

<i>For Community Administrative Purposes Only:</i>		
Date and Time Application Received:		Initial
Check if on Wait List:	<input type="checkbox"/>	
Community Name:		
Address:		
Special Needs Requests		
Requested Unit Size		
Requested Move-In Date:		

## Application for Residency

### APPLICANT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code Area Code  
 E-mail Address \_\_\_\_\_ Gender \_\_\_\_\_  
Male/Female  
 Social Security/Federal Identification Number \_\_\_\_\_  
 Proof of Identification \_\_\_\_\_ Identification Number: \_\_\_\_\_  
(Examples: Driver's License, Passport, etc.)  
 How did you hear about us? \_\_\_\_\_  
 Are you the Primary Applicant? \_\_\_\_\_ Is Primary Applicant Disabled? \_\_\_\_\_

### LIST WHO WILL RESIDE IN APARTMENT

Full Legal Name	Social Security Number	Relationship to Applicant	Date of Birth
1		Head of Household	
2			
3			
4			
5			
6			
7			

Is any member of the household active duty military? \_\_\_\_\_ Yes \_\_\_\_\_ No

### RELATIVE/EMERGENCY CONTACT (Not Residing With You):

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Work Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Area Code Area Code  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Closest living relative/next of kin (if different) \_\_\_\_\_

### VEHICLES

Make	Model	Color	License #	State	Year



**RESIDENCY INFORMATION (please include at least 2 years of prior residences)**

Present Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Area Code

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Rent or Own? \_\_\_\_\_ Dates: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_  
Month/Year Month/Year

Landlord/Lender Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Area Code

Do you receive any rental payment assistance in the form of a voucher payment or rent subsidy?  Yes  No

Previous Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Area Code

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Rent or Own? \_\_\_\_\_ Dates: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_  
Month/Year Month/Year

Landlord/Lender Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Area Code

Do you receive any rental payment assistance in the form of a voucher payment or rent subsidy?  Yes  No

Additional Previous Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Area Code

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Rent or Own? \_\_\_\_\_ Dates: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_  
Month/Year Month/Year

Landlord/Lender Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Area Code

Do you receive any rental payment assistance in the form of a voucher payment or rent subsidy?  Yes  No

**PETS**

Name	Type	Gender	Mature Weight (lbs.)	Breed	Color	Age

**NOTE:** Keeping of pet or animal requires consent of management, payment of applicable fees/deposits, and execution of Pet/Animal Addendum. In specific circumstances, certain animals may be kept for limited purposes pursuant to Landlord's policies, such as animals used for individuals with disabilities and official police dogs. For further details, please refer to Landlord's pet and community policies.

*Disclosures*

The Civil Rights Act of 1968, as amended by the Fair Housing Act Amendments of 1988, prohibits discrimination in housing based on race, color, national origin, religion, sex, handicap, or familial status. The management of this property is committed to complying with the letter and spirit of the laws which provide an equal housing opportunity to all. The federal agency which administers compliance with the fair housing laws is the United States Department of Housing and Urban Development.



**EMPLOYMENT INFORMATION (please include at least 2 years of employment information)**

**Current Employer:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Area Code

Employment Date: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Title/Position \_\_\_\_\_ Gross Annual Salary\$ \_\_\_\_\_  
Month/Year Month/Year

Supervisor Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Area Code

**Second Employer, if any:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Area Code

Employment Date: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Title/Position \_\_\_\_\_ Gross Annual Salary\$ \_\_\_\_\_  
Month/Year Month/Year

Supervisor Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Previous Employer:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Area Code

Employment Date: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Title/Position \_\_\_\_\_ Gross Annual Salary\$ \_\_\_\_\_  
Month/Year Month/Year

Supervisor Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Area Code

**OTHER INCOME**

Type of Income	Source/Bank	Gross Annual Amount
		\$
		\$
		\$
		\$
		\$

**ANTICIPATED INCOME NEXT 12 MONTHS**

Type of Income	Source/Bank	Gross Annual Amount
		\$
		\$
		\$
		\$
		\$



## ASSETS

Type of Asset	Source/Bank	Balance or Cash Value
Checking Account		\$
Savings Account		\$
CD – IRA		\$
Whole Life Insurance Policy		\$
Universal Life Insurance Policy		\$
Real Estate Property		\$
Other		\$
Other		\$

## ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

Have you disposed of any assets for less than fair market value in the last two years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list the asset(s) you disposed of, the date of disposition, the fair market value and the amount received:

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## MEDICARE - MEDICARE PART D

Do you have Medicare? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have Medicare Part D? \_\_\_\_\_ Yes \_\_\_\_\_ No

## MEDICAL EXPENSE (OUT OF POCKET)

Type of Expense	Name and Phone Number of Doctor Medical Provider or Pharmacy	Amount Paid Within Last 12 Months
Doctor		\$
Hospital		\$
Medical Provider		\$
Health Care Insurance		\$
Pharmacy		\$
Other		\$
Other		\$
Other		\$

