

REALTY RESOURCES MANAGEMENT

Rental Housing Preliminary Application

Please list the properties and number of bedrooms you are applying for in order of preference:

Property Name	# Bedrooms	Property Name	# Bedrooms
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

How did you hear about our housing? _____

INSTRUCTIONS: Please answer all questions carefully and completely since this information will be used to determine your preliminary eligibility. If you need more space, please attach a separate piece of paper.

HOUSEHOLD INFORMATION: Complete the following information for each person who will be in your apartment.

Last Name, First	Social Security Number	Birth Date	Gender M/F	Relationship	US Citizen Y/N	Full Time Student Y/N
				Head		

CONTACT INFORMATION: Please provide us with as much information as possible to ensure we can contact you.

Home Phone		Work Phone	
Cell Phone		Email Address	
Home Address			
Mailing Address			

How long have you lived at your present address? _____ Do you rent or own? Rent _____ Own _____ Monthly payment _____

If renting, Landlord Name: _____ Address and Phone Number _____

Are you or any family member requesting an apartment with specific design features, such as one with features designed for persons using wheelchairs? Yes _____ No _____

Do you require a specific accommodation in order to fully utilize the program or services of the housing development? Yes _____ No _____

If yes, please describe: _____

Do you have now or will you be receiving rental assistance such as Section 8, BRAP, RAC or any other Program? Yes _____ No _____

If yes, when and the name of the agency: _____

Do you have any pets other than assistive animals? Yes _____ No _____ If yes, please explain: _____

Some of our housing is designated smoke free. Do you require an apartment that allows smoking? Yes _____ No _____

Realty Resources does not discriminate in the rental of housing, the provision of services, or in any other matter based on race, color, age, religion, sex, ancestry, national origin, disability, familial status, sexual orientation or status as a recipient of public assistance. Realty Resources is an Equal Housing Opportunity Provider. Complaints of discrimination should be sent to USDA, Director, Office of Civil Rights, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY); HUD (800) 669-9777 or (800) 925-9275 (TTY).



Have you ever been evicted, or have any eviction proceedings ever commenced against you? Yes _____ No _____

If yes, please explain: _____

Do you owe money to any housing agency or former landlord? Yes _____ No _____

If yes, please describe how much money is owed and to whom: _____

Has anyone in your household ever been convicted of a crime or are there any pending charges against you, including but not limited to felonies and illegal manufacturing or distribution of drugs? Yes _____ No _____

If yes, please explain: _____

Do you expect any additions to your household within the next 12 months or are there any members of your household that are temporarily absent? Yes _____ No _____ If yes, please explain: _____

PREVIOUS HOUSING: Fill out the information for all of the places you have lived in the past 5 years, not including your present housing. If you do not have past rental history please list at least 2 personal and/or professional references:

Your Former Address	Dates Rented	Landlord Name	Landlord Address	Landlord Phone #

INCOME: Please list ALL sources of income for each member of your family.

EMPLOYMENT INCOME:

Family member	Employer Name and Address	Gross Monthly Amount

OTHER INCOME:

Family member	Type of Income (Social Security Pensions, SSI, TANF, Child Support, Other)	Gross Monthly Amount

ASSETS: Please list all checking/savings accounts and/or other bank accounts your family holds.

Family Member	Type of Account (checking, saving, CD, other)	Account #	Bank/Institution Name

Does anyone in your household own any asset not already listed (such as Mutual Funds, Annuities, 401K, Trust Funds, Other Investments)? Yes _____ No _____ If yes, please describe: _____ Value \$ _____

Does anyone in your household own real estate including the home you live in? Yes _____ No _____ If so, what is the location? _____ Market Value \$ _____



Applicant Certifications

This application does not obligate me/us, the property owner or Realty Resources in any way. I understand that it's my responsibility to notify Realty Resources Management, in writing, of address changes. I understand that incomplete applications may not be processed, that completion of an application is not a guarantee of an apartment. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required to expedite the application process. I understand that my occupancy is contingent upon meeting Realty Resources Management's resident selection criteria and the Housing Program requirements. I certify that if I'm offered and accept an apartment it will be my permanent residency and that I will not maintain a separate apartment in a different location.

Important Information About Fraud or Misrepresentation: By signing below I/we confirm that I/we understand that false statements or information are punishable under federal law. I/we also understand that false statements or information are grounds for denial of my/our application, termination of housing assistance and/or termination of tenancy after occupancy.

Authorization of Release of Information: By signing below I/we hereby authorize Realty Resources to obtain any information relative to my/our application for housing and proposed tenancy, including but not limited to inquiries of my/out income, assets, medical expenses, child care costs, character and landlord references; obtain a credit report; obtain information from any court or law enforcement agency about any complaint or criminal or conviction data.

Certification of Accuracy: By signing below I/we hereby certify that the information I/we provided on this application is true, complete and accurate to the best of my/our knowledge.

All adult members (18 years of age or older) of the household must sign completed application for processing.

Head of Household

Date

Co-head of Household

Date

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The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA Rural Development Agency, that federal laws prohibiting discrimination against tenant applicants 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 or owner's representative is required to note race/ethnic heritage and sex of individual applicants on the basis of visual observation or surname.

Family Member	Ethnicity: Hispanic or Latino Yes or No	Race: American Indian or Alaskan Native	Race: Asian	Race: Black or African American	Race: Native Hawaiian or Other Pacific Islander	Race: White	Sex: Male or Female

Information supplied by: Applicant, please initial _____ or Management, initial _____

