

**RESIDENCY APPLICATION - Please complete the entire form**

**COMMUNITY:** \_\_\_\_\_ **RHR Account #:** \_\_\_\_\_

**Medicaid #:** \_\_\_\_\_ **Medicare #:** \_\_\_\_\_

**I. Applicant Information:**

<i>Last Name</i>	<i>First Name</i>	<i>Middle</i>	<i>Social Security #</i>	<i>Birth Date</i>	<i>Relationship</i>
1.					
2.					

**II. Address History (last 5 consecutive years):**

	<i>Street Address</i>	<i>Apt #</i>	<i>Dates From/To</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<b>Current</b>			/			
<b>Previous</b>			/			
<b>Previous</b>			/			

**III. Account Reference:**

**IV. Driver's License**

**V. Phone #:**

<b>Bank Name</b>		<b>License #</b>		<b>Home</b>	
<b>Account #</b>		<b>State Issued</b>		<b>Cell</b>	

**IV. Community Information (to be completed by community representative)**

<b>Proposed Monthly Service Fee/Rent:</b>		<b>Unit #:</b>		<b>Deposit:</b>		<b>Charges:</b> \$25 per applicant
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**HAVE YOU EVER:** **Refused to Pay Rent When Due?** Yes No **If Yes, Money Owed:** \_\_\_\_\_ **Been Evicted?** Yes No  
**\$** \_\_\_\_\_ **Filed for Bankruptcy?** Yes No **Been Convicted of Any Crimes?** Yes No

**Signed Release**

I authorize Rental History Reports (RHR) to do a complete investigation of all information provided above. I have personally filled in and/or reviewed all information listed above. I understand failure to complete this form completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all the following: Credit Report, Criminal Record, Rental History References (including MHPA) and Personal Interviews with above references. I authorize RHR to provide to the credit grantor federal and state records of income history. This authorization is for this transaction only and continues for (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed (1) year, allowed by law. My signature authorizes all above listed companies to release rental, job history (including salary) and criminal record information.

**APPLICANT SIGNATURE(S)** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**IV. Total Anticipated Annual Income** (for 12-month period following anticipated date of occupancy):

**PROOF OF INCOME MUST BE PROVIDED FOR EVERY SOURCE OF INCOME OR ASSETS NOTED BELOW.**

	<b>Resident #1</b>	<b>Resident #2</b>
Social Security:	_____	_____
Pension(s) or Annuities:	_____	_____
Disability:	_____	_____
Interest and Dividends:	_____	_____
Income from Business:	_____	_____
Income from Rental Property:	_____	_____
Public Assistance:	_____	_____
Veteran’s Pension/Aid & Attendance:	_____	_____
<b>Total Annual Income:</b>	_____	_____

**V. Value of Assets:**

	<b>Resident #1</b>	<b>Resident #2</b>
Cash on Hand:	_____	_____
Savings:	_____	_____
Stocks:	_____	_____
Bonds:	_____	_____
Real Property:	_____	_____
Cash Value of Insurance:	_____	_____
<b>Total Value of Assets:</b>	_____	_____

**VI. Special Disposition of Assets:**

Have you (either of you), disposed of any assets for less than fair market value in the last two (2) Years?

Yes \_\_\_\_ No \_\_\_\_ Total Value: \_\_\_\_\_

Amount of income over the next 12 months you would have derived from this asset if not sold:

\$ \_\_\_\_\_

**VII. Other Relevant Information:**

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**VIII. Resident Certifications:**

1. Neither I, nor the other occupant of the unit I/we propose to rent, is the owner of the rental housing project in which the unit is located (hereinafter, the Owner), has any family relationship to the Owner or owns directly or indirectly any interest in the Owner.
2. This Residency Application is made with the knowledge that it will be relied upon by the Owner to determine income eligibility to occupy the unit, and I/we declare that all information set forth herein is true, correct and complete and based upon information I/we deem reliable and that the statement of total anticipated income contained herein is reasonable and based upon such investigation as the undersigned deemed necessary.
3. I/we will assist the Owner in obtaining any information or documents required to verify the statements made herein, including either an income verification from the appropriate party(s) and/or copies of federal tax returns for the immediately preceding calendar year.
4. I/we acknowledge that, I/we have been advised that the making of any misrepresentation or misstatement (whether or not intentional) in this Residency Application will constitute a material breach of my/our agreement with the Owner to lease the unit and will entitle the Owner to prevent my/our occupancy of the unit and will be cause for immediate termination of such lease.
5. The undersigned hereby acknowledge and agree that on or before January 1 of each year (or upon lease renewal/anniversary) the undersigned and any other current residents of such apartment will complete and deliver an Annual Income Certification, or the form then in use, to the Owner and that the undersigned's rent is subject to increase 30 days after written notice is given to the undersigned whether due to a general rent increase in the property or for those income qualified individuals under the Land Use Restriction Agreement.
6. I/we hereby grant you permission to disclose my income to the appropriate entity (the financing entity) in order that they may determine my income eligibility for rental of an apartment located in this property.
7. RESIDENT(S) STATEMENT: I/we certify that the statements and information provided in or with this Residency Application are true and complete to the best of my/our knowledge and belief. In the event this Residency Application is executed more than five (5) days prior to the date I/we intend to occupy the unit, I/we hereby agree to update and recertify the accuracy of the information provided as of the date I/we first occupy the unit.

**Resident #1/Responsible Party**

**Resident #2**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date