

RENTAL APPLICATION

Property Name Hatler May Village
 Address 2842 Vickers Drive
 City/State/Zip Colorado Springs , Co 80918
 Phone 719-354-4743
 How did you hear about us?

For Office Use Only	
Date Received	_____
Time Received	_____
Received By	_____
Apt. Size Requested	<input type="checkbox"/> 0 BR <input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR

HOUSEHOLD SUMMARY INFORMATION

List each household member applying to reside in the apartment.

M E M B E R	First Name	MI	Last Name	Social Security Number	Date of Birth	Relationship to Head of Household	Student *	Sex *
1						Head of Household		
2								
3								
4								

* Student -enrolled as a Full time or Part time student at an institute of higher education? – Answer “Yes” or “No”

*Sex – Answer one of the following indicating - “M”– Male, “F”– Female, “O” – Other, or “ND” – Not Disclosed.

Are there any unborn, adopted or foster children you are in the process of adding to your household within the next year? Yes No

GENERAL HOUSEHOLD INFORMATION

Current Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Cell Phone _____ N/A
 Email _____ N/A

Preferred Language _____

Do you have pets? Yes No

Do you have an Assistance Animal or Emotional Support Animal? Yes No

Are you temporarily displaced due to a disaster? Yes No

Are you homeless or lacking a fixed nighttime residence? Yes No

Does any household member require the features of an accessible unit due to a disability? Yes No
Accessibility features may include: Roll in shower, roll under sinks, wider doorways, wheelchair turnaround in the kitchen and bathroom, lowered light switches and/or peephole, accessible appliance controls, strobe lights on the doorbell and/or smoke alarm

RENTAL HISTORY

Applicant's name must have been on the lease/mortgage for any reference to be valid. Lack of rental history will not be considered a negative factor. A minimum of 3 years rental history and landlord references must be provided.

Current Landlord/Lender Name: _____ Charges paid per month \$ _____

Apartment Community Name (If applicable) _____

Street Address/City/State/Zip _____

Landlord/Lender Address if different: _____

Phone Number _____ Move in Date _____

Do you live in subsidized housing? Yes No If Yes, are you currently receiving assistance? Yes No
If Yes, what program? _____

Previous Landlord/Lender Name: _____ Charges paid per month \$ _____

Apartment Community Name (If applicable) _____ Move in Date _____

Street Address/City/State/Zip _____

Landlord/Lender Address if different: _____

Phone Number _____ Move out Date _____

List additional information on a separate sheet of paper.

MEMBER INFORMATION – MEMBER 1 (Head of Household)

Name _____ Date of Birth _____ Social Security # _____
Are you a U.S. Military Veteran? Yes No

Race* (Choose all that apply)
 American Indian Alaska Native Asian African American Native Hawaiian Pacific
Islander White Other
Ethnicity*
 Hispanic or Latino Not Hispanic or Latino

**This information is gathered for statistical purposes only.*

A Public Records search will be conducted on each adult occupant.

List all states where you have ever lived (regardless of duration) _____

Are you subject to a state sex offender lifetime registration requirement? Yes No

If yes, where? _____

Do you have any felonies or misdemeanors involving the following? (If yes, identify the year the incident occurred.)

Sexual Misconduct Yes No Year _____

Are you currently engaged in illegal drug use? Yes No

Illegal possession, manufacture, sale and/or distribution of a controlled substance? Yes No Year _____

Physical crime against a person or persons and/or another person's property? Yes No Year _____

Have you been evicted from Federally Assisted Housing in the last 3 years for drug-related criminal activity?

Yes No

Credit information on each applicant will be obtained through one or more Consumer Reporting Agencies. Lack of credit history will not be considered a negative factor.

Have you ever filed bankruptcy? Yes No If Yes, please provide Court and Case Number _____

MEMBER INFORMATION # _____

Name _____ Date of Birth _____ Social Security # _____

Are you a U.S. Military Veteran? Yes No

Race* (Choose all that apply)

- American Indian Alaska Native Asian African American Native Hawaiian Pacific Islander White Other

Ethnicity*

- Hispanic or Latino Not Hispanic or Latino

***This information is gathered for statistical purposes only.**

Are you 18 years of age or older? Yes No (If No, go to next section)

A Public Records search will be conducted on each adult occupant.

