

HUD RENTAL APPLICATION

HUD PROPERTY NAME: Brookstone Apartments



A SEPARATE APPLICATION PACKET MUST BE COMPLETED FOR EACH ADULT HOUSEHOLD MEMBER

ALL QUESTIONS MUST BE ANSWERED ON THIS APPLICATION AND ANY ATTACHMENTS.
IF A QUESTION DOES NOT APPLY PUT 'NONE' IN THE BLANK/BOX.
USE ADDITIONAL PAGES WHEN NECESSARY. USE BLUE OR BLACK INK ONLY!

Name of the person who will be the Head of Household: _____

Select the size of unit your household needs: 1 BED 2 BED

YOUR FULL NAME (FIRST, MIDDLE INITIAL, LAST)		SOCIAL SECURITY NUMBER		BIRTHDATE (MM/DD/YYYY)		GENDER (OPTIONAL)	
PHONE NUMBER		ALTERNATIVE PHONE		EMAIL ADDRESS		Are You A STUDENT ENROLLED IN INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CURRENT STREET ADDRESS				CITY		STATE	
MAILING ADDRESS, IF DIFFERENT				CITY		STATE	
___ RENT ___ OWN		MONTHLY RENT OR MORTGAGE \$		MOVE IN DATE		REASON FOR MOVING	
CURRENT LANDLORD NAME				CURRENT LANDLORD PHONE		CURRENT LANDLORD ADDRESS, CITY, STATE, ZIP	
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you provided your landlord with notice that you will be moving?							
<input type="checkbox"/> YES <input type="checkbox"/> NO Do you currently have any outstanding overdue balances owed to this landlord? If yes, explain: _____							
What is your relationship to the Head of Household? <input type="checkbox"/> Head of Household <input type="checkbox"/> Co-Head/Spouse <input type="checkbox"/> None of the Above <input type="checkbox"/> Foster Adult/Child <input type="checkbox"/> Other Adult, Explain: _____ <input type="checkbox"/> Live-In Aid (<i>Live-In Aid's complete a different application and must be approved before move-in</i>)							
Mark all U.S. States all applicant household members have lived in at any time (including birth): <i>This information is mandatory and must be accurate</i>							
<input type="checkbox"/> ALABAMA	<input type="checkbox"/> ALASKA	<input type="checkbox"/> ARIZONA	<input type="checkbox"/> ARKANSAS	<input type="checkbox"/> CALIFORNIA	<input type="checkbox"/> COLORADO	<input type="checkbox"/> CONNECTICUT	<input type="checkbox"/> DELAWARE
<input type="checkbox"/> ILLINOIS	<input type="checkbox"/> INDIANA	<input type="checkbox"/> IOWA	<input type="checkbox"/> KANSAS	<input type="checkbox"/> KENTUCKY	<input type="checkbox"/> LOUISIANA	<input type="checkbox"/> MAINE	<input type="checkbox"/> MARYLAND
<input type="checkbox"/> MISSOURI	<input type="checkbox"/> MONTANA	<input type="checkbox"/> NEBRASKA	<input type="checkbox"/> NEVADA	<input type="checkbox"/> NEW HAMPSHIRE	<input type="checkbox"/> NEW JERSEY	<input type="checkbox"/> NEW MEXICO	<input type="checkbox"/> NEW YORK
<input type="checkbox"/> OREGON	<input type="checkbox"/> PENNSYLVANIA	<input type="checkbox"/> RHODE ISLAND	<input type="checkbox"/> SOUTH CAROLINA	<input type="checkbox"/> SOUTH DAKOTA	<input type="checkbox"/> TENNESSEE	<input type="checkbox"/> TEXAS	<input type="checkbox"/> UTAH
<input type="checkbox"/> WEST VIRGINIA	<input type="checkbox"/> WISCONSIN	<input type="checkbox"/> WYOMING	<input type="checkbox"/> VIRGINIA	<input type="checkbox"/> WASHINGTON ST.	<input type="checkbox"/> WASHINGTON DC		

Additional Household Members expected to reside in the unit (use additional pages if necessary):

