

RIFLE HOUSING AUTHORITY
We are a SMOKE-FREE property
 APPLICATION FOR RENTAL and RENTAL ASSISTANCE

Applicant

Name(s): _____

Address:

Home phone _____ **cell** _____

Email _____

Household Composition:

1. Do you or any household member currently engage in controlled substances:
 Yes No If yes, please list member name: _____.
2. Are you or anyone in your household subject to a state lifetime registration requirement for sex offenders?
 Yes No
3. Are you or anyone in your household a U.S. Military Veteran? Yes No
4. List the Head of Household and all members who will live in the unit. Give the relationship of each member to the Head of Household.
5. Are you a part-time or full-time student at an institution of higher learning? Yes No If so, please indicate which member in the information listed below.

Member #	Full Name	Relationship	Birthdate	Age	In School	Sex	Social Security

6. Race of Head of Household: Check one (For statistical purposes only)
 American Indian/Alaskan Native Asian/Pacific Islander Black /African American
 Native Hawaiian or other Pacific Island Caucasian/White
7. Ethnicity of Head of Household: Check one (For statistical purposes only)
 Hispanic / Latino Non-Hispanic / Latino

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability is 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.

8. Does anyone live with you now who is not listed above? Yes No
 Do you expect to change your household composition? Yes No

9. Does the Head of Household or spouse meet the qualifications to be disabled?

Yes No

10. Please identify any special housing needs you may have:

_____.

11. Are you now living in a subsidized unit? Yes No If no, skip 11 and 12.

12. Name of the subsidized Complex:

13. Name of Manager: _____ Phone #

INCOME AND ASSET INFORMATION:

Please answer the following questions and for each yes provide details in the chart below.

Does any member of your household:

YES *NO*

- 1. Work full-time, part-time or seasonally?
- 2. Expect to work for any period during the next year?
- 3. Work for someone who pays cash?
- 4. Expect a leave of absence from work due to layoff, medical, military or maternity?
- 5. Now receive or expect to receive unemployment benefits?
- 6. Now receive or expect to receive child support?
- 7. Now receiving child support that he /she is entitled to?
- 8. Now receive or expect to receive alimony?
- 9. Have an entitlement to receive alimony that is not currently being received?
- 10. Now receive or expect to receive Public Assistance (TANF)
- 11. Now receive or expect to receive Social Security or Disability benefits?
- 12. Now receive or expect to receive income from pension or annuity?
- 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- 14. Receive income from assets, including interest on checking, savings, interest and dividends from certificates of deposits, stocks or bonds or income from rental property?
- 15. Own real estate or any assets for which you receive no income (checking acct., cash)?
- 16. Have any real property or assets (including cash) that s/he has sold or given away in the past two (2) years?

MEMBER	SOURCE OF INCOME / TYPE	<i>GROSS</i> MONTHLY INCOME

ASSETS

1. List all checking and savings accounts (Including IRA's, Keogh accounts and Certificates of Deposit) of all household members.

MEMBER #	BANK NAME	ACCT. TYPE	BALANCE

2. List all stocks, bonds, trusts, pensions or other assets and their value owned by any household member.

3. List any assets disposed of for less than fair market value(over \$1000) during the past two years:

EXPENSES

YES NO

Do you have expenses for child care of a child aged 12 or younger? If yes, provide the name, address, and telephone number of the care provider.

_____ What does the child care cost you weekly? \$_____.

Do you pay a care attendant or for any equipment for any disabled household member(s) necessary to permit that person or someone in the household to work? If so, provide their name, address and telephone number:

_____ What is the cost to you for the care attendant and /or the equipment? \$_____.

ELDERLY / DISABLED FAMILIES ONLY:

Do you have Medicare and if so, how much is your **monthly premium?** \$_____.

Do you have any other medical insurance and if so, provide **the name of carrier, policy #, and your premium amount.**

Do you have outstanding medical bills if so, list them below: _____
What medical bills do you expect in the next 12 months? _____.

PREVIOUS RENTAL HISTORY (If you don't have a current or former landlord, please list two character or personal references along with their addresses **REFERENCES CANNOT BE A RELATIVE**)

Name and Address of your **PRESENT** Landlord:

address: _____

Leaving: _____

Phone No:

How Long at this

Reason for

Name and Address of your **FORMER** Landlord:

address: _____

Leaving: _____

Phone No:

How Long at this

Reason for

EMPLOYMENT HISTORY:

Name and Address of Head's Current Employer

Phone No:

Supervisor's Name:

How Long there:

Name and Address of Co-Head's Current Employer

Phone No:

Supervisor's Name:

How Long there:

APPLICANT CERTIFICATION

I/we certify that if select to receive assistance, the unit I/we occupy will be my/our only residence. We understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this Application and to contact previous and/or current landlords or other sources of credit and verification information that may be released to appropriate federal, state or local agencies. I/we certify that the statements made on this Application are true and complete to the best of my/our knowledge and belief. I/we Understand that false statements or information are punishable under federal law.

Signature of Head of Household

Date Signed

Signature of Co-Head of Household

Date Signed

Signature of Rifle Housing Authority Representative
Rifle Housing Authority

Date Signed

We are a smoke-free property!!

