

## DEAR APPLICANT:

*Thank you for your interest in applying with First Housing Corporation for your housing needs. We are committed to “SETTING THE STANDARD” at this community with a professional management and maintenance team dedicated to providing you with the highest level of service. Our commitment is to exceed your expectations and make this property a great place for you to call home!*

*You should read the posted Resident Selection Criteria (RSC) prior to completing your application. Residential qualifying criteria is subject to change at the Owner’s discretion and without notice.*

1. Use black or blue ink only when filling out the application and print clearly.
2. A separate application must be completed for each household applicant 18 years of age or older.
3. Fill out all the spaces on the application. Do not leave any blanks.
4. Make sure that all phone numbers listed on the application are correct and current, including previous landlords for the last two-year period.
5. Sign and date the application where applicable. No application will be processed without your signature and date. You will need to bring picture ID for household members over eighteen and social security cards for all family members.
6. You will be contacted when your name comes to the top of the waiting list to verify your interest in housing at our community.

Applications are processed in the order they are received. Incomplete and/or illegible applications or omission of information or submission of false information will result in denial of residency.

### Rental Qualifying Criteria

Preliminary application approval will be based on each household member 18 years of age and older receiving positive reports in the following three categories:

See posted RSC for list of prohibited rental, credit, and criminal activity items. This list of possible causes for rejection is not considered all-inclusive and any other offense may be used for rejection.

1. **Rental History** – Current and previous history must be verifiable. Any unpaid rental collections, evictions, property damage beyond normal wear and tear, illegal activity on premises, or refusal to re-rent by a previous landlord will be grounds for denial.
2. **Credit** – A credit check will be performed. Applications will be rejected with a credit history with utility company debt, or landlord debt/eviction.
3. **Criminal History** – A criminal background check will be performed for each state in which the applicant has resided and will be evaluated prior to approval of residency. *We do not accept applicants who are subject to registration as a lifetime sexual offender.* Some other unacceptable offenses include arson, assault, drug possession/manufacturing/use, any firearm offense, domestic violence, and breaking/entering. **Signing this acknowledgement indicates that you have had the opportunity to review the posted Resident Selection Criteria. If you do not meet the selection criteria or provide inaccurate or incomplete information, your application will be rejected for all First Housing managed communities with the exception of credit history.**

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Applicant signature

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Date

<b>RENTAL APPLICATION</b>	<b>ALL CO-APPLICANTS 18 YEARS OR OLDER MUST FILL OUT A SEPARATE RENTAL APPLICATION FORM.</b>		/		
			Signature of Agent	Date and Time Rec'd.	
<b>CURRENT ADDRESS</b>					
Applicant's Name		First	Middle Initial	Last	
Street		Phone (     )			
City		Alternate Phone (     )		Zip Code	
List Maiden Name and all other Last Names you have used					
Do you Own?	Rent?	Rent Amount \$	Driver's License #		
<b>CURRENT LANDLORD OR MORTGAGE HOLDER</b>					
Current Landlord or Mortgage Holder		Phone (     )		Dates of Occupancy from     to	
Street		City	State	Zip	
<b>LIST ADDRESSES &amp; LANDLORDS FOR THE LAST TWO YEARS (IF AT CURRENT ADDRESS LESS THAN 2 YEARS) ATTACH ADDITIONAL PAGES IF NEEDED</b>					
Your Prior Address			Rent Amount \$		
Name of Landlord		Phone (     )		Dates of Occupancy from     to	
Street		City	State	Zip	
Your Prior Address			Rent Amount \$		
Name of Landlord		Phone (     )		Date of Occupancy from     to	
Street		City	State	Zip	
<b>INCOME INFORMATION</b>					
Applicant's Employer			Phone (     )		
Street		City	State	Zip	
Estimated Annual Income	List Income Sources Other than Employment				
<b>LIST ALL PERSONS WHO WILL OCCUPY THE UNIT, INCLUDING YOURSELF</b>					
Name	Date of Birth	Soc. Sec #	Family Member US Military Veteran	Disabled	Relationship
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>HEAD</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CREDIT REFERENCES	
Name	Name
Address	Address
Phone (      )	Phone (      )
PERSONAL REFERENCES	
Name	Name
Address	Address
Phone (      )	Phone (      )
ADDITIONAL INFORMATION	
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any drug-related crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any crime involving fraud or dishonesty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any crime involving violence or weapons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently charged with any of the above criminal activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any household member currently subject to a lifetime registration requirement under a state sex offender registration program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List all states in which you and all members of household have lived. Include driver's license numbers.	
Are you or any household member currently using illegal drugs or any other controlled substance that has not been prescribed for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know that this property exists as a smoke free campus? This means that smoking is prohibited in the unit, on the balconies and porches and in all indoor and outdoor common areas. This includes the parking lot, balconies, sidewalks, hallways, elevators, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been or are you currently being evicted from your residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a United States citizen, national or have eligible immigration status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have no Social Security Number, you claim you are exempt because <input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 <b>and</b> receiving HUD housing assistance as of 1/31/10	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you a Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently or have you ever lived in another First Housing Corporation managed development? If "yes," which one?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you displaced due to governmental action or by a presidential declared disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently residing in a property where you received a subsidy or housing voucher to assist you in paying your rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What size unit are you requesting? Check One: <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom <input type="checkbox"/> 1 Bedroom (elderly) <input type="checkbox"/> 2 Bedroom (elderly)	

