

PROPERTY NAME:

Henderson Heights, RTS Affordable Housing  
Hendersonville Housing Authority

Phone: (828) 692-6175

RENTAL APPLICATION

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE \_\_\_\_\_  
PHONE: \_\_\_\_\_

**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

Full Name of Household Members as they appear on SS Card	Relation-ship	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
1.	Head									
2.										
3.										
4.										
5.										
6.										
7.										
8.										

- Will any of the household members live anywhere except in your apartment?  No  Yes
- Are there any other persons who will live in your apartment on a less than full-time basis?  No  Yes
- 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?  No  Yes
- Will any member of your household require a unit having handicap accessible features?  No  Yes
- Is any member of your household enrolled in an Institute of Higher Education, either full or part-time?  No  Yes
- 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

Application Hours: Tuesday and Wednesday 8:30 AM to 11:30 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:	
				\$					
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:	
				\$					

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	<b>If 'Yes' you must answer the following:</b>
o 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? _____
o 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? _____
o 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: _____ _____
o 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 _____		

**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.)	
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.)	

**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:	City:	State:	Zip	Amount you pay: \$ _____ per _____	
ADDRESS: CITY/STATE					

**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:
○ 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: _____
○ Have you or any member of your household ever been convicted of violent criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
○ 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: _____
○ Do you or any member of your household have a pattern of alcohol abuse?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ Details: _____
○ 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: _____
○ 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: _____
○ 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: _____
○ 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