



# 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: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN# \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN# \_\_\_\_\_

Others Living in the Unit:

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN# \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN# \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN# \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Approximate Annual Family Income: \$ \_\_\_\_\_

Source(s) of Income: \_\_\_\_\_ Approximate Net Assets: \$ \_\_\_\_\_

Are you a U. S. citizen? (Yes / No) Are you a student under the age of 24? (Yes / No) Are you a Veteran? (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 regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability 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 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	Ethnicity	Marital Status	Gender
____ American Indian / Alaskan Native	____ Hispanic or Latino	____ Married	____ Male
____ Asian	____ Not Hispanic or Latino	____ Unmarried	____ Female
____ Black or African American			
____ Native Hawaiian or Other Pacific Islander			
____ White			
____ Other			

### (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: \_\_\_\_\_

This Institution is an Equal Opportunity Provider and Employer