain _____ _____	_____	_____
5.	Have you or any member of your household ever been convicted of possession of an Unregistered firearm or possession of an illegal weapon that can cause physical harm or Emotional suffering by intimidation? If yes, please explain _____ _____	_____	_____
6.	Do you own a pet? Cat _____ Dog _____ Other _____	_____	_____
7.	Have you or any other adult members ever used any name(s) or social security number(s) other than the one you are currently using? If yes, explain _____ _____ _____	_____	_____
8.	Have your or any member of your household ever committed any fraud in a federal assistance housing program or been evicted from any federally assisted housing development for drug-related criminal activity? If yes, explain _____ _____	_____	_____
9.	Have you or any member of your household ever been convicted of or pleaded guilty to a felony?	_____	_____
10.	Have your or any member of your household ever been convicted of or pleaded guilty to sexual offense or are you or any member of your household subject to lifetime registration under local, state or federal law?	_____	_____
11.	Have your or any member of your household sold or given away real property or other assets in the past two (2) years. If yes, explain _____ _____	_____	_____
12.	Do you have any life insurance policies that have a surrender value? If so, what is the total surrender value of the policies? _____	_____	_____
13.	Are You Married, divorced, or separated? If separated or divorced, fill in information of spouse/ex-spouse below, if known: Name: _____ Address: _____ Social Security # _____	_____	_____

RENTAL HISTORY: This must include all places where you and/or any adult household members have lived, including places where your or their name did not appear on the lease and places where you or they used a different name. (Adult members are any household members who are 18 years of age or older. NOTE: Use family member number from family composition chart.)

#	Street Address	City	State	Zip	Name used if different from household composition	Dates of Residency	Landlord Name and Address

VEHICLE REGISTRATION: List all motor vehicles, including motorcycles, owned by or registered to household members.

#	Make and Model	Year	License Tag Number	State	Color of vehicle

WARNING: TITLE 18, SECTION 1001 OF THE US 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 ANY EMPLOYEE OF HUD, THE PHA OR THE OWNER) 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 THE VERIFICATION FORMS ARE RESTRICTED TO THE PURPOSES CITED THEREON. ANY PERSON WHO KNOWINGLY OR WILLFULLY REQUESTS, OBTAINS OR DISCLOSES ANY INFORMATION UNDER FALSE PRETENSES CONCERNING AN APPLICANT OR PARTICIPANT MAY BE SUBJECT TO A MISDEMEANOR AND FINED NOT MORE THEN \$5,000.00. 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.

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

- We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.
- We authorize _____ to make any and all inquiries to verify this information, either directly or through information exchanged now or later with rental or credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, State, or Local agencies.
- If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other person for whom we have, or expect to have, responsibility to provide housing.
- We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income and household composition.
- We have read and understand the information in this application, in particular the information contained in the Instructions for head of household; and we agree to comply with such information.
- We have been notified that the resident selection criteria which summarizes the procedures for processing applications is posted in the management office.
- We understand that if this application is placed on a waiting list, we may request sample copies of the rental agreement and house rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, damages and security deposits.
- We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act. 15 U.S.C. Section 168 A (d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

FAIR CREDIT REPORTING ACT

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, COLOR, CREED, AGE, SEX, HANDICAP, OR FAMILIAL STATUS.

BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE THE OWNER/MANAGER TO VERIFY THIS INFORMATION THROUGH A CREDIT REPORT, CRIMINAL REPORT AND SEXUAL OFFENDER REPORT OR ANY OTHER SOURCE THAT IS DEEMS APPROPRIATE. ANY FALSE STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF YOUR APPLICATION.

I/WE HAVE READ AND UNDERSTAND THE ABOVE

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

FOR INTERNAL USE ONLY

APPLICATION DISPOSITION

Approved: _____
Date

Approved by: _____
Signature Title

Disapproved: _____
Date

Disapproved by: _____
Signature Title

Reason(s) for Disapproval: _____

Applicant Notified in Writing on: _____

Applicant Appealed Decision on: _____ [Written notification attached]

Applicant Appeal Reviewed By: _____
Signature Date Title

Appeal Decision: _____ Approved _____ Disapproved

Applicant Notified in Writing on: _____