

RENTAL APPLICATION

Property Name: _____
Property Address: _____
Ph: _____ • **Fax:** _____ • **TDD #711**
Office Hours: _____

Please print for all information.

TM Associates Management, Inc. is an Equal Housing Opportunity Company, with projects in compliance with Section 504 and Fair Housing Regulations. TM Associates Management, Inc. accommodates any applicants who need assistance in filling out this application. If you require any assistance, please advise.

Office Use Only: Date: _____ Time: _____ Received: _____

Applicant Name: _____
 Current Mailing Address: _____
 City, State, Zip Code: _____
 Cell/Home Phone: _____ Work Number: _____
 Email: _____

HOUSEHOLD COMPOSITION

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. Positive identification of all residents is required. For adult applicants this must be birth certificate, photo identification and proof of their social security number, including original social security card or any of the following containing the SSN: driver's license, identification card issued by a federal, State, or local agency, a medical provider, or an employer or trade union, earnings statement on payroll stubs, bank statements, Form 1099, benefit award letter, retirement benefit letter, life insurance policy, or Court Records. For all minor applicants, this must be birth certificate and social security number or other acceptable documents including baptismal certificate, valid passport, census document showing age, naturalization certificate and/or Social Security Administration Benefits printout.

MEMBER'S FULL NAME	RELATIONSHIP	DATE OF BIRTH	AGE	LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER
	Head of Household			

Unit size requested: ___ One Bedroom ___ Two Bedroom ___ Three Bedroom ___ Four Bedroom
 How many people live in your home now? _____ How many bedrooms do you have? _____
 Are you living with anyone now who will not be moving into this unit with you? Yes No
 If yes, please explain: _____
 Are there any changes in the household expected in the next 12 months? Yes No
 If yes, please explain: _____



0823 - HUD



Will all listed minors be living in the household at least 50% of the time? Yes No
 If no, please explain the custody agreement and proof of custody will be required:

Will this be the resident's sole place of residency? Yes No

If you are applying for status as an "elderly household", please check those that apply:
 Tenant or co-tenant is 62 or older tenant or co-tenant is disabled, regardless of age
(qualifying as an "elderly household" may entitle you to a deduction in your income calculation)

If you are age 62 or older as of January 31, 2010 and you do **not** have a Social Security Number, were you receiving HUD rental assistance at another location on January 31, 2010? Yes No

If you are applying for status as a "displaced persons of government displacement or displacement as result of a presidentially declared disasters", check here:

Identify any special housing needs required as a result of a disability: _____

Will there be a pet as part of your household? Yes No

Note: Specific pet policies and/or restrictions may apply at this property. For properties designated as Elderly, refer to the Pet Policy provided by Management regarding pet evaluation. If an approved pet is allowed, an additional security deposit may be applicable.

Have you or anyone else who will be living in your household ever been convicted of a crime? Yes No

If yes, please explain: _____

Are you or anyone else who will be living in your household subject to registration as a sexual offender and/or sexual predator in any U.S. state, U.S. Territory and/or the District of Columbia? Yes No

If yes, please explain and list all applicable states, U.S. Territories and/or the District of Columbia: _____

Have you or anyone else who will be living in your household been evicted in the last three years from federally assisted housing for drug related criminal activity? Yes No

Does any member of your household currently use or have a history of using illegal drugs or currently use or have a history of abusing alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of others? Yes No

If yes, please explain: _____

Are you or a member of your household now being evicted? Yes No

Have you or a member of your household ever been evicted? Yes No

If yes, date of eviction: _____

Are you now living in a governmental subsidized unit? (e.g. Section 8 Housing, FmHA 515, HUD Section 236, or Section 221 (d)(3) subsidized project(s)? Yes No

Do you currently have a Section 8 Voucher? Yes No

How long have you resided at your current residence? _____

What are your monthly costs for all utilities except Telephone or TV cable? \$ _____

What is your current rent? \$ _____



List names/addresses/phone numbers of two relatives or friends who know how to contact you:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____

Please complete the attached *optional* HUD form 92006, Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants as part of this application. You have the right by law to include as part of your application for housing, the name, address, telephone number and other relevant information of a family member, friend, or social, health, advocacy or other organization that may be of help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require.

RENTAL HISTORY: (We must be able to verify at least five years of residency. Please use complete addresses. Failure to do so may result in not being able to process application.)

PRESENT LANDLORD: Name: _____ Phone# _____
 Address: _____
 Dates: _____ City, State, Zip Code: _____

FORMER LANDLORD: Name: _____ Phone# _____
 Address: _____
 Dates: _____ City, State, Zip Code: _____

FORMER LANDLORD: Name: _____ Phone# _____
 Address: _____
 Dates: _____ City, State, Zip Code: _____

LIST ALL STATES EACH HOUSEHOLD MEMBER HAS RESIDED IN:

Family Member	State(s) Resided In



ELIGIBILITY INFORMATION – check either Yes or No for each question. For each “yes” answer, provide the details in the chart below. “Household” is defined as ANYONE who will be residing in the apartment.

