

PROPERTY NAME:

Henderson Heights, RTS Affordable Housing

Hendersonville Housing Authority

Phone: (828) 692-6175

RENTAL APPLICATION

NAME:
ADDRESS:
CITY/STATE
PHONE:

EMAIL ADDRESS:

For Office Use Only
Date: / / Time: :
Application No:

INSTRUCTIONS TO APPLICANT

- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
All information must be complete and correct. False, incomplete or misleading information will cause your application to be declined.
If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.

HOUSEHOLD INFORMATION

Table with columns: Full Name of Household Members as they appear on SS Card, Relationship, Sex, Age, Student Y/N, Date of Birth, Birth-place City, Birth-place State, Social Security No. or Alien Registration No., Drivers License Number, State.

- Will any of the household members live anywhere except in your apartment?
Are there any other persons who will live in your apartment on a less than full-time basis?
Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using?
Will any member of your household require a unit having handicap accessible features?
Is any member of your household enrolled in an Institute of Higher Education, either full or part-time?
If you answered "YES" to any question above, please explain:

Do you have any pets? No Yes If yes, what type of pet?

DOCUMENTS AT TIME OF APPLICATION:

- Birth Certificates for all members or citizenship paperwork
Social Security Cards for All members
Picture ID for members 18 years and older
Bank Statements - Past 6 months
Proof of Income - Pay Stubs, Benefit Letter, etc
HAHC Policies can be viewed at hendersonvilleha.org
Application Hours: Tuesday and Wednesday 8:30 AM to 11:15 AM

**RESIDENCE HISTORY**

You must report ALL places you have lived for the past five (5) years. Use an additional sheet if necessary.

Present Address	Street Address:				From: _____	Landlord Name:		
	City:	County:	State:	Zip:	To: _____	Landlord Phone:		
	Reason for Moving						Street Address:	
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent \$ _____	City:	State:	Zip:
Previous Address	Street Address:				From: _____	Landlord Name:		
	City:	County:	State:	Zip:	To: _____	Landlord Phone:		
	Reason for Moving						Street Address:	
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent \$ _____	City:	State:	Zip:
Previous Address	Street Address:				From: _____	Landlord Name:		
	City:	County:	State:	Zip:	To: _____	Landlord Phone:		
	Reason for Moving						Street Address:	
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent \$ _____	City:	State:	Zip:
Previous Address	Street Address:				From: _____	Landlord Name:		
	City:	County:	State:	Zip:	To: _____	Landlord Phone:		
	Reason for Moving						Street Address:	
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent \$ _____	City:	State:	Zip:
HAVE YOU EVER SERVED IN THE MILITARY	NO _____							
	If Yes, Dates of Service: _____				Do you receive a Benefit \$ _____			

You must report All states you have resided in since the age of 18, and the last address in each state, up to the above addresses in which you resided during the past five years. All applicants over 18 are required to report this information.

State:	From: _____	To: _____	Last Street Address in that State:	City:	County:
State:	From: _____	To: _____	Last Street Address in that State:	City:	County:
State:	From: _____	To: _____	Last Street Address in that State:	City:	County:
State:	From: _____	To: _____	Last Street Address in that State:	City:	County:
State:	From: _____	To: _____	Last Street Address in that State:	City:	County:

	No	Yes	If 'Yes' you must answer the following:
Have you or any member of your household ever been evicted from federally assisted housing for drug-related activity?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____
Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord?	<input type="checkbox"/>	<input type="checkbox"/>	To Whom? _____ How much? _____
Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?	<input type="checkbox"/>	<input type="checkbox"/>	Explain: _____ _____
From what source did you hear about this property?	<input type="checkbox"/> Another Resident <input type="checkbox"/> Housing Authority <input type="checkbox"/> Sign at property <input type="checkbox"/> Other _____		

Henderson Heights, RTS Affordable Housing: Managed by Hendersonville Housing Authority

**ASSET INFORMATION**

You must report ALL Assets below. Use an additional sheet if necessary.

<b>CHECKING</b>	Name of Bank:			Avg. 6 Month Balance:	Current Interest Rate:
Account No:	Address:			Bank Phone Number:	
	City:	State:	Zip:		
<b>SAVINGS</b>	Name of Bank:			Current Balance:	Current Interest Rate:
Account No:	Address:			Bank Phone Number:	
	City:	State:	Zip:		
<b>Stocks, Bonds, C,D.'s, Life Insurance Policies, Etc.</b>	Name of Institution:			Current value	Annual income:
Type of Asset:	Address:			Institution Phone Number:	
Account No:	City:	State:	Zip:		
<b>Stocks, Bonds, C,D.'s, Life Insurance Policies, Etc.</b>	Name of Institution:			Current value	Annual income:
Type of Asset:	Address:			Institution Phone Number:	
Account No:	City:	State:	Zip:		
<b>IRA's or RETIREMENT</b>	Name of Institution:			Current Value:	Annual income:
Type of Acct.	Address:			Institution Phone Number:	
Account No:	City:	State:	Zip:		

