

APPLICATION FOR RESIDENCY

NAME OF APARTMENT COMPLEX

Office Use Only	
Date	_____
Time	_____
Credit Report	_____
Criminal Background	_____
Processing Fee	_____

This is an application for residency in the apartment complex entered above. Please complete this application (please print) and return to the on-site manager. All completed applications are listed in order of date/time received. No processing interviews will be scheduled until a completed application is received.

GENERAL INFORMATION

A. APPLICANT'S NAME _____ Telephone # _____

Address _____
(Street) (City) (State/Zip)

B. NUMBER OF BEDROOMS IN CURRENT RESIDENCE _____.

Do you own _____ or _____ rent? If rental, amount of current monthly rent paid \$ _____.
Number of people in your household? _____.

C. CURRENT LANDLORD'S NAME _____

Address _____

Telephone _____

Previous Landlord's Name _____

Address _____

Telephone _____

D. CHECK UTILITIES PRESENTLY PAID BY YOU AND ENTER AVERAGE MONTHLY PAYMENTS:

1. Electricity _____ \$ _____
2. Gas _____ \$ _____
3. Water/Sewer _____ \$ _____
4. Garbage _____ \$ _____
5. Other _____ \$ _____

E. SIZE / TYPE UNIT REQUESTED: One-Bedroom _____ Two-Bedroom _____
Three-Bedroom _____ Handicapped Unit _____

F. VEHICLES: List any cars, trucks or other vehicles owned.

Type of Vehicle _____ Type of Vehicle _____

Year / Make _____ Color _____ Year / Make _____ Color _____

License Plate # _____ License Plate # _____

Driver's License # _____ Driver's License # _____

"Investors Management Company is an Equal Housing Opportunity company and manages apartment complexes in compliance with 504 and Fair Housing Regulations."

"Any applicants needing assistance in completing this application will be accommodated."



FOR HEARING IMPAIRED ASSISTANCE
CALL RELAY
TDD GA# 1.800.255.0056
TDD FL# 1.800.955.8771



II. HOUSEHOLD INFORMATION

A. LIST ALL HOUSEHOLD MEMBERS WHO WILL LIVE IN THE APPLIED FOR APARTMENT

(List yourself on Line 1):

NAME	RELATIONSHIP	BIRTHDATE	AGE	SOCIAL SECURITY	STUDENT
1. _____	TO APPLICANT	_____	_____	_____	Y / N
2. _____	_____	_____	_____	_____	Y / N
3. _____	_____	_____	_____	_____	Y / N
4. _____	_____	_____	_____	_____	Y / N
5. _____	_____	_____	_____	_____	Y / N
6. _____	_____	_____	_____	_____	Y / N

B. ARE YOU (OR CO-TENANT) NOW A STUDENT OR WILL YOU (OR CO-TENANT) BECOME A STUDENT WITHIN THE NEXT 12 MONTHS? _____ Yes _____ No

IF YES, NAME OF SCHOOL _____ **Number of hours** _____ **Full-time** _____ **Part-time** _____

Part-time students must include verification from school documenting status.

Full-time students may not be eligible. Please discuss further with manager. Full-time student affidavit must be completed and attached to application.

C. HOUSEHOLD INCOME (LIST ALL SOURCES):

FAMILY MEMBER	SOURCE OF INCOME	MONTHLY AMOUNT (GROSS)
_____	a. Social Security	\$ _____
_____	Social Security	\$ _____
_____	b. Pension	\$ _____
_____	Pension	\$ _____
	Source of Pension(s) _____	
_____	c. Veteran's Benefits (Claim# _____)	\$ _____
_____	d. SSI Benefits	\$ _____
_____	e. Unemployment Comp.	\$ _____
_____	Unemployment Comp.	\$ _____
_____	f. AFDC/ TANF	\$ _____
_____	g. Gross Wages	\$ _____
	Employer _____	
	Address _____	
	Position Held _____	
	How long employed? _____ Phone# _____	
_____	Gross Wages	\$ _____
	Employer _____	
	Address _____	
	Position Held _____	
	How long employed? _____ Phone# _____	
_____	h. Full-Time Student Income (18 Years & Older)	\$ _____
_____	Full-Time Student Income (18 Years & Older)	\$ _____
_____	i. Alimony (Source: _____)	\$ _____
_____	j. Child Support (Source: _____)	\$ _____