**THE UNDERSIGNED FURTHER REPRESENTS AND WARRANTS THAT ALL STATEMENTS MADE ARE TRUE AND AGREES THAT IF ANY INFORMATION IS FOUND TO BE FALSE OR MISLEADING, THE APPLICATION CAN BE DENIED AND/OR LEASE TERMINATED AT A LATER DATE. THE UNDERSIGNED ALSO AGREES THAT WE HAVE THE RIGHT TO VERIFY ANY AND ALL INFORMATION GIVEN ABOVE WITH THE APPROPRIATE PERSON/AGENCY, INCLUDING A COMPLETE CREDIT, LANDLORD AND CRIMINAL REPORT**

**WE DO NOT ACCEPT CASH. ALL PAYMENTS MUST BE MADE BY CHECK OR MONEY ORDER.**

Signature of Applicant	Date of Application
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Rental Application-Smoke Free CE/VM  
Revised 10/17/22

# FIRST HOUSING CORPORATION MANAGED PROPERTY



Equal Housing Opportunity  
Equal Opportunity Employer



TTY: 711

## OFFICE USE ONLY

Applicant (s) Qualifies For:

Regular Waiting List	
Preference List	
Unit Size Required	
Barrier-Free Unit	
Special Needs Unit	
Application Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rejection Letter Sent	

## OPTIONAL INFORMATION FOR ALL APPLICANTS

### Reasonable Accommodations or Special Needs

First Housing Corporation manages this property and has a legal obligation to provide “reasonable accommodations” to applicants if they or any family member have a disability or handicap.

A reasonable accommodation is some modification or change that can be made to the policies, procedures, or services that will assist an otherwise eligible applicant with a disability to have equal access to participate in the program or necessary to afford applicant full enjoyment of the premises. Reasonable modifications are those that would not place an undue financial burden to the apartment complex. Modification requests will be evaluated individually on a case-by-case basis. Reasonable accommodations may include, but are not limited to, adjustments or modifications to buildings, facilities, dwellings, and may also include provision of auxiliary aids, such as readers, interpreters, and materials in accessible formats.

If you believe your housing needs can best be met through a reasonable accommodation, please check below all that applies to your household. A physician or health care provider must document verification of the disability.

- |   |  |
|---|--|
| <input type="checkbox"/> Ground Floor Unit*   | <input type="checkbox"/> Unit for Vision Impaired*                       |
| <input type="checkbox"/> A Barrier-Free Apartment*  | <input type="checkbox"/> Unit for Hearing Impaired*                      |
| <input type="checkbox"/> One-Level Unit*  | <input type="checkbox"/> Bedroom & Bath on First Floor*                  |
| <input type="checkbox"/> Other Modification to Unit*  | <input type="checkbox"/> Live-In Aide*                                   |
| <input type="checkbox"/> Assistive Animal**   | <input type="checkbox"/> Modification to Policy, Procedures or Services* |
| <input type="checkbox"/> Need assistance or help in understanding and completing this application |  |

An applicant family that has a member with a disability must still be able to meet the essential obligations of tenancy—they must be able to pay rent, to care for their apartment, to report information to the Manager, avoid disturbing their neighbors, etc.; but there is no requirement that they be able to do these things without assistance.

Signature of Applicant	Date of Application
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- \* Applicant must sign the release of information on the Section 504 Accommodation Verification Form (Form #504-A) prior to submitting to the physician or health care provider.
- \*\* Applicant must sign the release of information on the Assistive Animal Verification Form (Form #504-B) prior to submitting to the physician or health care provider.

## AGENCY DISCLOSURE

**First Housing Corporation and its representatives are acting as agents for the Owner and not as agents for the Tenants. This information is provided to all prospective Applicants/Tenants prior to their disclosure of any confidential information.**

**First Housing Corporation has a commitment to protect all collected personal information in a safe and confidential manner. A copy of our Confidentiality Policy is available upon request.**

## ACKNOWLEDGEMENT

I (We) acknowledge receiving a copy of the following documents on the date listed below.

1. Completed Rental Application;
2. Resident Selection Criteria and Waiting List Ranking Policy;
3. ***Resident Rights & Responsibilities*** as published by HUD; (revised 03/2018)
4. ***Is Fraud Worth It?*** as published by HUD;
5. Fact Sheet for HUD Assisted Residents—Project Based Section 8“***How Your Rent is Determined.***”
6. ***Attachment A*** - Supplement To Application For Federally Assisted Housing
7. ***EIV Brochure***
8. ***Notice of Occupancy Rights Under VAWA***
9. ***Certification of Domestic Violence***

If there are any questions concerning the information on these documents, please contact our office so that we may help you.

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Applicant's Signature—Head of Household

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Agent's Signature

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Applicant's Signature

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Applicant's Signature

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Applicant's Signature

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Date

## Attachment A

OMB Control # 2502-0581  
Exp. (02/28/2019)

### Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

#### SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)