



RD Application Processing

Thank you for your interest in Twelve Pole Valley Apts. In order to make the application process as effortless as possible for you, we have provided the following guidelines:

1. All applications must be fully completed and signed by all adult members of the household.
2. Single adults who wish to reside together may complete separate applications.
3. Application cannot be considered complete unless all of the following items are returned with the application:
 - a. Certified copies of birth certificates for all members of the household.
 - b. Social Security Cards for all members of the household.
 - c. Picture ID for all adult members of the household.
 - d. Divorce Decree/Separation Agreement or Marital Documentation
 - e. You may be required to obtain local criminal background check
4. The site manager will note applications with the date and time received and applications will be placed on the Waiting List accordingly.
5. All adult applicants must sign any release forms or verifications forms necessary to determine income, assets, credit history, criminal background, rental history, etc.
6. All applicants must meet the current RD income limits and the property occupancy standards which are posted in the office.
7. Any change in family composition, income, assets, etc. must be reported to the site manager in writing. The manager is not allowed to alter the original application.
8. Once your application moves to the top of the waiting list, you will be contacted to come in to begin processing your application for the next available unit. If you refuse to accept a unit at that time, your name will be moved to the bottom of the Waiting List. Management cannot hold a unit for more than three days.

A Non-Refundable Application Fee May Be Required. I have read and agree to abide by the above guidelines.



"This institution is an equal opportunity provider."



Date Received: _____
 Time Received: _____ am / pm
 Home Unit: Yes / No / NA
 Manager Signature: _____

Rural Development Application



Applicants Name: _____ Date of Birth: _____
 Social Security # _____ Marital Status: _____
 Current Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone #: _____ Cell Phone: _____
 Email Address: _____

How did you hear about the community? _____

What size apartment are you looking for? _____

1 BR 2 BR 3 BR 4 BR

List all ADDITIONAL household members who will live in the apartment within the next 12 months. Be sure to include all temporarily absent family members who are still considered family members and who will be returning to the household.

Last Name	First Name	Middle Initial	Relationship	Social Security #	Date of Birth:	Marital Status: *

Copies of BIRTH CERTIFICATES and SOCIAL SECURITY CARDS for ALL household members along with VALID DRIVER'S LICENSE or VALID STATE I.D. for ALL adult household members will be required to process this application for occupancy. You may be required to provide criminal background verifications if management is unable to obtain a copy

*Please list the applicable number in the previous column: (1) Married (2) Single (3) Separated (4) Divorced (5) Widowed (6) Undisclosed

YES NO	1. Do you wish to have priority for an apartment with special design features for persons with disabilities?
YES NO	2. Are you, or an individual in the household, fleeing a domestic violence situation as described by the VAWA laws (ie: domestic violence, dating violence, sexual assault, stalking or other violent dangerous or life threatening conditions)? If yes are you requesting accommodations be made for this? Yes No
YES NO	3. Are you requesting temporary housing due to being displaced from a presidential disaster?
YES NO	4. Do you have a Section 8 voucher? Agency Name: _____
YES NO NA	5. If you do not have a Section 8 Voucher have you applied for one?
YES NO	6. Are you currently living in a government rental unit?
YES NO	7. Are you being displaced from your home by a government or private action? If yes, please attach your letter of priority.
YES NO	8. Are you, or a member in the household, a US Military Veteran?
YES NO	9. Do you expect a change in the household composition in the next 12 months? If yes, please explain: _____
YES NO	10. Do you have a live in aide or need a live in aide in your household?
YES NO	11. Is there any temporarily absent family members not listed above? If yes, please explain: _____
YES NO NA	12. Do your minor children, listed above, live with you in the household 50% or more of the time? If no, please explain: _____
YES NO	13. Are you able to obtain utilities in your name from the utility company?
YES NO	14. Do you plan on obtaining renters insurance? (Renters insurance is recommended but not required)

You may request accommodations to your apartment if you have a disability. You have certain rights that allow for modifications to your apartment and/or the community that would allow full enjoyment of the housing and related facilities. Such changes can be requested by completing our "Request for Reasonable Accommodations" form. We will review the form and make every effort to afford you the same right to live in or community and use our facilities as any other resident. Please be advised that we do not discriminate on the basis of Race, Color, National Origin, Religion, Sex, Gender Identity (including Gender Expression), Sexual Orientation, Disability, Age, Marital Status or Family/Parental Status.



"This institution is an equal opportunity provider."