## SCHOOL STATUS

Are you currently enrolled as a full time student (of higher education)? \_\_\_\_ Yes \_\_\_\_ No

Are you currently enrolled as a part time student (of higher education)? \_\_\_\_ Yes \_\_\_\_ No

If you are a full or part time student, complete the following:

Are you a veteran of the U.S. Armed Forces? \_\_\_\_ Yes \_\_\_\_ No

Are the members of the household married and file a joint federal tax return? \_\_\_\_ Yes \_\_\_\_ No

Is the head of household a single parent with children and neither the parent nor the children is the dependant of another individual? \_\_\_\_ Yes \_\_\_\_ No

Are you living with a parent/parents or guardian who is income eligible for the Section 8 program? \_\_\_\_ Yes \_\_\_\_ No

Are you over the age of 23 with dependant children? \_\_\_\_ Yes \_\_\_\_ No

Were you receiving assistance for a disability as of November 30, 2005? \_\_\_\_ Yes \_\_\_\_ No

Does at least one member of the household receive assistance under Title IV of the Social Security Act (for example, payments under AFDC)? \_\_\_\_ Yes \_\_\_\_ No

Is at least one member of the household currently enrolled in a job-training program that receives assistance under the Job Training Partnership Act (JTPA) or is funded by a state or local public agency? \_\_\_\_ Yes \_\_\_\_ No

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Source of grant: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

**Background Information and Consent to Consumer Report and Background Check**

**Any unanswered "yes" or "no" question shall result in the denial of your application.**

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any felony?

Yes                       No

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to a sexual offense?

Yes                       No

Have you or any member of your household ever been listed on a registry of sexual offenders?

Yes                       No

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any drug-related criminal offense?

Yes                       No

Are you or any member of your household a Specially Designated National or other Blocked Person designated by the United States government as a person who commits or supports terrorism or is involved in international narcotics trafficking?

Yes                       No

If yes to any of the above questions, please explain, providing the location, date and nature of the offense:

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**I have read the foregoing and certify that the information herein is TRUE and CORRECT and that this application is submitted for the purpose of inducing approval of this application on my behalf.**

By signing this application, I authorize Landlord or agent for Landlord to verify any information contained herein. Any "yes" response to the personal and criminal history questions above, or any false statement on the application, will lead to the rejection of my application and/or immediate termination of my lease. Further, if I subsequently am involved in conduct which would result in a "yes" response to any of the questions set forth above (even after I sign the lease and take possession of the apartment unit), I understand that Landlord may terminate the Lease.

This is to inform applicant that, as part of Landlord's procedure for processing applicant's application, an Investigative Consumer Report may be prepared whereby information is obtained through personal interviews with applicant's landlord, employer, or others with whom applicant is acquainted. This also is to inform applicant that, as also set forth in the lease applicant will execute if applicant's application is approved by Landlord, similar Investigative Consumer Reports may be prepared in the future after applicant has executed the lease and become a resident or has vacated the property which is the subject of this agreement. These inquiries include information as to applicant's character, general reputation, personal characteristics, mode of living and credit report. The federal Fair Credit Reporting Act requires Landlord to provide to applicant additional information about the nature and scope of the investigation if applicant provides Landlord with a written request within a reasonable time. Landlord has attached a summary of applicant's rights under the Fair Credit Reporting Act.

I authorize the Delta Housing Authority/Villas at the Bluff ("DHA/VATB"), or its agent, attorney or assign to order and review one or more consumer reports relating to me (including, but not limited to, credit history, rental history (including with other properties owned by property owners affiliated with Landlord), and criminal history). I further authorize DHA/VATB, its agent, attorney or assign to order or prepare, and review, investigative consumer reports relating to me. I understand and authorize DHA/VATB, its agent, attorney or assign to continue to obtain or prepare consumer reports and investigative consumer reports on me both during the duration of any lease or agreement I may enter into as a result of this application and at any time thereafter, including for the purposes of collection of amounts I may owe under any lease or other agreement. I further authorize and direct all employers, financial institutions, banks, creditors, residential managers/landlords to release any and all information relating to me to DHA/VATB or its agent, attorney or assign. I acknowledge that I have received a summary of my rights under the Fair Credit Reporting Act.

I further authorize DHA/VATB to obtain and use consumer report information relating to me (including, but not limited to, a credit score) for the purpose of conducting research into statistical credit models and evaluating the performance of various scoring models and sources of consumer reporting information, including, but not limited to, criminal conviction and skip tracing/eviction databases.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Application Signature Page

Applicant Signature (Head of Household) \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Manager Signature \_\_\_\_\_

Date \_\_\_\_\_

**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 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 this verification 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 officer 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).\*\*

**DHA/VATB** does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

**You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

**You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

**You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

**Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

**You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

**Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

**Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

**Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

**You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

**You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

<b>FOR QUESTIONS OR CONCERNS REGARDING:</b>	<b>PLEASE CONTACT:</b>
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center – FCRA, Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6, Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs, Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs, Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street, Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs, Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management, Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA, Washington, DC 20250 202-720-7051

