



The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, disability, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the Administrator, USDA Rural Development, Washington, DC 20250.

**List ALL persons who will live in the apartment.**

List Head of Household First:

	NAME	RELATIONSHIP	BIRTHDATE	AGE	SOCIAL SECURITY #
1.	<b>Head of HH</b>				
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Is anyone in this household a full time student: Yes  No

Name(s): \_\_\_\_\_

**B. INCOME LIST ALL SOURCES OF INCOME AS REQUESTED BELOW**

FAMILY MEMBER NAME	SOURCE OF INCOME	
_____	a. Social Security.....Monthly Amount	\$ _____
	Social Security.....Monthly Amount	\$ _____
_____	b. Pension.....Monthly Amount	\$ _____
	Pension.....Monthly Amount	\$ _____
_____	Source of Pension(s): _____	
_____	c. Veterans Benefits.....Monthly Amount	\$ _____
	claim #: _____	
_____	d. SSI Benefits.....Monthly Amount	\$ _____
	SSI Benefits.....Monthly Amount	\$ _____
_____	e. Unemployment Comp...Monthly Amount	\$ _____
	Unemployment Comp...Monthly Amount	\$ _____
_____	AFDC.....Monthly Amount	\$ _____
_____	g. Wages.....Gross.....Monthly Amount	\$ _____
	Employer: _____	
	Position held: _____	
	How long employed: _____	
_____	Wages.....Gross.....Monthly Amount	\$ _____
	Employer: _____	
_____	Position held: _____	
_____	How long employed: _____	
_____	h. Full Time Student Income (Only Full Time Students 18 and Over).....Monthly Amount	\$ _____

_____	Full Time Student Income (Only Full Time Students 18 and Over).....	Monthly Amount	\$ _____
_____	i. Alimony.....	Monthly Amount	\$ _____
	source _____		
_____	j. Child Support .....	Monthly Amount	\$ _____
	source _____		
_____	k. Interest Income.....	Monthly Amount	\$ _____
	source _____		
_____	Interest Income.....	Monthly Amount	\$ _____
	source _____		
_____	l. Other Income.....	Monthly Amount	\$ _____
	source _____		
_____	Other Income.....	Monthly Amount	\$ _____
	source _____		
_____	m. Long Term Care Ins... Monthly Amount	\$ _____	
	source _____		

**TOTAL GROSS ANNUAL INCOME**

(Base this on the monthly amounts listed above and multiply x 12) \$ \_\_\_\_\_

Do you anticipate any changes in this income in the next 12 months? Yes  No

If Yes, please explain: \_\_\_\_\_

**B. ASSETS**

(for checking, average 6 month daily balance)

Checking Account(s)	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Savings Account(s)	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Trust Accounts	# _____	Bank _____	Balance \$ _____
Certificates	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Credit Union	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Savings Bonds	# _____	Maturity Date _____	Value \$ _____
	# _____	Maturity Date _____	Value \$ _____
Whole Life Ins. Policy	Face Value \$ _____		
	Cash Value of Life Insurance Policy \$ _____		

Real Property: Do you own any property? Yes  No

If Yes, type of property \_\_\_\_\_

Location \_\_\_\_\_

Appraised Market Value \$ \_\_\_\_\_

Mortgage or Outstanding Loans Balance Due \$ \_\_\_\_\_

Amount of Annual Insurance Premium \$ \_\_\_\_\_

Amount of Most Recent Tax Bill \$ \_\_\_\_\_

Have you Sold/Disposed of Any Property in the Last 2 Years? Yes  No

If Yes, type of property \_\_\_\_\_

Market Value When Sold/Disposed of \$ \_\_\_\_\_

Amount Sold/Disposed of for \$ \_\_\_\_\_

Date of Transaction \_\_\_\_\_

1. Have you disposed of any other Assets in the last 2 years (example: Given away money to relatives, set up Irrevocable Trust Accounts)? Yes  No

If Yes, Describe Asset \_\_\_\_\_  
 Date of Disposition \_\_\_\_\_  
 Amount Disposed \$ \_\_\_\_\_

2. Do you have any other assets not listed above (excluding personal property)?  
 Yes  No  If Yes, list: \_\_\_\_\_

**D. MEDICAL/CHILDCARE/DISABLED ASSISTANCE EXPENSES**

**Medical Costs: Complete this part ONLY if Head of Household or Spouse is 62 or Older, Disabled or Handicapped.**

1. Medicare Premiums Monthly Amount \$ \_\_\_\_\_  
 Monthly Amount \$ \_\_\_\_\_
2. Medical Insurance Coverage – Name of Insurance Company \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Monthly Amount \$ \_\_\_\_\_
3. Anticipated Medical/Drug/Prescription/Non Prescription costs **NOT** covered by Insurance **NOR** reimbursed: Monthly Amount \$ \_\_\_\_\_
4. Medical bills our outstanding costs you are making Monthly Payments for:  
 Balance due \$ \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_  
 Payable to: \_\_\_\_\_
5. Medical related travel costs \$ \_\_\_\_\_  
 Projected costs NOT covered by Insurance NOR reimbursed for the next 12 months \$ \_\_\_\_\_
6. Any other Medical expenses: List type and Amounts: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**Childcare Costs: Complete ONLY for children 12 and younger:**

