

Rental Application

PROPERTY: _____

FOR OFFICE USE ONLY

PRELIMINARY RENTAL APPLICATION

Please fill out each item as completely as possible.

Date Received: _____ Time: _____

Interview Date: _____

EVI/L/VL: _____ Imputed Assets: _____

Assets Disposition Date: _____

Special Needs: _____

Refused Unit: _____

No. of Bedrooms Desired: _____

Do you own a car? Yes No

1. Your Name: _____ Home Telephone: _____

Present Address: _____

Street & Apt. Number City State Zip

Mailing Address (if different): _____

Email: _____

How did you hear about this complex? _____

2. Please complete the following information about every person to occupy the apartment (including applicant and unborn children):

Name	Sex	Relationship	Date of Birth	Place of Birth	US Citizen?	Eligible Immigrant?	Social Security #

**As of January 31, 2010, all individuals, including those under the age of six, must now disclose a valid SSN. The only exceptions to this requirement are for tenants age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun prior to January 31, 2010, and individuals who have not claimed eligible immigration status.*

3. Are you, your spouse, or any member of your household a full-time student 18 years of age or older?

Yes _____ No _____

If YES, explain _____

4. Is the Head of Household 62 years of age or older? Yes _____ No _____

5. Is the Head of Household between 51 and 61 years of age? Yes _____ No _____

6. Is the Head of Household under 51 years of age and disabled? Yes _____ No _____



7. Please list all landlords for the past five years. If more space is needed, please attach a separate piece of paper.

Name and Address of Current Landlord: _____

Apt. Size: _____ Date From: _____ To: _____

Monthly Rent: _____ Utility Cost/Month: _____ Reason for leaving: _____

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Monthly Rent: _____ Utility Cost/Month: _____ Reason for leaving: _____

8. EMPLOYMENT

(Please include employment of all persons to occupy apartment. Attach a separate piece of paper if needed)

Applicant 1

Name of Employer: _____ Tel. No: _____

Business Address: _____

Length of Employment: _____ Annual Gross Wages: _____

Applicant 2

Name of Employer: _____ Tel. No: _____

Business Address: _____

Length of Employment: _____ Annual Gross Wages: _____

9. OTHER SOURCES OF INCOME (please include income of all persons to occupy apartment):

	Applicant 1	Applicant 2	Applicant 3
Social Security:	Gross Monthly Amount: \$ _____	_____	_____
SSI:	Gross Monthly Amount: \$ _____	_____	_____
Veterans Benefits:	Gross Monthly Amount: \$ _____	_____	_____
Pension:	Gross Monthly Amount: \$ _____	_____	_____
Alimony:	Monthly Amount: \$ _____	_____	_____
Child Support:	Monthly Amount: \$ _____	_____	_____
Other – \$ _____	Please explain _____		



10. ASSETS (list all accounts for all family members including: savings, checking, CD's, etc.)

Account Type (checking, savings, CD's, etc) _____ Amount: \$ _____

Bank Name and Address: _____

Account Type (checking, savings, CD's, etc) _____ Amount: \$ _____

Bank Name and Address: _____

Account Type (checking, savings, CD's, etc) _____ Amount: \$ _____

Bank Name and Address: _____

Stocks – Name: _____ Value: \$ _____

Bonds – Name: _____ Value: \$ _____

Annuities: _____ Value: \$ _____

Trusts: _____ Value: \$ _____

Whole Life Insurance Policy: _____ Cash Value: \$ _____

Property Owned: _____ Net Sales Value: \$ _____

Street

City

State

11. During the past two years have you given away more than \$1,000 or disposed of other assets for less than market value? Yes No If yes, please explain: _____

12. CRIMINAL RECORD – Have you or any person who will occupy the unit ever been convicted of a misdemeanor in the last ten years? Yes No

If yes, please explain the circumstances, docket number, charge, date and court: _____

13. Does any person who will occupy the unit currently use a controlled substance illegally? Yes No

If yes, please explain: _____

14. Does any person who will occupy the unit currently abuse alcohol? Yes No

15. Have you or any person who will occupy the unit ever been convicted of a methamphetamine production on federally assisted properties? Yes No

If yes, please explain the circumstances, docket number, charge, date and court: _____



16. Are you or any person who will occupy is subject to a state lifetime sex offender registration in any state?
 Yes No

If yes, what states are you a registered as a sex offender: _____

17. Has your family's assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to cooperate with management? Yes No

If yes, please explain: _____

18. Have you or any person who will occupy the unit ever received housing assistance from any housing agency or other landlord, including rental assistance programs? Yes No

If yes, list the Head of household at that time: _____

Name of Housing Agency/Landlord: _____

Date Moved Out: _____ Reason for Moving: _____

19. Have you or any person who will occupy the unit been evicted from housing? Yes No

If yes, please explain: _____

20. Have you or any person who will occupy the unit been evicted from federally or state assisted housing for drug related criminal activity? Yes No

If yes, please explain: _____

21. Have you or any person who will occupy the unit been denied housing in the past 5 years? Yes No

If yes, please explain: _____

22. RACE (Please note that this section is optional. This information will be used only for Fair Housing Programs as required by federal and state laws). **Please complete the attached Race and Ethnic Date Reporting Form**

23. ELIGIBILITY REQUIREMENT FOR HOUSING FOR PERSONS WITH DISABILITIES - For purposes of determining project eligibility with HUD regulations only. If this applies to any individuals on this application, **please complete the attached Disabilities Form.**

24. SPECIAL HOUSING NEEDS – (This section is optional and is used only to determine any reasonable accommodations for applicants)

Does any applicant family member have any special housing needs? Yes No

Does any applicant family member require a handicap accessible unit? Yes No

If yes, **please complete the attached Reasonable Accommodation Form.**

25. List all of the cities and sates where you have lived in the past. (Add a sheet if necessary).



I, the undersigned, understand that this is a preliminary rental application and in no way ensures my occupancy. Additional information may be required at a later date to complete processing of this application.

My signature below certifies that the information contained in this application is true and authorizes the management to verify that information. I understand that any false statements will result in the cancellation of this application.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

PLEASE NOTE:

Barkan Management Co., Inc. does not discriminate against applicants in the provision of services, or in any other manner on the grounds of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, familial status, disability, military/veteran status, source of income, age, actual or perceived sexual orientation, gender identity, or marital status, or other basis prohibited by local, state or federal law.

Barkan Management Company does not discriminate on the basis of disability status in the admission or access to or treatment or employment in its federally assisted programs and activities. You have the right to request a reasonable accommodation which is a change in rules, policies, practices, or services so that a person with a disability will have an equal opportunity to use and enjoy a dwelling unit or common space.

Barkan Management Co., Inc., will make every effort to provide support should applicants require an alternative way of presenting this application to meet the needs of persons with disabilities or with Limited English Proficiency, and will provide assistance in filling out this application should such assistance be requested.

Also be advised that Barkan Management Co., Inc. conducts applicant screening to determine eligibility and suitability of applicants based on ability and willingness to pay the rent, abide by the lease, care for the unit, and cooperate with management.

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Privacy Act Notice

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member who is 6 years old or older.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Penalty: You must provide all of the information requested by the owner, including all social security numbers you, and all other household members age 6 years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.