YES	NO	15. Have you, or anyone in the household, ever been evicted, asked to leave a unit, or are currently under eviction from a rental unit? If yes please explain:
YES	NO	16. Do you owe a previous landlord any money? If yes, please list the landlord's name:
YES	NO	17. Have you, or any member of the household, ever had a foreclosure on real estate. If yes list property address and when it was disposed of:
YES	NO	18. Have you, or any member of the household, been charged or convicted of a crime? (i.e. misdemeanor, felony, drug conviction) If yes list household member, crime and date of incident.
YES	NO	19. Are you, or any member of the household, registered on a sex offender registry (national and/or state)? If yes, list household member.
YES	NO	20. Have you, or any member of the household, had a drug related conviction? If yes household member and date:
YES	NO	21. Have you, or any member of the household, committed fraud in any federally assisted housing program?
YES	NO	22. Will there be any pets living in the household? If yes, give the breed and weight.
YES	NO	23. Does anyone in the household anticipate becoming a student in the next 12 months? If yes, list the name:
YES	NO	24. Did anyone graduate from school in the past 12 months? If yes, list their name:
YES	NO	25. Did anyone attend schooling for 5 months in the current calendar year? If yes list their name:

EMERGENCY CONTACT INFORMATION (Someone not living in the unit)

Name:	Relationship:
Address:	Phone #:
City, State, Zip Code:	Email:

VEHICLE INFORMATION

Please provide the vehicle information below for all vehicles that you own or will be using while residing at the property. If you do not have a vehicle, write NA

Year	Make	Model	Color	License Plate
Year	Make	Model	Color	License Plate

LANDLORD INFORMATION

Please list below a complete landlord history for the past 5 years, including your current residence. Please use additional sheets if necessary.

	Landlord Name	Landlord Address	Landlord Phone Number	Dates Lived at This Address	Monthly Rent	Was the Landlord Family?	Do you owe the Landlord money?
Current Landlord							
Previous Landlord							
Previous Landlord							
Previous Landlord							

INCOME INFORMATION

Please list all income sources for you and any member(s) of your household. This includes, but is not limited to, the following items: Employment, Social Security, SSI, Pension, Child Support, Unemployment, Disability, Worker's Compensation, Alimony, Public Assistance, Self Employment Business Income and Gift Income from an outside family member. Please remember that all income must be disclosed even if the payment is made directly to the 3rd party (i.e. parents pay your cell phone bill, this is gift income).

HOUSEHOLD MEMBER	SOURCE OF INCOME	NAME OF INCOME SOURCE	PHONE NUMBER OF SOURCE	AMOUNT RECEIVED PER MONTH

ASSET INFORMATION

Please list all assets owned (or co-owned) by you and/or any household members. This includes Cash on Hand, Checking, Savings, Certificates of Deposit, Stocks, Bonds, 401K Plan, Annuity, IRA, Pension Plans, Real Estate that is currently owned or disposed of in the last two years, or items held as an investment (i.e. antique car, baseball cards, etc). This also includes any assets of minor children living in the household.

HOUSEHOLD MEMBER	TYPE OF ASSET	NAME OF ASSET SOURCE	PHONE NUMBER OF SOURCE	CURRENT VALUE OF ASSET

EXPENSE INFORMATION

Please answer the following questions. If you answer yes to any of the questions (except for the 1st one) please provide the additional information in the chart below.

YES	NO	26. Do you meet the elderly definition for USDA/HUD? Over the age of 62 or disabled.
YES	NO	27. Are you employed and have unreimbursed child care expenses?
YES	NO	28. Are you attending school and have unreimbursed child care expenses?
YES	NO	29. Will you or any members of the household incur expenses for the care of an individual in the household with disabilities (attendant care services)?
YES	NO	30. Do you pay for monthly health insurance or prescription insurance?
YES	NO	31. Do you have any out of pocket medical expenses (if you meet the elderly definition above)?

HOUSEHOLD MEMBER	TYPE OF EXPENSE	NAME OF EXPENSE SOURCE	PHONE NUMBER OF SOURCE	COST OF EXPENSE PER MONTH

Room Ratio Per Person: The use of no more than two persons per one bedroom. A child will not be required to share

Number of Bedrooms	Minimum Number of Household Members	Maximum number of household Members
1	1	2
2	2	4
3	3	6
4	4	8

Please review and initial the following statements:

Providing True and Complete Information: I/We certify that I have disclosed where I received any previous Federal Housing assistance and whether or not any money is owed. I certify that for this previous assistance I/we did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

INITIAL

No Duplicate Residence of Assistance: I/We certify that the apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying management immediately in writing. I will not sublease my assisted residence.

INITIAL

Criminal Background and Termination of Housing Assistance for False Information: I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy. I understand that management has a zero tolerance sex offender policy and does not house anyone registered under any state or national database.

INITIAL

Social Security Number Disclosure: I/We understand that all members of a household do not need to disclose or provide verification of SSN at time of application and for placement on waiting list. However, applicants must disclose and provide verification of a SSN for all household members before they can be housed.