7. Name(s) of Children cared for: \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_
8. Name & Address of person OR Agency caring for Children: \_\_\_\_\_  
 \_\_\_\_\_
9. Weekly Cost for Childcare Due to Employment \$ \_\_\_\_\_
10. Weekly Cost for Childcare Due to Education \$ \_\_\_\_\_

**Disabled Assistance Expenses:** Attendant care and/or apparatus expense that enables disabled applicants or others in the household to work. Complete **ONLY** if Disabled Expenses allow someone in the household to work.

11. List Type of Expenses, Weekly Amount, Paid to whom:  
 \_\_\_\_\_  
 \_\_\_\_\_

## E. PROGRAM INFORMATION

### Questions 1, 2 and 3 are optional

1. Are you displaced? Yes  No   
If Yes, Displacement Agency \_\_\_\_\_
2. Is your current Unit Condemned/Substandard? Yes  No   
If Yes, Describe \_\_\_\_\_
3. Are you paying more than 50% of your Gross Income for Rent and Utilities? Yes  No
4. Are you Applying for status as an "Elderly Household," where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by Rural Development? Yes  No   
If yes, do you realize you will be eligible for a \$400 and Medical deduction?  
Please realize that your eligibility must be verified.
5. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit: Yes  No
6. If so, would you like to request an adapted unit? Yes  No
7. Are you currently living in Subsidized Housing? Yes  No
8. Have you ever resided in a Project financed and/or Subsidized by the Government?  
Yes  No  If Yes, Name & Address: \_\_\_\_\_
9. Have you ever been evicted from Public Housing or any other Federal Housing Program?  
Yes  No
10. Have you ever been evicted from Other Housing? Yes  No
11. Have you ever been convicted of a felony? Yes  No
12. Are you currently using illegal drugs? Yes  No
13. Have you ever been convicted of sale, distribution, or possession of illegal drugs?  
Yes  No
14. Are you now or will you become a part time or full time student prior to move-in?  
Yes  No
15. How did you hear about this housing? \_\_\_\_\_
16. Will you take an apartment when one is available? Yes  No
17. Briefly describe your reasons for applying: \_\_\_\_\_
18. Are you a smoker? Yes  No

## F. REFERENCE INFORMATION

Current Landlord: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

### Previous Rental Information:

Prior Landlord: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Prior Landlord: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**G. CREDIT REFERENCES**

1. Name _____ Address _____ City/State/Zip _____ Phone _____	2. Name _____ Address _____ City/State/Zip _____ Phone _____
3. Name _____ Address _____ City/State/Zip _____ Phone _____	

**H. PERSONAL NON-RELATED REFERENCES**

1. Name _____ Phone _____	Address _____
2. Name _____ Phone _____	Address _____
3. Name _____ Phone _____	Address _____

In Case of Emergency Notify \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**I. OTHER REQUIRED INFORMATION**

VEHICLES: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of vehicle _____ License Plate # _____	Year/Make _____ Color _____ Driver's License # _____
Type of vehicle _____ License Plate # _____	Year/Make _____ Color _____ Driver's License # _____

PETS: Do you own any pets? Yes  No   
If Yes, describe \_\_\_\_\_

## J. CERTIFICATION/AUTHORIZATION

### CERTIFICATION

I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our primary residence. I/We understand I/we must pay a security deposit for this apartment. I/We understand that my eligibility for housing will be based on Rural Development or Section 8 income limits and by **Willow Apartments'** selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE:

\_\_\_\_\_  
TENANT

\_\_\_\_\_  
CO-TENANT

Dated \_\_\_\_\_

Dated \_\_\_\_\_

### AUTHORIZATION

I/We do hereby authorize **Willow Apartments** and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administrated/managed by **Trellis Mgmt.** I/We further authorize **Willow Apartments** to verify all information listed on this application.

SIGNATURE:

\_\_\_\_\_  
TENANT

\_\_\_\_\_  
CO-TENANT

Dated \_\_\_\_\_

Dated \_\_\_\_\_

**FOR RURAL DEVELOPMENT 515 PROGRAM  
APPLICANTS ONLY**

**FAMILY HOUSEHOLD COMPOSITION**

“The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital 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 any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.”

Race \_\_\_\_\_ Ethnic Group \_\_\_\_\_ Sex \_\_\_\_\_