OTHER MEMBER (FIRST, MIDDLE INITIAL, LAST)		RELATION TO HEAD	BIRTHDATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	GENDER (OPTIONAL)
IS MEMBER A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
OTHER MEMBER (FIRST, MIDDLE INITIAL, LAST)		RELATION TO HEAD	BIRTHDATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	GENDER (OPTIONAL)
IS MEMBER A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
OTHER MEMBER (FIRST, MIDDLE INITIAL, LAST)		RELATION TO HEAD	BIRTHDATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	GENDER (OPTIONAL)
IS MEMBER A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					

Previous Addresses: We require all previous addresses for the past two (2) years **AND** a minimum of your two (2) previous addresses (use additional pages if necessary):

PREVIOUS ADDRESS		CITY	STATE	ZIP
___ RENT ___ OWN	MONTHLY RENT OR MORTGAGE \$	MOVE IN DATE	MOVE OUT DATE	REASON FOR MOVING
PREVIOUS LANDLORD NAME		PREVIOUS LANDLORD PHONE	PREVIOUS LANDLORD ADDRESS, CITY, STATE, ZIP	
PREVIOUS ADDRESS		CITY	STATE	ZIP
___ RENT ___ OWN	MONTHLY RENT OR MORTGAGE \$	MOVE IN DATE	MOVE OUT DATE	REASON FOR MOVING
PREVIOUS LANDLORD NAME		PREVIOUS LANDLORD PHONE	PREVIOUS LANDLORD ADDRESS, CITY, STATE, ZIP	
PREVIOUS ADDRESS		CITY	STATE	ZIP
___ RENT ___ OWN	MONTHLY RENT OR MORTGAGE \$	MOVE IN DATE	MOVE OUT DATE	REASON FOR MOVING
PREVIOUS LANDLORD NAME		PREVIOUS LANDLORD PHONE	PREVIOUS LANDLORD ADDRESS, CITY, STATE, ZIP	

PREVIOUS HOUSING AND DISPLACEMENT STATUS - BEST DESCRIBE THE CONDITION OF THE HOUSING FROM WHICH YOUR HOUSEHOLD IS MOVING:

PREVIOUS HOUSING: Standard Conventional Public Housing Fleeing/attempting to flee violence
 Substandard (Physically) Lacking a fixed nighttime residence

DISPLACED BY: Government Action Natural Disaster Private Action NOT Displaced

YES NO Is anyone in the household in the U.S. Military or are a Veteran of the U.S. Military? If yes, who? _____

YES NO Is head of household members claiming disabled status for admission (eligibility) and deduction qualifications?

YES NO Based on a disability or medical condition, do any household members request the features of a wheelchair or adapt unit?

YES NO Are any household members subject to a registration under a sex offender program in any state and/or are any household members subject to a state lifetime sex offender registry? If yes, Who? _____

YES NO Are any household members currently engaged in, or in the past three (3) years been engaged in the illegal use, manufacture or distribution of drugs or abuse of alcohol or have a pattern of alcohol abuse?
 If yes, Who? _____ Explain: _____

YES NO Does the household contain a member who was evicted, in the last three (3) years, from federally assisted/non-federally housing assisted for drug related criminal activity? If yes, Who? _____ When: _____ Where: _____

YES NO Within the last three (3) years since the date of eviction, have any household members been evicted?
 If yes, Who? _____ When: _____ Where: _____

YES NO Within the last three (3) years starting from the date of completion, have any household members been convicted of any criminal offense? If yes, Who? _____ Offense? _____
 County/State? _____ When? _____ Explain? _____

YES NO Have any household members assistance or tenancy been terminated for fraud, non-payment of rent, lease violations or failure to cooperate with recertification process? If yes, Who? _____ When/Where? _____

YES NO Have any household members been asked to vacate by a current/previous landlord within the last three (3) years? If yes, Who? _____ When? _____ Where? _____ Explain? _____

YES NO Will everyone listed on this application be able to provide proof of these HUD requirements prior to move in?

