



Application Instructions



Complex: _____

Date: _____

THIS IS AN EQUAL HOUSING OPPORTUNITY COMPLEX AND ALL ARE WELCOME TO APPLY

To apply for an apartment you must complete the entire application, leaving no blanks or unanswered questions. Do not use correction tape or "white-out". If you believe that a particular question does not apply to you, write "N/A". Every household member 18 years of age or older must complete a separate application.

To complete an application, the following information (at minimum) is required:

- 1) Name(s), birthdate(s), and Social Security numbers of household members
- 2) All sources of income, including assets for all adult members of the household and unearned income for minors
- 3) Your need for a unit with accessibility features
- 4) Information regarding whether you are homeless or at risk of homelessness
- 5) Whether you are age 55 or older, the complex is Senior Housing
- 6) Information regarding whether you have been diagnosed with a chronic illness or not
- 7) Current and prior landlord information (5 years history)
- 8) Credit, personal and business references
- 9) Your signature and date on page 4 of this application

If there are no current vacancies, you will be notified in writing that you have been placed on the waiting list. It is your responsibility - as the applicant - to notify the Rental Manager of any change in your address, telephone number, employment, income, or household size. The Rental Manager may be able to give you an estimate of when a unit may be available. The full application and verification process will be postponed until your name is near the top of the waiting list. The criteria for selection is verification of the following:

- 1) Income and assets of all applicant household members from all sources
- 2) Unearned income for minors (if applicable)
- 3) You must be 55 year or older to program qualify for residency at this complex
- 4) For certain units you must have a chronic disease and be homeless or at risk of being homeless
- 5) Present and past performance as a renter
- 6) Credit bureau report(s) and criminal background check
- 7) Personal and business references

If at any point in the verification process a negative verification report is received, the application process will be discontinued and the applicant notified of the rejection in writing. Otherwise, when all of the verifications are received, eligibility will be determined. The applicant will be notified that they have been accepted, or will receive notice of rejection in writing.

All applicants will have a personal interview with management. If an applicant misses two (2) scheduled appointments, management will withdraw the application, and the waiting list will be noted "Withdrawn".

THIS APPLICATION MUST BE ACCOMPANIED BY A COMPLETED INCOME QUESTIONNAIRE IN ORDER TO BE PROCESSED AND/OR ADDED TO THE WAITING LIST.

EACH HOUSEHOLD MEMBER 18 YEARS OR OLDER MUST COMPLETE AN APPLICATION PACKAGE

DOMUS MANAGEMENT COMPANY

DATE APPLICATION RECEIVED _____
TIME APPLICATION RECEIVED _____
MANAGER'S INITIALS _____

Rental Application

Last Name: _____ First Name: _____ Middle Name: _____

Social Security # _____ Birthdate: _____

Age: _____ Sex: _____ Drivers License State & No.: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No: _____ Cellphone/Message No.: _____

Facsimile No: _____ E-Mail: _____

How long have you lived at the address given above? _____

Current Landlord: _____ Address: _____

Landlord's Telephone No: _____ Reason for which you are moving: _____

Current Rent \$ _____ Do you currently receive government subsidy? No Yes

If yes, which type? _____

Are you presently being or have you ever been evicted? No Yes If yes, please

provide explanation _____

List below all of the people in your household that plan on living in the unit

	Last Name	First Name	M.I.	Social Security #	Birthdate	Age	Sex	Drivers License #	Relationship
1.									
2.									
3.									
4.									

Does anyone live with you now who is not listed above? No Yes

If yes, who? Name _____ Relationship _____

Do you now or have you ever used another name and/or Social Security number?

No Yes If yes, describe _____

Apartment (unit) size requested: Studio 1 Bdrm 2 Bdrm 3 Bdrm 4 Bdrm

Does any member of your household age 18 or older attend school?