INITIAL

I/We hereby apply to the above named community for an apartment on substantially the terms set forth herein. I/We warrant to Ownership and Management of the property that all statements contained herein are true and correct. I understand that my acceptance for occupancy is contingent on meeting management, resident selection criteria, Rural Development (RD), HOME and LIHTC Program requirements. I grant the community authority to check my/our credit, income, medical expenses, assets, rental and criminal history, to secure follow up credit reports and income and asset verifications, and to answer questions about its credit experience with me/us. **I/We understand and agree that deliberately submitting false information or withholding information constitutes fraud and will be grounds for rejection of this application or for eviction.**

Management makes every attempt to ensure that an apartment is available when promised. If Management cannot have an apartment for me/us by the projected move-in date, whether it is not ready for occupancy or because another resident holds over or for any other reason, Management and Ownership are not liable to me/us for losses or damages incurred due to the delay. I/We will not be required to pay any rent until the beginning term of occupancy as specified on the executed lease. If Management and/or Ownership are not able to deliver possession to me/us within thirty days of the original projected date, I/we may cancel the lease without further obligation and any security deposit paid in advance will be refunded within thirty days.

I/We hereby waive any claim to damages by reason of non-acceptance of my application for housing. If rejection of my/our application occurs for the rental of an apartment with the above community, I/we hereby authorize you to share information with any community affiliated with management or the ownership of this community for purposes related to rental of an apartment or residency of any type.

I/We agree that I/we have the legal ability to execute a lease agreement. Tenant provided utilities can and will be placed under my/our legal responsibility (if applicable). Before possession is delivered I/we will be required to pay the balance of any deposits and other move-in costs in the form of a check or money order. **NO CASH WILL BE ACCEPTED.**



ALL HOUSEHOLD MEMBERS 18 AND OVER MUST SIGN (INCLUDING SPOUSE)



Head of Household

Date

Co-Head/Applicant

Date

Applicant

Date

Applicant

Date

"This institution is an equal opportunity provider."

TENANT DEMOGRAPHIC INFORMATION

"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
☐ Not Hispanic or Latino

Gender

- ☐ Male
☐ Female"

Race: (Mark one or more)

- ☐ American Indian/Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

☐ I do not wish to furnish this information.

(Applicant/Resident Initials) _____

<input type="checkbox"/> Observation made by Management Staff (To be checked only if applicant fails to provide information):	
_____ Manager's Signature if Observation	_____ Date of Observation

Authorization to Release Information

Purpose: The undersigned individual(s) has applied for residency at _____. The property is operated under the Rural Development (RD), Low-Income Housing Tax Credit (LIHTC), and HOME programs, which requires that we obtain written confirmation of the income of all applicants and other household members. In order to comply with Federal regulations requesting verification of all income, assets and allowances for residents of RD, HOME, and LIHTC housing, please complete the following form in full and return it to the sender at your earliest convenience.

Information Covered: I/we, the undersigned, understand that depending on program policies and requirements, previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to:

Credit and Criminal Activity	Identity and Marital Status	Student Status
Residences and Rental Activity	Income (including employment if applicable)/Pension/Assets	Social Security Numbers
Family Composition	Federal/State/Tribal/Local Benefits	Medical Allowances

Individuals/Organizations That May Release Information: The individuals, groups or organizations, including any governmental organization, may be asked to release and/or verify the above information (depending on program requirements) including but not limited to:

Providers of:

Banks and Other Financial Institutions	Health Care Providers (Such as Physicians, Pharmacies, etc.)	Alimony
Law Enforcement Agencies	Veterans Administration	Child Support
Past and Present Employers	Utility Companies	Credit
Landlords (Including Past, Present and PHA's)	Welfare Agencies	Disability Assistance
Educational Institutes	Social Security Administration	Pension/Annuities
		Life Insurance

Computer Matching Notice and Consent: I/We agree that the above name company may conduct matching programs with other governmental agencies including Federal, State, Tribal or Local agencies. The government agencies include: U.S. Office of Personnel Management; U.S. Social Security Administration; U.S. Department of Defense; U.S. Postal Service; State Employment Security Agencies; and State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

Conditions: I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/we understand that I/we have a right to review my/our file and correct any information that can be proven incorrect.

Authorization: I/We, _____ the undersigned hereby authorize the release of any information requested by _____ for purposes of verifying my/our eligibility for the RD, LIHTC, and HOME Programs.

SIGNATURES: (All persons over the age of 18 must sign this form)

Applicant/Resident Signature	Print Name	Date
Co-applicant/Resident Signature	Print Name	Date
Adult Member Signature	Print Name	Date
Adult Member Signature	Print Name	Date

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 use 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 willingly 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 \$5000. 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).

"This institution is an equal opportunity provider."