	No	Yes	If 'Yes' you must answer the following:
<input type="checkbox"/> Has any household member disposed of any assets for <i>Less than Fair Market Value</i> during the past two (2) years?	<input type="checkbox"/>	<input type="checkbox"/>	Date Disposed of: ___/___/___ Description of Asset: _____
<input type="checkbox"/> Has any household member sold any Real Estate in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	Date Disposed of: ___/___/___ Description of Asset: _____ Sales Price: \$ _____
<input type="checkbox"/> Does any household member have an interest in any Real Estate, Boat or Mobile Home?	<input type="checkbox"/>	<input type="checkbox"/>	Description of Asset: _____ Value: \$ _____ Annual Income from Asset: \$ _____

You must report income from ALL sources. This includes but is not limited to Employment, Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, etc. If anyone outside your household gives you money or pays your bills, you must report it as a source of income. Use additional sheets if necessary.

Name of Employer, Agency or Person providing Income:			Name of Supervisor or Agency Contact:			Average Annual Income from this Source:
Address:			Phone Number:			\$ _____
City:	State:	Zip:	Income:			
			\$ _____ per _____ (hr/wk/mo/yr/etc.)			
Name of Employer, Agency or Person providing Income:			Name of Supervisor or Agency Contact:			Average Annual Income from this Source:
Address:			Phone Number:			\$ _____
City:	State:	Zip:	Income:			
			\$ _____ per _____ (hr/wk/mo/yr/etc.)			
Other Source of Income from list above:			Agency Name			Average Annual Income from this Source:
Address:			Phone Number:			\$ _____
City:	State:	Zip:	Income:			
			\$ _____ per _____ (hr/wk/mo/yr/etc.)			
Other Source of Income from list above:			Agency Name			Average Annual Income from this Source:
Address:			Phone Number:			\$ _____
City:	State:	Zip:	Income:			
			\$ _____ per _____ (hr/wk/mo/yr/etc.)			

**CHILD CARE EXPENSES**

If you pay for Child Care, please list name of provider(s) below.

Name of Provider	Street Address:			Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City:	State:	Zip:	Amount you pay: \$ _____ per _____
Name of Provider	Street Address:			Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: ADDRESS: CITY/STATE	City:	State:	Zip:	Amount you pay: \$ _____ per _____

**HANDICAP CARE EXPENSES**

If you pay for care of Handicapped or Disabled household member, list name of provider(s) below.

Name of Provider	Street Address:			Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City:	State:	Zip:	Amount you pay: \$ _____ per _____
Name of Provider	Street Address:			Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City:	State:	Zip:	Amount you pay: \$ _____ per _____

**AUTOMOBILES AND OTHER VEHICLES**

List all motor vehicles, including motorcycles owned by or registered to household members. Use additional sheets if necessary.

Make and Model Number:	License Plate Number:	State:	Insurance Agent:	Phone:	
Color:	Year:	License Expiration Date:	Street Address:	Policy No:	
Name on Registration:	VIN:	City:	State:	Zip:	Expiration Date:
Make and Model Number:	License Plate Number:	State:	Insurance Agent:	Phone:	
Color:	Year:	License Expiration Date:	Street Address:	Policy No:	
Name on Registration:	VIN:	City:	State:	Zip:	Expiration Date:

**RENTERS INSURANCE**

We recommend that you carry Renters Insurance. Your personal belongings are not covered by our Insurance. If you have coverage, please provide information below.

Insurance Agent:	Phone:		
Street Address:	Policy No:		
City:	State:	Zip:	Expiration Date:

**PERSONAL REFERENCES**

List three (3) references (Not related to you).

Name:	Address:		
Phone No:	City:	State:	Zip:
Name:	Address:		
Phone No:	City:	State:	Zip:
Name:	Address:		
Phone No:	City:	State:	Zip:

**EMERGENCY CONTACT**

Provide the name of the person and an alternate we should contact in case of an emergency.

Name:		Address:		
Phone:	Relationship to you:	City:	State:	Zip
Name:		Address:		
Phone:	Relationship to you:	City:	State:	Zip
ADDRESS: CITY/STATE				

**ELDERLY/HANDICAPPED/DISABLED STATUS**

We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program and/or to give special considerations with regard to allowances in determining rent. Please check any box that applies to you:

Head of Household and/or Spouse is:     62 years of age or older     Handicapped     Disabled

If you checked one of the boxes above, complete the Medical Expenses section below. List payments made on outstanding medical bills; medical insurance premiums; medical and dental costs that are NOT covered by insurance. Use a separate sheet if necessary.