No Yes If yes, who? _____

Do you own a pet? No Yes If yes, how many? _____ Description _____

Do you have a waterbed? No Yes If yes, do you have waterbed insurance? _____

Have you been diagnosed with a chronic illness? Yes No If yes, can you provide

written verification from your medical provider? Yes No

Are you homeless or at risk of being homeless? Yes No If yes, can you provide

written verification of this status from a case or social worker? Yes No

Is the head of your household 55 years or older? Yes No

Do you have a Section 8 Certificate (voucher program)? No Yes

Are you being displaced? No Yes

Has your household's tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedure?

No Yes If yes, please explain the circumstances on a separate sheet of paper.

Landlord References (5 Year Past History Required)

Previous Address: _____ Unit No.: _____

City: _____ State: _____ Zip Code: _____

Previous Landlord Name: _____

Previous Landlord Address: _____

Previous Landlord Telephone No: _____ Previous Rent Paid: \$ _____

Dates you lived there: From _____ To _____

Reason for moving: _____

Previous Address: _____ Unit No.: _____

City: _____ State: _____ Zip Code: _____

Previous Landlord Name: _____

Previous Landlord Address: _____

Previous Landlord Telephone No: _____ Previous Rent Paid: \$ _____

Dates you lived there: From _____ To _____

Reason for moving: _____

Previous Address: _____ Unit No.: _____

City: _____ State: _____ Zip Code: _____

Previous Landlord Name: _____

Previous Landlord Address: _____

Previous Landlord Telephone No: _____ Previous Rent Paid: \$ _____

Dates you lived there: From _____ To _____

Reason for moving: _____

Personal References

Name: _____ Telephone No: _____

Address: _____

Name: _____ Telephone No: _____

Address: _____

Emergency Contact Person Not Living in the Household (Must be Completed in Full)

Name: _____ Telephone No: _____

Address: _____

Relationship: _____

Automobile

Make: _____ Model: _____ Year: _____ Color: _____

License Plate No.: _____ State: _____ Currently Registered? Yes No

Make: _____ Model: _____ Year: _____ Color: _____

It is required that all automobiles on the premises be currently registered, operable and do not leak oil or fluid

Drug Free Housing

In order to comply with Federal and State laws, all attempts must be made by the Owner of this apartment community to assure DRUG AND VIOLENCE-FREE HOUSING. The following questions MUST be answered by ALL applicants for this housing:

Yes No

Is any household member a current illegal user of a controlled substance?

Has any household member had a previous conviction of illegal use, possession, sale or manufacturing of a controlled substance?

If either of the above questions were answered "Yes", which member? _____

Has any household member been convicted of the illegal possession, manufacturing or distribution of a controlled substance?

If yes, which member? _____

If any of the questions above were answered "Yes", has the household member successfully completed a controlled substance abuse recovery program?

Has any household member been convicted of a violent crime?

Is any household member currently on probation for a violent or drug-related offense?

Certification & Signature

I certify that the housing I will occupy at _____ Apartments will be my permanent residence and that I will not maintain a separate rental unit in a different location. I also certify that the information given herein is accurate and complete, and understand that any misrepresentation will disqualify the application. I authorize the Owner's agent to obtain a credit report(s), verify or check any of the information provided (including credit references, employment, income, assets, current and prior landlords regarding past performance as a renter, & personal/business references) and to conduct a civil and criminal background check. By signing this application, I certify the above to be true and correct.

This application cannot be processed without a signature.

Applicant Signature

Date

Demographic Information

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal and/or State government, as applicable, acting through USDA-RD, HUD or another government agency, that the Federal and State laws prohibiting discrimination against tenant applicants 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 or Owner's agent is required to note the race, ethnicity, and sex of individual applicants on the basis of visual appearance and/or surname.

Please check the appropriate boxes:

Race

Ethnicity

Gender

- 1) American Indian or Alaska Native
- 2) Asian
- 3) Black or African American
- 4) Native Hawaiian or Pacific Islander
- 5) White
- 6) Some other race
- 7) Two or more races

- 1) Hispanic or Latino
- 2) Not Hispanic or Latino

- Female
- Male