- | | | |
|---|------------|----------|
| 1. Is any member of your household employed full time, part time, or seasonally? | Yes | No |
| 2. Are there any income changes expected in the next 12 months?
If yes, please explain: _____ | Yes | No |
| 3. Does any member of your household work for someone who pays them in cash? | Yes | No |
| 4. Is any member of your household on leave of absence from work due to layoff, maternity, or military leave? | Yes | No |
| 5. Does any member of your household receive unemployment benefits? | Yes | No |
| 6. Does any member of your household receive child support? | Yes | No |
| 7. Is any member of your household legally entitled to child support that he/she is not now receiving? | Yes | No |
| 8. Does any member of your household receive alimony payments? | Yes | No |
| 9. Is any member of your household legally entitled to alimony payments that he/she is not now receiving? | Yes | No |
| 10. Does any member of your household receive or expect to receive welfare assistance other than food stamps and Medicaid? (<i>Do not count food stamps</i>) | Yes | No |
| 11. Does any member of your household receive or expect to receive Social Security benefits? | Yes | No |
| 12. Does any member of your household receive or expect to receive income from a pension or annuity? | Yes | No |
| 13. Does any member of your household regular cash contributions from individuals not living in the unit or from agencies? | Yes | No |
| 14. Does any member of your household receive income from assets, including interest on checking or savings accounts, interest on dividends on certificates of deposit, stocks, or bonds?
Or income from the rental of a property? | Yes
Yes | No
No |
| 15. Does any member of your household participate in a 401k retirement account?
If yes, does the member have access to the account (excluding loans) without termination or retirement? | Yes
Yes | No
No |
| 16. Does any member of your household own a home or other real estate?
If yes, Type: _____ Location: _____
Market Value: _____ Outstanding Loan: _____ | Yes | No |
| 17. Does any member of your household own a car? | Yes | No |
| 18. Has any adult member of this household been enrolled as a full-time student in an institute of education within the current calendar year (January-December)? | Yes | No |
| 19. Are any adult members of the household enrolled as part time students in an institute of education? | Yes | No |
| 20. Are any changes in student status expected in the next 12 months? | Yes | No |
| 21. Does any member of the household receive or expect to receive any form of financial assistance for education? | Yes | No |
| 22. Do you currently or have you ever served in any branch of the US Military, including the National Guard or the Reserves? | Yes | No |
| 23. Are you a spouse or surviving spouse of anyone who served in the US military, including the National Guard or the Reserves? | Yes | No |
| 24. Are all members of this household US Citizens? | Yes | No |



INCOME: For each type of income that your household receives, give the source of the income, address, and the amount that can be expected from the source within the next 12 months.

Family Member	Source of Income & Address	Date of Hire	Estimated Gross Annual Income

ASSETS: For each asset that is associated with a bank/direct debit accounts for employment, social security, SSI, child support, or public assistance.

Family Member	Financial Institute	Account type	Current Balance	Income from Asset

ASSETS: (List all assets such as cash on hand, assets held in safety deposit boxes, equity in real estate property, whole life insurance policies, demand deposits, stocks, bonds. Cash value is the market value less any reasonable costs that would be incurred in converting the asset to cash; i.e. broker and legal fees.)

Family Member	Financial Institute	Account type	Current Balance	Income from Asset

Did you have any assets in the last two years not listed above? Yes No
 If yes, did you dispose of any assets for less than fair market value? Yes No

(This means that the assets were either given away or sold at less than the market value.)

If yes, list the assets, market value, amount received and date you disposed of the assets: _____

Did you receive a Federal and/or State Tax Refund within the past 6-months? Yes No
 If yes, how much \$ _____

EXPENSES:

Do you pay for childcare for any children who have not reached their 13th birthday or younger which enables you or another family member to work or go to school? Yes No

If yes, give the name and address of childcare provider, weekly cost, and name of family member enabled to work or go to school: _____

FAMILY WITH DISABLED MEMBERS:

Do you pay for a care attendant or for any equipment for the disabled member(s) of the family necessary to permit that person or someone else in the family to work? Yes No



ELDERLY OR DISABLED FAMILIES ONLY:

Do you have Medicare? If yes, what is your Medicare Premium? \$ _____ Yes No

Do you have any other kind of medical insurance? Yes No
 If yes, provide the policy number and premium: _____

Are you enrolled in a Medicare Prescription Drug Plan? Yes No

Do you receive medical assistance through the welfare department? Yes No

Do you have any outstanding medical bills on which you are paying? Yes No

Do you expect to have any medical expenses during the next 12 months? Yes No
 If yes, amount of medical expenses \$ _____

COMMENTS/ADDITIONAL INFORMATION: (use back of page if necessary)

Please tell us how you learned about this apartment community:

Newspaper Advertisement Family/Friend Community Outreach Property Sign
 Other: _____

DISCLOSURE

The information regarding race and ethnicity designations solicited on this application are requested in order to assure the Federal Government acting through HUD or an authorized contract administrator that Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, religion, creed, national origin, sex, disability, familial status, marital status, sexual orientation, gender identity, lesbian, gay, bi-sexual and/or transgender orientation, elderliness or age (except when age is related to eligibility) 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 make a notation on this form that you chose to not provide the information.

