



TTY: 1-800-735-2988

**Application Submittal**
For Office Use OnlyDate Received: ____/____/____
Time Received: _____
Application Fee: \$ _____

RURAL RENTAL HOUSING ASSOCIATION OF TEXAS, INC.

RENTAL APPLICATION_____
Property Name**Application Assignment**
For Office Use OnlyApartment No.: _____
Lease Date: ____/____/____
Rent: \$ _____**ABOUT YOU:** (☐ TENANT OR ☐ CO-TENANT)

Applicant's full name: _____ Current Landlord: _____
 Present address: _____ Their Phone Number: _____
 _____ How long have you lived there? _____
 Phone Number: (Home) _____ (Cell) _____ Current Monthly Rent: \$ _____
 Driver's License Number: _____ (State) _____ Previous Landlord: _____
 Social Security Number: _____ Address: _____
 Date of Birth: _____ How long did you live there? _____
 Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated _____ Their Phone Number: _____
 Why are you moving? _____ Previous Monthly Rent: \$ _____
 _____ Are you currently attending any kind of school? ☐ Yes ☐ No
 Do you receive job related or other income? ☐ Yes ☐ No _____ E-Mail Address: _____

YOUR SPOUSE: (Note: Co-Tenants are required to complete a separate rental application)

Full Name: _____ Drivers License Number: _____
 Present address: _____ Social Security Number: _____
 _____ Date of Birth: _____
 Phone Number: _____ Are you currently attending any kind of school? ☐ Yes ☐ No
 Do you receive job related or other income? ☐ Yes ☐ No

OTHER OCCUPANTS: (Anyone other than spouse, that is 18 or older, must complete a separate application)

Name: _____	Relationship: _____	SSN: _____	Birth date: _____	Student _____
Name: _____	Relationship: _____	SSN: _____	Birth date: _____	Student _____
Name: _____	Relationship: _____	SSN: _____	Birth date: _____	Student _____
Name: _____	Relationship: _____	SSN: _____	Birth date: _____	Student _____
Name: _____	Relationship: _____	SSN: _____	Birth date: _____	Student _____

Does the tenant or co-tenants have legal custody of all minor children listed above? ☐ Yes ☐ NoDo you or any occupant have a live-in attendant? ☐ Yes ☐ NoDo you anticipate any changes in household size (new members, birth of child, adoption, foster child, etc.)? ☐ Yes ☐ No**VEHICLES:** (List all vehicles, including motorcycles, RVs and trailers to be parked by you, your spouse or any occupants of the apartment.)

Vehicle Type: _____ Year: _____ Color: _____ License No.: _____
 Vehicle Type: _____ Year: _____ Color: _____ License No.: _____

PREFERENCES:What size unit are you requesting? ☐ Efficiency ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 BedroomAre you applying for a handicap accessible unit? ☐ Yes ☐ NoDo you wish to claim the deduction available for handicap or disabled persons? ☐ Yes ☐ NoDo you wish to make any modifications to the apartment to accommodate a handicap or disability? ☐ Yes ☐ No (If yes, please describe): _____**EMERGENCY:**

In the case of an emergency, notify _____

Address: _____ Relationship: _____

Daytime phone number: _____ Evening phone number: _____

In the case of serious illness, death or disappearance, is the above named person authorized to take possession of your property? ☐ Yes ☐ NoIn the case of serious illness, death or disappearance, is the apartment property authorized to return any monies (rent or security deposit) due to the resident to the above named person? ☐ Yes ☐ No

Other instructions: _____

GENERAL INFORMATION:

Do you have a pet? ☐ Yes ☐ No Breed? _____ Age: _____ Weight: _____
 Have you or anyone in your household (adult or juvenile) ever been convicted of, pled no contest to, or entered a guilty plea, to any criminal offense other than minor traffic violations? ☐ Yes ☐ No If yes, please describe: _____
 Have you or anyone in your household ever lived at this apartment property? _____
 Do you or anyone in your household use a controlled substance (drugs)? _____
 Have you or anyone in your household ever:
 1) broken an apartment lease? _____
 2) been requested to vacate an apartment? _____
 3) been evicted or sued for non-payment of rent? _____
 4) been evicted or sued for damage to rental property? _____
 5) received deferred adjudication for a felony? _____
 6) been convicted of a felony? _____
 7) been arrested and convicted as a sex offender? _____
 Have you given notice to your present landlord of your intent to move? _____