List all states where you have ever lived (regardless of duration) _____

Are you subject to a state sex offender lifetime registration requirement? Yes No

If yes, where? _____

Do you have any felonies or misdemeanors involving the following? (If yes, identify the year the incident occurred.)

Sexual Misconduct Yes No Year _____

Are you currently engaged in illegal drug use? Yes No

Illegal possession, manufacture, sale and/or distribution of a controlled substance? Yes No

Year _____

Physical crime against a person or persons and/or another person's property? Yes No

Year _____

Have you been evicted from Federally Assisted Housing in the last 3 years for drug-related criminal activity?

Yes No

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Have you ever filed bankruptcy? Yes No If Yes, please provide Court and Case Number _____

INCOME

Income sources. (Indicate gross income before any deductions or garnishments occur.)

Does anyone in your household receive any income from employment? Yes No If Yes, please complete section below.

Member #	Employer	Employer Phone	Start Date	Full/Part Time	Monthly Amount

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Does anyone in your household receive any Unemployment Benefits? Yes No If Yes, please complete section below.

Member #	Issuing Agency	Issuing State	Start Date	Monthly Amount

Does anyone in your household receive any of the following benefits? Yes No If Yes, please complete section below.

Member #	Source of income	Monthly Amount
	Social Security	
	Dual Entitlement – Indicate Claim Number _____	
	Federal Supplemental Security Income	
	SSP (State portion of Supplemental Security Income)	
	Long/Short Term Disability	
	Retirement , Pension or Annuity	

Does anyone in your household have any of the following sources of income? Yes No If Yes, please complete section below.

Member #	Source of income	Monthly Amount
	Rental Income	
	Child Support	
	Alimony	
	General Assistance (TANF)	
	Business Income	
	Financial Assistance with any other person helping pay any bills on a regular basis	
	Other – Please Specify :	

ASSETS

Indicate all household members with any of the following. If none, indicate "N/A" in Member #.

Member #		Single or Joint	Balance
	Checking Account(s)		
	Savings Account(s)		
	Certificate(s) of Deposit		
	Money Market Account(s)		
	Retirement Account(s)		
	Mutual Fund(s)		
	Stocks/Bonds		
	Whole Life Insurance		
	EFT, Direct Express or Benefits Debit Cards		
	Cash on Hand		
	Other :		

Do you or any member of your household own real estate (Home, Land, etc.)? Yes No
If yes, estimated value _____

Do you or any member of your household own a collection held as an investment? Yes No
If yes, estimated value _____

Have you or any member of your household disposed of any assets, within the last two years, for less than fair market value? Yes No

If yes, please complete the following:

Date of disposal: _____ Amount received: \$ _____ Estimated fair market value: \$ _____

Please complete the attached HUD 92006 form.

I/We certify the information given in this application is accurate and complete. I/We understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application. I/We, by signature below, authorize the Owner/Agent to request and complete a criminal background check, rental history check, and credit check, through an outside independent background service company and secure a written report of all information pertaining to landlord/rental history, sex offender records, criminal background, credit records, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine eligibility or level of assistance.

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. 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 \$5,000. 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Federal law prohibits the Landlord from discriminating against any applicant because of race, color, sex, familial status, religion, handicap, disability, sexual orientation, gender identity, marital status, or national origin. Additional state protections may apply. Applicants on the waiting list may be contacted by management to ensure continued interest to remain on the waiting list and to update any changes to the original information provided at the time of initial application. **Failure to respond to this inquiry may result in the applicant being removed as "inactive", requiring the applicant household to reapply. All inactive and denied applications will be held for three years as required by federal regulation.**

Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed by mail to the following person, responsible for related policies:

CCH 504 Coordinator, 303 Hegenberger Road, Suite 201, Oakland, CA 94621, (510) 632-6712, TTY via 711 National Relay.

I/WE CERTIFY ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE.

Signature Member 1: _____

Signature Member 2: _____

Signature Member 3: _____

Signature Member 4: _____

Date: _____