Please mark the appropriate codes below.

RACE (Mark one or more) – Head of Household

___ American Indian/Alaskan Native
 ___ Asian
 ___ Black or African American
 ___ Native Hawaiian or Other Pacific Islander
 ___ White

ETHNICITY – Head of Household:

___ Hispanic or Latino
 ___ Not Hispanic or Latino

Information Supplied by: Applicant Initials _____

Information Not Disclosed, Management Initials: _____



HUD 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.

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 have and use. Giving the social security numbers of all household members 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.

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

HUD prohibits discrimination in all its programs and activities on the basis of race, color, religion, creed, national origin, sex, disability, familial status, marital status, sexual orientation, gender identity, lesbian, gay, bi-sexual and/or transgender orientation, and where applicable, elderliness, age, parental status, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write to HUD Office of Fair Housing and Equal Opportunity, 451 7th Street, SW, Room 5204, Washington, D.C. 20410-2000, or call 800-669-9777 (voice) or 800-927-9275 (TTY).

DISABILITY AND REASONABLE ACCOMMODATIONS

The management and owner of this apartment community are dedicated to the letter and spirit of the Fair Housing Laws and Section 504 of the Rehabilitation Act of 1973. These laws and regulations provide that eligible applicants/tenants who meet the definition of a disabled person as defined by Section 504, the FHAA and the ADA be provided with reasonable accommodations which will provide the applicant/tenant an equal opportunity to enjoy the housing program. The definition of a disabled person as defined by Section 504, the FHAA and the ADA is available from the site manager. If you believe you meet the definition of a disabled person and require a reasonable accommodation, please provide us with a written request. If you require our assistance with this, please advise.



AUTHORIZATION FOR THE RELEASE OF INFORMATION

PURPOSE

HUD may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in any of the HUD programs.

I authorize HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing program.

INFORMATION COVERED - Inquiries may be made about:

- | | | |
|---------------------|--------------------------------|--|
| -Childcare expenses | -Disabled assistance expenses | -Criminal Activity |
| -Credit History | -Identity and marital status | -Employment; income, pensions and assets |
| -Family composition | -Social Security Numbers | -Federal, State Tribal or local benefits |
| -Medical Expenses | -Residences and Rental History | |

COMPUTER MATCHING NOTICE AND CONSENT

I agree that HUD may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal or local agencies. These government agencies include:

- | | |
|--------------------------------------|--|
| -U.S. Office of Personnel Management | -U.S. Postal Service |
| -U.S. Social Security Administration | -State Employment Security agencies |
| -U.S. Department of Defense | -State Welfare and Food Stamp agencies |

The match will be used to verify information supplied by the family.

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

Any individual or organization including any government organization may be asked to release information. For example, information may be requested from:

- | | | |
|---|------------------------------|--------------------------------------|
| -Banks and other financial institutions | -Credit Bureaus | |
| -Courts | -Employers, past and present | |
| -Law enforcement agencies | -Landlords | |
| -Providers of: | | |
| -Alimony | -Medical Care | -US Department of Veteran Affairs |
| -Childcare | -Pensions/Annuities | -Utility companies |
| -Child Support | -Schools and colleges | -Welfare Agencies |
| -Credit | -Disabled Assistance | -U.S. Social Security Administration |

CONDITIONS - I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

(Applicant Signature) (Date)

(Co-Applicant Signature) (Date)

(Applicant Social Security Number)

(Co-Applicant Social Security Number)

(Other Adult Household Member) (Date)

(Other Adult Household Member) (Date)

(Social Security Number)

(Social Security Number)



0823 - HUD



APPLICANT CERTIFICATION

This application is subject to approval and does not constitute an agreement or lease. I/We certify that the unit applied for will be my/our permanent residence and I/we will not maintain a separate subsidized rental unit in a different location.

I authorize the Management Agent to investigate my credit and criminal background and to verify all information and references given. The information obtained will be used for management purposes only and will be held in confidence.

All application information is true and correct to the best of my knowledge. I understand that if any information I provide is found to be untrue, it will result in denial of my application.

Date _____

Signature of Applicant

Signature of Co-Applicant

Signature of Co-Applicant