STUDENT STATUS:USDA requirements (determines eligibility for housing):

Will any tenant or co-tenant attend an institution of higher learning in the coming year? ☐ Yes ☐ No
 1) Has the student established a separate household from parents for at least one year prior to occupancy? ☐ Yes ☐ No
 2) Is the student claimed as a dependent on their parent's tax return? ☐ Yes ☐ No
 3) Is the student financially independent from their parents? ☐ Yes ☐ No

HUD (determines eligibility for Section 8 rental assistance)

- 1) Is the student 24 years of age or older? ☐ Yes ☐ No
 2) Is the student a veteran? ☐ Yes ☐ No
 3) Is the student married? ☐ Yes ☐ No
 4) Does the student have a dependent child? ☐ Yes ☐ No

LIHTC requirements (determines eligibility for housing):

Has any tenant or co-tenant in the household attended school **full-time** for at least 5 months in the past year? ☐ Yes ☐ No
 Does any tenant or co-tenant in the household intend to go to school full-time in the coming year? ☐ Yes ☐ No

If the answer is "Yes" to either of the questions above, complete the section below:

LIST the name of each Full-time Student: _____

NOTE: Households where all of the members are full-time students are not eligible unless they meet one of the exemptions:

- 1) Is/are the full-time student(s) married and filing a joint income tax return? ☐ Yes ☐ No
 2) Does the household receive assistance under Title IV of the Social Security Act (i.e., AFDC)? ☐ Yes ☐ No
 3) Is the student a single parent with a minor child? ☐ Yes ☐ No
 4) If you have children, do you claim them on your federal income tax return? ☐ Yes ☐ No
 5) Does the student receive assistance under the Job Training Partnership Act or similar federal or state law? ☐ Yes ☐ No

CREDIT:

Credit Reference #1: _____ Phone #: _____
 Address: _____ Account #: _____
 Credit Reference #2: _____ Phone #: _____
 Address: _____ Account #: _____

ASSET & INCOME QUESTIONNAIRE

The information on this form is authorized to be collected by the USDA Rural Housing Service to determine an applicant's eligibility and the amount the tenant must pay toward rent and utilities. This information may be released to appropriate Federal and State agencies. However, this information will not otherwise be released, except as permitted or required by law. Failure to disclose certain items of information requested may result in a delay in the processing of an application or its rejection.

INCOME:

Does any member of your household have a job? ☐ Yes ☐ No (Include wages, salary, overtime pay, military pay, commissions, fees, tips, bonuses, etc.)

Household Member Name	Employer (Name, Address & Phone No.)	Gross Monthly Wages
		\$
		\$
		\$
		\$

Does any member of your household own a business or rental property? ☐ Yes ☐ No

Name of Business	Type of business	Years of Ownership	Monthly Profit
			\$

Does any member of your household receive payments or benefits from Social Security, SSI, annuities, veterans benefits, retirement funds, pensions, insurance policies, etc.? ☐ Yes ☐ No

Household Member Name	Source (SS, Veterans, etc.)	Monthly Income
		\$
		\$
		\$
		\$

Does any member of your household receive unemployment, disability, death benefits, workers compensation payments, public assistance/TANF, etc.? ☐ Yes ☐ No

Household Member Name	Source (Unemployment, workers comp, etc.)	Monthly Income
		\$
		\$
		\$

Does any member of your household receive alimony, child support or regularly recurring contributions from someone not residing in the dwelling? ☐ Yes ☐ No

Household Member Name	Amount you are entitled to receive	Gross Amount received monthly
	\$	\$
	\$	\$
	\$	\$

Does any member of your household receive interest or dividend income? ☐ Yes ☐ No

Household Member Name	Source	Monthly Income
		\$
		\$
		\$

List all other household income. (Include severance pay, education grants, scholarships, etc.)

Household Member Name	Source	Monthly Income
		\$
		\$
		\$

Total Monthly Income.....

