HUD RENTAL APPLICATION

HUD PROPERTY NAME: Normal Hill 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.

<u>USE ADDITIONAL PAGES WHEN NECESSARY.</u> **USE BLUE OR BLACKINK ONLY!**

Name of the person who will be the Head of Household:											
Select the size	ze of unit your	household need	s: 1	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? □ YES □ NO				
CURRENT STREET A	ADDRESS	l		CITY				STATE	ZIP		
MAILING ADDRESS,	IF DIFFERENT			CITY				STATE	ZIP		
RENT	MONTHLY RENT OR MORTGAGE \$		MOVE IN DATE				REASON FO	L DR MOVING			
CURRENT LANDLOF	RD NAME		CURRENT LANDI	ORD PHONE			CURRENT I	RRENT LANDLORD ADDRESS, CITY, STATE, ZIP			
□ YES □ NO	O Have you pro	vided your landlo	ord with noti	ce that you will	l be m	oving?					
□ YES □ NO	O Do you curi	ently have any o	utstanding o	verdue balance	es owe	d to this	landlord	l? If yes, explain:			
What is your	What is your relationship to the Head of Household? Head of Household Co-Head/Spouse None of the Above Foster Adult/Child Other Adult, Explain: Live-In Aid (Live-In Aid's complete a different application and must be approved beforemove-in)										
	Mark all U.S. States <u>all applicant household members</u> have lived in at any time (including birth): <i>This information is mandatory and must be accurate</i>										
□ ALABAM		ALASKA	□ ARIZ			ARKANSA			□ COLORADO		
□ CONNEC		DELAWARE	□ FLOF			GEORGIA KANSAS			□ IDAHO		
□ ILLINOIS □ MAINE	, u	Indiana Maryland		A SACHUSETTS		MICHIGA	M		□ LOUISIANA □ MISSISSIPPI		
□ MISSOU		MONTANA		RASKA		NEVADA	.IN		□ NEWJERSEY		
□ NEW M		NEW YORK		RTH CAROLINA NORTH D)AKOTA		□ OKLAHOMA			
□ OREGON		PENNSYLVANIA		DDE ISLAND SOUTH CA			□ SOUTH DAKOTA	□ TENNESSEE			
□ TEXAS		Uтан		MONT □ VIRGINIA		1		□ Washington DC			
□ West V	IRGINIA 🗆	Wisconsin	□ Wyo								
Additional Household Members expected to reside in the unit (use additional pages if necessary):											
OTHER MEMBER (FIRST, MIDDLE INITIAL, LAST)			RELATION TO HEA				CURITY NUMBER	GENDER (OPTIONAL)			
Is Member a Student? YES NO											
OTHER MEMBER (FIRST, MIDDLE INITIAL, LAST)			RELATION TO HEA	EAD BIRTHDATE (MM/DD/YYYY) St		SOCIAL SE	CURITY NUMBER	GENDER (OPTIONAL)			
Is Member a Student? YES NO											
OTHER MEMBER (FIRST, MIDDLE INITIAL, LAST)			RELATION TO HEA	O HEAD BIRTHDATE (MM/DD/YYYY)			SOCIAL SE	CURITY NUMBER	GENDER (OPTIONAL)		
Is Member a Student? □ YES □ NO											