A) A Valid Social Security Numbers for all family members (Exceptions: 62 or older as of 1/31/2010 whose initial determination of eligibility was begun before 1/31/2010, members that do not contend eligible immigration status and an extension for up to 90 days following move-in for members under age 6 added within 6 months to application prior to move-in)

B) Proof of Eligibility and allowances for all family members (age, household membership, custody, disability status, etc., if applicable)

C) Legal Non-citizenship/immigration status (If applicable, for non-citizens under 62 years of age)

If Not, Why Not? _____

YES NO THE VIOLENCE AGAINST WOMEN'S ACT REQUIRES OWNERS TO PROVIDE SPECIAL CONSIDERATION, PROTECTIONS AND CONFIDENTIALITY DURING THE RENTAL APPLICATION PROCESS TO APPLICANTS THAT REQUEST AND QUALIFY FOR PROTECTIONS UNDER THE ACT DUE TO DATING VIOLENCE, DOMESTIC VIOLENCE, STALKING AND SEXUAL ASSAULT. DO YOU UNDERSTAND THAT YOU MAY DISCUSS, CONFIDENTIALLY, WITH THE OWNER/MANAGEMENT OF THIS PROPERTY, IF YOU WOULD LIKE MORE INFORMATION OR WOULD LIKE TO CLAIM PROTECTIONS UNDER THIS ACT?

YES NO Do any household members have a Section 8 Voucher or are currently occupying a HUD Assisted unit? If yes, where? _____

YES NO Do you understand that prior to receiving HUD Assistance at this property all current assistance and/or vouchers must be terminated?

YES NO Does any member have any Animals you plan to bring to the unit? If yes, type and number _____

YES NO If yes, is the animal required to live in the unit to alleviate the symptom(s) of a disability for a member? If yes, member: _____

INCOME: Please list all sources of income for ALL household members (including minors). This includes but is not limited to: full-time/part-time employment, Income from Public Assistance (i.e.: DSHS, etc.) Social Security, Pensions, SSI, Disability, L&I, Unemployment, Child Support, Income from Sale of Property, Interest on Assets/dividends/annuities, regular payments from people not residing with you or payments of expenses on your behalf, etc. (Use additional pages if necessary.)

HOUSEHOLD MEMBER NAME	NAME AND ADDRESS OF SOURCE OF INCOME (EMPLOYER, AGENCY, ETC.)	ANNUAL GROSS AMOUNT \$

ASSETS: Please check all asset information for ALL household members (including minors):

	YES	NO		YES	NO		YES	NO
CHECKING	<input type="checkbox"/>	<input type="checkbox"/>	SAVINGS	<input type="checkbox"/>	<input type="checkbox"/>	ANNUITY	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFICATE OF DEPOSIT	<input type="checkbox"/>	<input type="checkbox"/>	TERM LIFE INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>	MONEY MARKET	<input type="checkbox"/>	<input type="checkbox"/>
STOCKS/BONDS	<input type="checkbox"/>	<input type="checkbox"/>	MUTUAL FUNDS/IRA/401K	<input type="checkbox"/>	<input type="checkbox"/>	TRUST FUND	<input type="checkbox"/>	<input type="checkbox"/>
WHOLE LIFE INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>	REAL ESTATE/LAND	<input type="checkbox"/>	<input type="checkbox"/>	CASH ON HAND	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL PROPERTY HELD HAS AN INVESTMENT? YES* NO *IF YES, EXPLAIN: _____

DO YOU HAVE ANY OTHER ASSETS? YES* NO *IF YES, EXPLAIN: _____

For each "YES" marked for ASSETS (above) Please complete the following (use additional pages if needed):

HOUSEHOLD MEMBER NAME	ASSET TYPE	ACCOUNT NUMBER	CASH VALUE	SOURCE NAME/ADDRESS/PHONE

YES NO Do any household members have any other assets not listed above (excluding household goods)?

If yes, Who? _____ Type: _____ Value: \$ _____

Please list all automobiles that will be parked at the property for your household. (Use additional pages if necessary.)

VEHICLE #1	YEAR	MAKE	MODEL	LICENSE PLATE #	DRIVER'S LICENSE #
VEHICLE #2	YEAR	MAKE	MODEL	LICENSE PLATE #	DRIVER'S LICENSE #

Race and Ethnic data of head of household:

The following information is being requested of the Head of Household; this is voluntary and will not be used to determine eligibility. There is no penalty for persons who do not complete this section; it is for government reporting purposes.

ETHNICITY (SELECT ONE) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	RACE (SELECT ALL THAT APPLY) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
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How did you hear about our Property? _____