\$
\$

Total Annual Income expected for the next 12 months

ASSETS:

Total Cash on Hand for all members of the family

\$

Does any member of your household have a bank account (checking, savings, etc)? ☐ Yes ☐ No

Account Holder	Bank (Name & address)	Interest Rate	Account Number	Avg 6 month Balance
				\$
				\$
				\$

Does any member of your household own stocks, bonds, IRA, 401K, CD or retirement account? ☐ Yes ☐ No

Account Holder	Financial Institution (Name & address)	Income	Account Number	Current Value
				\$
				\$
				\$

Does any member of your household have a life insurance policy that has cash value? ☐ Yes ☐ No

Household member name	Description (Term, whole life, etc.)	Policy #	Cash Value
			\$
			\$

Does any member of your household have personal property held as an investment (gem & coin collections, antique autos, art, etc.)? ☐ Yes ☐ No

Description	Current Value
	\$

Does any member of your household own any property? ☐ Yes ☐ No

Household member name	Location of property	Appraised Value	Outstanding Mortgage
		\$	\$
		\$	\$

Has any member of your household sold or given away any assets in the last two (2) years? ☐ Yes ☐ No

Household member name	Description of property	Market value or appraised value	Amount of Sale
		\$	\$
		\$	\$

Have you or any household member received any lump sum payments, such as lottery winnings, inheritance or insurance settlements?

☐ Yes ☐ No (If yes, please describe) _____Does any member of your household own any asset not listed above? ☐ Yes ☐ No (If yes, please describe in detail.) _____**EXPENSES:**CHILD CARE: To enable a household member to be employed or attend school, does anyone in your household pay for childcare services? ☐ Yes ☐ No (If yes, please list each provider): _____

MEDICAL EXPENSE: (Complete this section when the Tenant or Co-Tenant is at least 62 years old, or handicapped or disabled.)

Does your household pay medical expenses that are not covered by insurance? ☐ Yes ☐ No

If the answer is yes, you may be eligible for a reduction in your monthly rental payment. Please submit to the property manager the information necessary to document the amount of un-reimbursed medical expenses you expect to pay in the next 12 months.

If any member of the household is subject to a State lifetime sex offender registration requirement, then admission as an occupant shall be denied. In order to verify the non-offender status of all occupants, it is necessary for the applicant to list all states in which any and all occupants have ever resided. A complete list of all states in which every occupant of household has ever resided is as follows:

Applicant: _____

Co-Applicant: _____

Other occupant #1: _____

Other occupant #2: _____

Other occupant #3: _____

Other occupant #4: _____

Are any proposed Applicants or occupants subject to a lifetime sex offender registration of any state? ☐ Yes ☐ No

If any member of the household is subject to a lifetime sex offender registration, you will be given the opportunity to permanently remove the individual from the household and, if such person is not permanently removed and barred from the property, you will not be allowed to occupy an apartment.

If you or any occupant of the household falsifies any information or otherwise fails to disclose criminal history in this application or in any recertification forms, then your occupancy shall terminate and you shall be evicted.

CERTIFICATION AND SIGNATURES: (All Adults in household must sign application.)

All statements contained in this application are true and correct. I authorize the owner or its representatives to contact any person to verify any information contained herein. In the event that information given above is discovered to have been false or incomplete, the applicant understands that their application may be rejected or they may lose any subsidy that the Federal Government pays and have their rent increased and be sued for eviction. The Applicant also certifies that the unit applied for will be the Applicant's Household's permanent residence and it does/will not maintain a separate subsidized rental unit in a different location.

Signing this acknowledgment indicates that you have had the opportunity to review the landlord's tenant selection criteria. The tenant selection criteria may include factors such as criminal history, credit history, current income, and rental history. If you do not meet the selection criteria, or if you provided inaccurate or incomplete information, your application may be rejected and your application fee will not be refunded.

Date _____

Signature of Applicant _____

Date _____

Signature of Applicant _____

WARNING: Section 1001 of Title 18, United States code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States makes a false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both."**CENSUS INFORMATION:**

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 Rural Development/USDA, that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial 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 is required to note the race, national origin and sex of an individual applicant on the basis of visual observation or surname.

ADULT APPLICANT #1**Ethnicity:**

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race: (Mark one or more)

- ☐ White ☐ Black or Africa American
☐ American Indian/Alaska Native ☐ Asian
☐ Native Hawaiian or other Pacific Islander

Gender: ☐ Male ☐ Female**ADULT APPLICANT #2****Ethnicity:**

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race: (Mark one or more)

- ☐ White ☐ Black or Africa American
☐ American Indian/Alaska Native ☐ Asian
☐ Native Hawaiian or other Pacific Islander

Gender: ☐ Male ☐ Female

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