_____ k. Interest Income (Source: _____) \$ _____
 _____ Interest Income (Source: _____) \$ _____
 _____ l. Other Income (Source: _____) \$ _____
 _____ (Any income not noted above including monetary
 Gifts from relatives, others) \$ _____
 TOTAL MONTHLY INCOME \$ _____

TOTAL GROSS ANNUAL INCOME (\$ _____ x 12 MONTHS= \$ _____)

D. DO YOU ANTICIPATE ANY INCOME CHANGES IN THE NEXT 12 MONTHS?

_____ Yes _____ No Explain: _____

III. REFERENCES

A. CREDIT REFERENCES [PROVIDE THREE (3)]

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

B. PERSONAL REFERENCES (NOT RELATED TO APPLICANT) [PROVIDE THREE (3)]

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

In Case of Emergency Notify _____

Address _____

Phone _____

IV. PROGRAM INFORMATION

- Are you presently classified as a "displaced" household? _____ Yes _____ No Explain: _____
- Is your present residence classified as "Condemned or Substandard"? _____ Yes _____ No
Describe: _____
- Are you paying more than 50% of your gross household income for rent and utilities? _____ Yes _____ No
- Are you applying for status as an "Elderly Household" where the tenant / co-tenant is 62 or older, handicapped, or disabled as defined by Farmer's Home? _____ Yes _____ No
If so, do you realize that you will be eligible for a \$400 deduction, as well as certain medical deductions?
(Please understand that eligibility must be verified before receiving deductions.)
- Would anyone in your household benefit from a unit modified for wheelchair or other handicapped access? _____ Yes _____ No
If so, would you like to request an adapted unit? _____ Yes _____ No
- Are you now, or have you ever lived in a rental complex financed or subsidized by the federal Government? _____ Yes _____ No
If so, have you ever been evicted? _____ Yes _____ No If yes, explain: Where: _____ When: _____
Reason: _____
- Have you, co-tenant, or any household member ever been convicted of a felony? _____ Yes _____ No
If yes, explain: _____
- Have you, co-tenant or any household member ever used or currently using illegal substances? _____ Yes _____ No
- Have you, co-tenant or any household member ever been convicted of the sale, distribution, or use of illegal substances?
_____ Yes _____ No If yes, explain: _____
- Do you own any pets? _____ Yes _____ No If yes, describe: _____
Pets are not allowed except in complexes designated as all elderly by USDA-RD. Pet fee is required. Pet addendum must be completed.
- Will you take an apartment when one is available? _____ Yes _____ NO



V. CERTIFICATION / AUTHORIZATION

A. CERTIFICATION OF UNDERSTANDING

"I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that the unit applied for will be my/out permanent residence. I/We understand I/We must pay an "application processing fee" at time application is submitted as well as a "security deposit" prior to move-in. I/We understand that eligibility for this housing will be based on income limits set by USDA-Rural Development regulations or the Federal Tax Credit Program, and tenant eligibility standards set by Investors Management Company.

"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:

Applicant/ Tenant

Co-Applicant/ Co-Tenant

Date

Date

B. AUTHORIZATION FOR BACKGROUND CHECK

"I/We do hereby grant authority to Investors Management Company (IMC) and its staff/ authorized agent to contact any agencies, local police departments, offices, groups, or organizations to obtain and verify any information or materials which are deemed necessary for completion of my/ our application for residency in developments managed by IMC. I/We further authorize IMC to verify all information contained in this application."

Signature:

Applicant/ Tenant

Co-Applicant/ Co-Tenant

Date

Date

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 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 note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity:
Hispanic or Latino _____ Not Hispanic or Latino _____

- Race: (Mark one or more)
- 1. American Indian/Alaska Native _____
 - 2. Asian _____
 - 3. Black or African American _____
 - 4. Native Hawaiian or Other Pacific Islander _____
 - 5. White _____

Gender: _____ Female _____ Male

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."

