



RESIDENTIAL RENTAL APPLICATION

COMPLEX NAME
Address
Phone #

DATE RECEIVED
TIME RECEIVED

We sincerely thank you for your interest. Please help us promptly process your application by clearly completing all information required. Family members 18 years and older must complete separate applications at the same time. We do not permit waterbeds, pets or reptiles without the prior written permission of the landlord - assistive animals accepted. OUR RENTAL DWELLINGS are administered under regulations of the United States Department of Housing & Urban Development (HUD), which requires your Certification.

WARNING

Section 1010, Title 18, U.S.C., PROVIDES "WHOEVER, FOR THE PURPOSE OF...INFLUENCING IN ANY WAY THE ACTION OF SUCH ADMINISTRATION...MAKES, PASSES, UTTERS, OR PUBLISHES ANY STATEMENT, KNOWING THE SAME TO BE FALSE... SHALL BE FINED NOT MORE THAN \$5,000 OR IMPRISONED NOT MORE THAN TWO YEARS, OR BOTH..."

The Government Programs Are: Section 8 - The government sets the rent. The residents pay a portion of that rent based on their income. The government pays the difference. Section 236 - The government sets a basic rent and a market rate. The resident pays not less than the basic and not more than the market rent, depending on their income and family composition.

I certify that neither mine nor any of my family's assistance or tenancy in a subsidized housing program has ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures. I understand my application will not be approved until all blanks are complete and each adult 18 years and older has completed a separate application.

X
Applicant's Signature
Today's Date

PRINT LEGAL NAME (RESIDENTIAL HISTORY OF 5 YEARS IS REQUIRED)

Form fields for current landlord information: Last, First, MI, Phone Number, Current Landlord's Name, Phone Number, Rent \$, Your Address, Apt #, City, State, Zip, How long at this address, Move-in date, Is Your Rent Subsidized by HUD?, Reason for leaving.

LIST PRIOR RENTAL HISTORY IN DATE ORDER

Table with 7 columns: Landlord Name, Address, City, St., Phone #, Date of residency from - through. Rows 1, 2, 3.

LIST ALL PERSONS WHO WILL OCCUPY UNIT INCLUDING YOURSELF. (Additional applications for 18 & older must be completed)

Table with 8 columns: Last Name, First Name, Relationship to head of house, Social Security Number, Date of Birth, Age, Full Time Student, U.S. Citizen. Rows 1-5.

My current marital status (circle one) Widow Never Married Separated Divorced Legally Separated Married

Is anyone expected to move in within the next 12 months not listed above? YES NO Who?

504 REQUIREMENT: Will you or anyone listed above require a unit with accessible features due to a disability? YES NO

In case of an emergency, please notify: Phone #

PERSONAL REFERENCES: (PERSONS WHO GENERALLY KNOW HOW TO CONTACT YOU)

Table with 4 columns: NAME, RELATIONSHIP, ADDRESS, PHONE #. Rows 1, 2, 3.

IN ORDER TO REMAIN ON THE ACTIVE WAITING LIST THIS APPLICATION MUST BE UPDATED EVERY SIX MONTHS, OR IT WILL BE PLACED IN THE INACTIVE FILE. INITIAL

BILTMORE PROPERTIES, INC.

- OFFICE USE ONLY -

Size unit required, based on "HUD" criteria: () 1-B/R () 2-B/R () 3-B/R () 4-B/R () Accessible Unit

Dates Application Updated, 20; 20; 20; 20; 20

Application withdrawn from file on, 20; By:

(Attach Copy of Denial Letter)

OPTIONAL STATISTICAL INFORMATION:

- I am Disabled Age 62 or older
 - Minority: White Black American Indian/Alaskan Native Asian/Pacific Islander Other
 - Ethnicity: Hispanic Non Hispanic
 - Citizenship U.S. Citizen Naturalization Non Citizen Status at this time Applying for Citizenship Papers

Vehicles: Make/Model _____ Year _____ License Plate # _____ State Registered _____
 Make/Model _____ Year _____ License Plate # _____ State Registered _____

INCOME INFORMATION

Employer _____ Supervisor's Name _____ Position _____
 Employer's Address _____ City _____ Zip Code _____ Phone # _____
 Date of Hire _____ Fax # _____
 Rate of Pay per hour \$ _____ Number of hours worked per week _____ or If Salary: your GROSS Annual or Monthly \$ _____

OTHER INCOME – (X) in the Yes or No BOX INDICATING INCOME RECEIVED. COMPLETE EACH BLANK

	Yes or No	Gross Income		Yes or No	Gross Income		Yes or No	Gross Income
Wages/Salary	() ()	\$ _____	Social Security	() ()	\$ _____	Child Support	() ()	\$ _____
Commissions	() ()	\$ _____	SSI/Disability	() ()	\$ _____	Alimony	() ()	\$ _____
Bonus	() ()	\$ _____	Retirement Pension	() ()	\$ _____	Private Support	() ()	\$ _____
Tips	() ()	\$ _____	Veteran's Benefits	() ()	\$ _____	AFDC/TANF	() ()	\$ _____
Self Employed	() ()	\$ _____	Military Allowance	() ()	\$ _____	Gen. Assistance	() ()	\$ _____
Other income	() ()	\$ _____	Unemployment	() ()	\$ _____	Scholarship/Grant	() ()	\$ _____
Babysitting	() ()	\$ _____	Disability	() ()	\$ _____	Spousal Support	() ()	\$ _____

Is any member of your household on leave of absence from work due to a lay-off, medical, maternity or military leave? Yes No

I have Assets which consist of:

Checking Name of Bank _____ Cash Value _____ Account Number _____
 Savings Name of Bank _____ Cash Value _____ Account Number _____
 Money Market Name of Bank _____ Cash Value _____ Account Number _____
 Stocks/Bonds Name of Broker _____ Cash Value _____ Account Number _____
 Certificate of Deposit Name of Bank _____ Cash Value _____ Account Number _____
 Annuities Name of Bank _____ Cash Value _____ Account Number _____
 House/Land Address _____ Cash Value _____ Rental Information _____
 Mobile Home Address _____ Cash Value _____ Rental Information _____
 Whole Life Insurance Policy with _____ Cash Value _____ Account Number _____

Supply Additional Information if you have more than one account or the need to explain any of the above assets.

I have/ I have not disposed of any assets for less than the fair market value within the past two years.

Type of Asset I disposed of was _____
 Date asset was disposed of ____/____/____ The fair Market Value was \$ _____
 The dollar amount I received was \$ _____
 The dollar Amount disposed of was \$ _____

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFULLY FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION. A.R.S. Section 33-1368 prohibits material falsification of any information provided on the rental application of criminal record, prior eviction record and current criminal activity. Material falsification of such information is not curable.

Are you involved in criminal activity or been arrested, cited or been convicted of a crime? () Yes () No
 Have you had a forcible detainer/eviction action filed against you? () Yes () No
 Any household member subject to a lifetime state sex offender registration program in any state? () Yes () No

If yes, who _____ State _____

I, the undersigned, understand that my eligibility for housing assistance depends upon my income, assets and family composition that must be verified in writing as required by the United States Department of Housing and Urban Development. I hereby declare that I have left no omission above in my sources of income or any assets and authorize the release of all information regarding my income and assets to the management of the Dwellings for the sole purpose of determining my eligibility to receive assistance.

APPLICANT'S SIGNATURE _____ DATE _____

List other ADULT 18 years and older that will be completing a separate application to attach with this application.

Last name, first name _____ Age _____ Relationship _____
 Last name, first name _____ Age _____ Relationship _____

All necessary family members have completed the application.