**MEDICAL EXPENSES**

Name of Provider		Street Address:			Description of Expense: _____
Phone:	Policy No:	City:	State:	Zip	Amount you pay: \$ _____ per _____
Name of Provider		Street Address:			Description of Expense: _____
Phone:	Policy No:	City:	State:	Zip	Amount you pay: \$ _____ per _____
Name of Provider		Street Address:			Description of Expense: _____
Phone:	Policy No:	City:	State:	Zip	Amount you pay: \$ _____ per _____
Name of Provider		Street Address:			Description of Expense: _____
Phone:	Policy No:	City:	State:	Zip	Amount you pay: \$ _____ per _____

**CRIMINAL HISTORY**

This property's eligibility criteria excludes housing to individuals and households with specific types of criminal activity in their history. You must answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application may be rejected, OR, if move-in has occurred, you may

	No	Yes	If 'Yes' you must answer the following:
<input type="checkbox"/> Have you or any member of your household ever been convicted of drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
<input type="checkbox"/> Have you or any member of your household ever been convicted of violent criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
<input type="checkbox"/> Are you or any member of your household a current, illegal user or addicted to a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
<input type="checkbox"/> Do you or any member of your household have a pattern of alcohol abuse?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ Details: _____
<input type="checkbox"/> Have you or any member of household ever been convicted of the illegal manufacture or distribution of a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
<input type="checkbox"/> Have you or any member of your household ever been on parole or are now on parole?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
<input type="checkbox"/> Have you or any member of your household currently or in the past used illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
<input type="checkbox"/> Are you or any member of your household subject to a state sex offender lifetime registration requirement?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ In What State? _____ County? _____

**APPLICANT CERTIFICATION**

Read each statement below and initial that you understand and agree.

\_\_\_\_\_  
(Initial) I have read and understand the information in this application, in particular the instructions to Applicant, and agree to comply with all information and instructions.

\_\_\_\_\_  
(Initial) I have read and understand the Tenant Selection Plan, that is posted in the Management Office and summarizes the procedures for processing applications.

ADDRESS:  
CITY/STATE

\_\_\_\_\_  
(Initial) I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.

\_\_\_\_\_  
(Initial) I understand that **ALL CHANGES** in the income of any member of the household, as well as any changes in the household members must be reported to Management **in writing immediately.**

\_\_\_\_\_  
(Initial) If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.

\_\_\_\_\_  
(Initial) If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent, damages, and security deposits.

\_\_\_\_\_  
(Initial) I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources of information released to appropriate Federal, State or local agencies.

\_\_\_\_\_  
(Initial) I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in and/or for the purpose of securing a lower rent in a subsidized housing development.

\_\_\_\_\_  
(Initial) I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a \$10,000 fine upon conviction.

\_\_\_\_\_

\_\_\_\_\_ DATE

\_\_\_\_\_

\_\_\_\_\_ DATE

## Background Check Release / Tenant Screen

**APPLICANT** Complete the following information as accurately as possible. (Please Print Clearly.)

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ D.L. #: \_\_\_\_\_ State: \_\_\_\_\_

\*Birth date: \_\_\_\_\_ \*Sex: \_\_\_\_\_ \*Race: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous names (maiden / marriage etc.): \_\_\_\_\_ Date Changed: \_\_\_\_\_  
(Attach additional sheet, if necessary. \_\_\_\_\_ Date Changed: \_\_\_\_\_

Addresses: (List past seven years beginning with your current address. Include street, city, state, zip code, county and dates of residence. Attach additional sheet, if necessary.)

1. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

2. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

How long has applicant lived in state? \_\_\_\_\_

Current Landlord Name: \_\_\_\_\_ Complex Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_ Complex Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How Long: \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone: \_\_\_\_\_ Ckg / Svgs Acct #: \_\_\_\_\_  
(Please Circle One)

### DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

In connection with my rental application, I authorize \_\_\_\_\_ (the "Company/Landlord") to order a "consumer report" (a background report) about me. The background check company who will be conducting such checks is TruDiligence, 3190 S. Wadsworth Blvd., Suite 260, Lakewood, CO 80227, (800) 580-0474, [www.trudiligence.com](http://www.trudiligence.com).

I acknowledge the background report may contain information concerning my character, general reputation, personal characteristics, mode of living, and credit history/standing. The types of information that may be ordered include, but are not limited to: social security number verification; criminal records check; verification of prior employment; and credit reports.

Selection criteria that may result in denial of my rental application includes: criminal history; previous rental history; credit history; or failure to provide accurate or complete information on the application form.

I agree the Company/Landlord may rely on this form to order background reports throughout my tenancy without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

**Signing this acknowledgment indicates that you have had the opportunity to review the landlord's tenant selection criteria. The tenant selection criteria may include factors such as criminal history, credit history, current income, and rental history. If you do not meet the selection criteria, or if you provide inaccurate or incomplete information, your application may be rejected and your application fee, if any, will not be refunded.**

California Applicants Only: Check this box if you would like a free copy of your background check report:

Washington State Applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*The information indicated by an (\*) will be used for background screening purposes only and will not be used as tenant selection criteria.