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

Previous address			CITY		STATE	ZIP			
ı		MOVE IN DATE		MOVE OUT DATE	DEACON FOR MOVING				
RENT OWN	MONTHLY RENT OR MORTGAGE \$	MOVE IN DATE		MOVE OUT DATE	REASON FOR MOVING				
	·								
PREVIOUS LANDLO	DRD NAME	PREVIOUS LAND	DLORD PHONE	PREVIOUS LANDLORD ADDRESS, CI	TY, STATE, ZIP	STATE, ZIP			
PREVIOUS ADDRE	ESS		CITY		STATE	ZIP			
RENT	MONTHLY RENT	MOVE IN DATE		MOVE OUT DATE	REASON FOR MOVING				
own	OR MORTGAGE \$								
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Previous Hoi	USING AND DISPLACEMENT STATUS - BEST DESCRII	RE THE CONDIT	TON OF THE HOUS	NC EDOM WHICH VOUD HOUS	EHOLD IS MOVING:				
						a 1			
PREVIO	bulluu u		Conventional Pu	· ·	eing/attempting t	o flee violence			
	□ Substandard (Physica	ally) 🗆 l	Lacking a fixed i	nighttimeresidence					
DISPLA	CED BY: Government Action	□ N	DISPLACED BY: □ Government Action □ Natural Disaster □ Private Action □ NOT Displaced						
	do verminent netion			THE PRIVATE ACTION	n ⊔ NO	l'Displaced			
			vaturai Disaster	□ Private Acut	on □ NO	l'Displaced			
						l'Displaced			
□ YES □ NC) Is anyone in the household in the U.S. Mi					l'Displaced			
□ YES □ NC		ilitary or are	a Veteran of th	e U.S. Military? If yes, w	/ho?				
) Is head of household members claiming	ilitary or are	a Veteran of th	e U.S. Military? If yes, w	rho?	ns?			
□ YES □ NC	Is head of household members claiming Based on a disability or medical conditi	ilitary or are disabled sta	a Veteran of thatus for admiss	ne U.S. Military? If yes, wo	who?	ns? or adapt unit?			
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NOME: Please that all sources of incume for ALL household members (including minors). This includes but is not limited to: full-time/part-time employment, Income from Public Assistance (ize: DBSE etc.) Second Security. Persons, SSL plassifity, Left Unemployment, Child Support income from Sale of Property, Interest on Assets/dividende/granulates, regular population for people in a residing visity by on promets of operates on your benefic. (Electronic Accessory). NAME AND ADDRESS OF SOURCE OF DECOME (EMPLOYEE, ACENCY, ETC.) ANNUAL Gross Amount \$	□ YES □ NO	Do you understa	and that <u>prior</u> to receiving	g HUD Assistance at this pro	perty all current assi	stance and/or vouche	ers must be terminated?
NOME: Please that off sources of focus for ALL household members probably minors. This include had is not finished to full time/part-time employment. Income from Public Reports for the Second	□ YES □ NO	Does any member	er have any Animals you	plan to bring to the unit? If y	es, type and number		
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NAME AND ADDRESS OF SOURCE OF INCOME (EMPLOYER, AGENCY, ETC.) ANNUAL GROSS AMOUNT \$ SSETS: Please check all asset information for ALL household members (including minors): YES	Assi reg	istance (i.e.: DSHS, etc ular payments from p	c.) Social Security, Pensions, S people not residing with you o	SI, Disability, L&I, Unemploymen or payments of expenses on your b	t, Child Support, Income , ehalf, etc. (Use addition	from Sale of Property, In	terest on Assets/dividends/annuities,
ISSETS: Please check all asset information for ALL household members (including minors): YES NO YES YES NO YES	Household Memb	er Name	NAME AND A	DDRESS OF SOURCE OF INCOME (EMPL	OYER, AGENCY, ETC.)		ANNUAL GROSS AMOUNT \$
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CHECKING	ASSETS: Pleas	e check all asset infor		embers (including minors):	VEC. NO		VEC NO
WHOLE LIFE INSURANCE		CH		SA			
WHOLE LIFE INSURANCE		***************************************					
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 BY ES NO Do any household members have any other assets not listed above (excluding household goods)? If yes, Who?			,, 201120		., 10111		
POYOU HAVE ANY OTHER ASSETS?	DEDCOMAL DD						
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VEHICLE #1 VEHICLE #2 YEAR MAKE MODEL MODEL LICENSE PLATE # DRIVER'S LICENSE #	□ YES □ NO				excluding household		e:\$
VEHICLE #1 VEHICLE #2 YEAR MAKE MODEL MODEL LICENSE PLATE # DRIVER'S LICENSE #	Please list all	automobiles tha	t will be parked at the	property for your house	hold. (Use additio	nal pages if neces	sarv.)
ace 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) RACE (SELECT ALL THAT APPLY) American Indian or Alaskan Native Asian Black / African American							-
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						ll not be used to de	etermine eligibility.
	There is no po	enaity for person	is who do not complete	this section; it is for gover	nment reporting p	ırposes.	
□ Hispanic □ Non-Hispanic □ Native Hawaiian or Pacific Islander □ White □ Other	•		1			•	□ Black / African American

How did you hear about our Property?

