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V16

Revised 2016

APPLICATION FOR OCCUPANCY

Official Use Only
Date Rec'd:
Time Rec'd:
MGR Initials:

_____ Whispering Pines Senior Apartments
Community Name

Applicant: _____ E-mail: _____ Phone: _____
Co-Applicant: _____ E-mail: _____ Phone: _____

1. Would you benefit from the features of a barrier-free unit? YES NO
2. Do you or any household member smoke? YES NO
3. Number of Bedrooms Needed: 1 2 3 4
4. Do you have a Pet? YES NO
5. Are you eligible to claim the deduction for elderly, handicap or disabled? YES NO

Please provide at least THREE (3) years of prior housing. Attach additional pages if necessary

Applicant	Co-Applicant
Current Address: _____ _____	Current Address: _____ _____
Reason for Moving: _____ Rent Amount: \$ _____ _____ From: _____ To: _____	Reason for Moving: _____ Rent Amount: \$ _____ _____ From: _____ To: _____
Current Landlord: _____ Landlord Address: _____ _____	Current Landlord: _____ Landlord Address: _____ _____
Landlord Phone: (____) _____	Landlord Phone: (____) _____
Previous Address: _____ _____	Previous Address: _____ _____
Reason for Moving: _____ Rent Amount: \$ _____ _____ From: _____ To: _____	Reason for Moving: _____ Rent Amount: \$ _____ _____ From: _____ To: _____
Previous Landlord: _____ Landlord Address: _____ _____	Previous Landlord: _____ Landlord Address: _____ _____
Landlord Phone: (____) _____	Landlord Phone: (____) _____
Previous Address: _____ _____	Previous Address: _____ _____
Reason for Moving: _____ Rent Amount: \$ _____ _____ From: _____ To: _____	Reason for Moving: _____ Rent Amount: \$ _____ _____ From: _____ To: _____
Previous Landlord: _____ Landlord Address: _____ _____	Previous Landlord: _____ Landlord Address: _____ _____
Landlord Phone: (____) _____	Landlord Phone: (____) _____

_____ Applicant Initial
_____ Co-Applicant Initial



This institution is an equal opportunity provider and employer TDD # 711



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HOUSEHOLD COMPOSITION

Name of Occupant	Relationship to Head of Household	Date of Birth	Social Security Number
1.	Head of Household		
2.			
3.			
4.			
5.			
6.			

Are any household members full time students? YES NO
If YES, circle line number.

INCOME

Applicant	Co-Applicant
Employer: _____ Address: _____ Dates Employed: From _____ To: _____ Wages: \$ _____ per Week / Year (circle one) Supervisor: _____ Phone #: _____	Employer: _____ Address: _____ Dates Employed: From _____ To: _____ Wages: \$ _____ per Week / Year (circle one) Supervisor: _____ Phone #: _____

Any Additional Income in the Household (Social Security, SSI, Child Support, Unemployment, Recurring Cash Gifts, etc.)

Source: _____ Amount \$ _____
Source: _____ Amount \$ _____
Source: _____ Amount \$ _____
Source: _____ Amount \$ _____

ASSETS

Type of Account	Institution	Current Balance	Interest Rate
1.			
2.			
3.			

Have you disposed of any assets for less than fair market value in the last 2 years? YES NO

ADDITIONAL POINT OF CONTACT – If we are unable to reach you, who else can we contact?

Name	Relationship	Address	Phone Number

Do you own a car? YES NO Make: _____ Model: _____ Color: _____ Tag #: _____
Do you own a 2nd car? YES NO Make: _____ Model: _____ Color: _____ Tag #: _____

_____ Applicant Initial
_____ Co-Applicant Initial



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I/we certify that I/we are not presently using or addicted to a controlled substance, nor have I/we ever been convicted of possession or distribution of a controlled substance. **Initial:** _____

I/we certify that I/we have never been convicted of a felony, and are not presently on any sex offenders list or registry. **Initial:** _____

I/we certify that all of the information on this application is true and correct to the best of my/knowledge and belief. Inquires may be made to verify this information. **Initial:** _____

I/we certify that the rental unit which I/we will occupy will be my/our primary residence and further certify that I/we do not and will not maintain a separate subsidized rental unit in a different location. **Initial:** _____

Applicant's Signature

Date

Co-applicant's Signature

Date

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Housing Service, that 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.

STATEMENT REQUIRED BY THE PRIVACY ACT.

Rural Development is authorized by the Title V of the Housing Act of 1949, amended (42 U.S.C. 1471 et. seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary to enable monitoring. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that it is unlawful for Rural Development to deny eligibility because of the refusal to disclose the Social Security Number.

The principal purposes for collecting the requested information are to determine eligibility for occupancy in the Rural Housing Services, rental project and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State and Local Agencies when relevant to civil, criminal or regulatory proceedings.



