

Please list all persons that will occupy the residence.

Name (First, Middle Initial, Last)	Maiden Name (If Applicable)	Date of Birth	Relationship of Head Of Household	Social Security Number
1.			Head of Household	
2.				
3.				
4.				
5.				
6.				

Employment

Applicant	Co-Applicant
Employer: _____	Employer: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Length of Employment: _____	Length of Employment: _____
Position Held: _____	Position Held: _____
Salary/Wage: _____ Per: _____	Salary/Wage: _____ Per: _____
Supervisor: _____	Supervisor: _____
Status: _____ Full-Time: _____ Part-Time _____	Status: _____ Full-Time: _____ Part-Time: _____
List average hours per week worked: _____	List average hours per week worked: _____

Total household income from all other sources (i.e. social security pension, child support, Section 8 Certificate, etc):

Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____

Do you or any member of your household engage in current illegal use or illegal distribution of a controlled substance or have you previously been convicted of the same? **Yes** or **No**

If you answered "yes" to the above question, have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? **Yes** or **No**

If "yes", please explain: _____

Have you ever been convicted of a crime, felony, misdemeanor? **Yes** or **No**

If "yes", please explain: _____

Provide asset information below:

Type of Assets	Name of Bank, Stock or Bond	Account Number	Balance/ Current Value	Rate of Interest	Dividend	Real Estate
1.						
2.						
3.						
4.						
5.						

Have you disposed of any assets in the last two years? **Yes** or **No**

If "yes", please list asset and value received: _____

Head of Household _____ Date _____

Co-Applicant, Spouse/Co-Head _____ Date _____



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Do you own a car? _____ Model/Year _____ License # _____

Do you own a second car? _____ Model/Year _____ License # _____

Are you a student? **Yes** or **No** If yes: Part-time student Full-time student

Are any members of your household full-time students? **Yes** or **No**

Have you or any member of your household lived in subsidized housing? **Yes** or **No**

If "yes", when and where? _____

Have you ever committed fraud in a subsidized housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? **Yes** or **No**

If "yes", please explain: _____

ADJUSTMENTS FOR INCOME:

Some applicants may qualify for a medical adjustment or other income adjustment. Do you qualify for any of the following:

Are you disabled or over the age of 62 years? Yes No.
If yes, do you have medical expenses that are not covered by insurance? Yes No

Do you pay childcare expenses that allow you to work or attend school? Yes No

Do you pay expenses for care of an individual with disabilities that allow you to work? Yes No

PERSONAL REFERENCES: List 3 RELATIVES we can call for a personal reference:			
Name	Address/City/Zip	Relationship	Telephone Number
1.			
2.			
3.			

Applicant's certification that the unit applied for will be the applicant household's permanent residence and it does/will not maintain a separate subsidized rental unit in a different location.

I fully understand that Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I therefore, certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the statements above. Falsified statements shall be grounds for eviction.

I/We certify that the rental unit which I/We will occupy will be my/our permanent residence and further certify that I/We do not and will not maintain a separate subsidized rental unit in a different location. I acknowledge that I am responsible to inform the office of any changes to any part of this application (i.e. address, phone, income).

Additional information will be required at a later date to complete the processing for residency.

Head of Household Date

Co-Applicant, Spouse/Co-Head Date

*"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)
To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."*

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RACE AND ETHNIC DATA REPORTING Rural Development Financed Properties

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.

<u>APPLICANT</u>	<u>CO-APPLICANT</u>
<p><u>ETHNICITY:</u></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><u>RACE (Mark one or more):</u></p> <p><input type="checkbox"/> (1) American Indian/Alaska Native</p> <p><input type="checkbox"/> (2) Asian</p> <p><input type="checkbox"/> (3) Black or African American</p> <p><input type="checkbox"/> (4) Native American or Other Pacific Islander</p> <p><input type="checkbox"/> (5) White</p> <p><u>GENDER:</u></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>	<p><u>ETHNICITY:</u></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><u>RACE (Mark one or more):</u></p> <p><input type="checkbox"/> (1) American Indian/Alaska Native</p> <p><input type="checkbox"/> (2) Asian</p> <p><input type="checkbox"/> (3) Black or African American</p> <p><input type="checkbox"/> (4) Native American or Other Pacific Islander</p> <p><input type="checkbox"/> (5) White</p> <p><u>GENDER:</u></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>



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DISCLOSURE UNDER FAIR HOUSING REPORTING ACT AND AUTHORIZATION

KMG Prestige, Inc., Affinity Property Management, LLC. and/or _____
Apartments is requesting a copy of your Consumer Report or Credit Report to assist it in its consideration for:

- Employment purposes, or
 Housing at _____ Apartments

We are required as part of our screening process to secure a Consumer Report on you to assist us in our determination. Under the Fair Credit Reporting Act, 15 U.S.C.A. 1681 et seq. we must first seek your written consent to obtain your consumer or credit report. The information obtained will not be used in violation of any applicable Federal or State law.

Pursuant to the Fair Credit Reporting Act, 15 U.S.C.A. 1681a the following definitions are provided to you:

“Consumer” means an individual.

“Consumer Report” means any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer’s eligibility for a) credit or insurance to be used primarily for personal, family, or household purposes; b) employment purposes; or c) any other purpose authorized in the act.

“Investigative Consumer Report” means a consumer report or portion thereof in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information.

“Employment Purposes” means a report for the purpose of evaluating a consumer for employment, promotion, reassignment or retention as an employee.

“Adverse Action” means (i) a denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee; (ii) a denial or cancellation of, an increase in any charge for, or any other adverse or unfavorable change in the terms of credit or any license or other reasons described in section 168b(a)(3)(D) of the Act; or (iii) an action or determination that is made in connection with an application that was made by, or a transaction that was initiated by, any consumer, or in connection with a review of an account under the act and adverse to the interests of the consumer.

In accordance with the company policy we must obtain your consent in writing authorizing us to obtain a “Consumer Report” and/or Investigative Report on you for **employment** purposes. Upon receipt of your written authorization, we will obtain the written report. If we consider any information in that report which directly and adversely affects you in our employment related decision, you will be provided with a copy of the Consumer Report and a summary of your rights under the FCRA before a decision is final. Alternatively, you may contact the Federal Trade Commission about your rights under the Fair Credit Reporting Act.



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If we are obtaining a "Credit Report" with respect to your application for **housing**, and should your application be rejected due to information contained on your credit report you will be provided with the name and address of the local credit bureau where within sixty (60) days of rejection, you can obtain a free copy of your credit report, dispute it's accuracy, and provide a consumer statement describing your position if you dispute the credit report. Pursuant to the Fair Debt Credit Reporting Act you will have the right to put into your report a statement explaining your position on the item under dispute. For further information, contact your State or Local consumer protection agency or your State Attorney General's office.

**I have read the foregoing information referred to as a Fair Credit Reporting Disclosure and now hereby authorize KMG Prestige, Inc., Affinity Property Management, LLC., and/or _____
_____ Apartments to obtain a Consumer Report, Credit Report or Investigative Report on me from a consumer reporting agency or company for:**

- Employment purposes
- Housing purposes
- Both

I understand that KMG Prestige, Inc., Affinity Property Management, LLC., and/or the Apartment Community referenced above will rely upon the information contained in the report. I further understand that I have rights to dispute any adverse decision which may be made against me by I understand that KMG Prestige, Inc., Affinity Property Management, LLC., and/or the Apartment Community as set forth in the disclosure that I may seek additional advice or assistance from my local consumer protection agency or Attorney General's office.

I acknowledge that I have received a copy of this document for my records.

Applicant

Date

Witness

Date

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