BY SIGNING THIS APPLICATION, YOU ARE ACKNOWLEDGING THE FOLLOWING:

SIGNATURE AND DATE REQUIRED:

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Failure to complete and sign the application with required attachments, providing false statements or failure to provide complete and truthful information related to your application may result in delay of your eligibility approval, rejection of your application or eviction after tenancy.

I acknowledge that I have been offered a copy of this property's Tenant Selection Plan (TSP) and that it can also be viewed online at www.kiemlehagood.com. I further acknowledge that I understand that the TSP provides information regarding eligibility requirements, the application process, screening criteria, reasons for rejecting applicants, reasonable accommodation information and other polices.

If you are rejected, you have the right to appeal the decision within (14) days of the receipt of the rejection notice by contacting the management of this property in writing or by requesting a meeting. A copy of the Grievance and Appeal Procedure is posted at the property. You may request a copy of this appeal procedure by contacting the rental office. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

My signature below authorizes investigation of all statements contained herein by the Kiemle Hagood, including but not limited to rental history, credit checks and criminal background checks.

The information in this application is required to determine my eligibility for residency, as such, I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Kiemle Hagood, to a public housing authority, or to an agency contracted by Kiemle Hagood to conduct criminal background checks.

In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize SafeRent Solutions Consumer Relations Department, P.O.Box 3890 Coppell, TX 75019, and whose telephone number is (888) 333-2413, to conduct the screening and to release information obtained to landlord and landlord's agents. If the application is denied or approved conditionally based upon information contained in the report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

This authorization shall be valid one year from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original.

I certify that, should I qualify for residency, this apartment will be my permanent residence and I will not maintain a separate rental unit in a different location.

I CERTIFY THE ACCURACY AND COMPLETENESS OF INFORMATION PROVIDED TO THE BEST OF MY KNOWLEDGE:

Applicant Signature		Date		MITTEL	GNED AND A SEPARATE D BY ANYONE AGE 18 AND D.	
ATTACHMENTS: Please read ALL fo	orms listed below; then sign and	date and return with your co	npleted application.			_
	ONNAIRE – ONE PER ADULT HO	OUSEHOLD MEMBER				
ADDITIONAL CONTACT.	IF YOU CHOOSE NOT TO PROVI THE BOX INDICATED THAT YO	IDE ADDITIONAL CONTACT,	PLEASE STILL COMPLETE TH	E TOP POF	HOLD. OPTIONAL TO PROVIDE RTION OF THE FORM WITH YOUR TE FORM.	
Management Company: Kiemle Hagood 504 Coordinator: Director of Multifamily Management	identity or military/veteran status in thas been designated to coordinate coimplementing Section 504 (24 CFR, preasonable accommodation upon requal based on the property's LEP Policy.	he admission or access to, or treatm mpliance with the nondiscriminatior vart 8 dated June 2, 1988). We do b uest. TTY# (for hearing impaired) 71 t inquiries to: Annual Cr	ent or employment in, its federally a requirements contained in the Depa usiness in accordance with the Fede L. Persons with language barriers may	issisted progr artment of Ho eral Fair Hous y request or a	ational origin, age, sexual orientation, gender ams and activities. The person named below using and Urban Development's regulations ing Act and provide persons with disabilities arrange interpretation alternatives or services ox 105281, Atlanta, GA 30348-	ę.
Address: 601 W Main Ave, Suite 400, Spo			Telephone #: (509) 838-6541			
OFFICE USE ONLY: ACKNOWLE	DGEMENT OF RECEIPT OF R	ENTAL APPLICATION				
Date Received	Time Received	Received/reviewed for con	npleteness by (print name)		Signature	
	AM PM					