

### Preliminary Rental Application

Please note that this is a preliminary application and gives no lease or rent rights.

Community The Pines Office Phone (234) 433-9130 Date \_\_\_\_\_

Unit Size            1    2    3    4            Unit Type:    Apartment    ~~Studio~~    ~~Townhouse~~

Would you or a member of your household benefit from the design features of a barrier free unit? **Yes** or **No**

Applicant: \_\_\_\_\_ Email \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Email \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Applicant's History	
Applicant:	Co-Applicant

<b>Current Address:</b> _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Current Landlord: _____ Address: _____ Phone    _____	<b>Current Address:</b> _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Current Landlord: _____ Address: _____ Phone    _____
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<b>Previous Address:</b> _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone    _____	<b>Previous Address:</b> _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone    _____
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<b>Previous Address:</b> _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone    _____	<b>Previous Address:</b> _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone    _____
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**If you have resided at additional addresses within the past five (5) years, please attach Previous Address Information on a separate sheet.**

The information contained in this application is treated confidentially. No information will be revealed to anyone without the express written consent of the applicant.

Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant, Spouse/Co-Head \_\_\_\_\_ Date \_\_\_\_\_



*We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.*

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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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**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 5/31/2011)

<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</b>
<b>Name of Owner/Managing Agent</b>		<b>Type of Assistance or Program Title:</b>
<i>Name of Head of Household</i>		<i>Name of Household Member</i>

Date (mm/dd/yyyy): \_\_\_\_\_

<u>Ethnic Categories*</u>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<u>Racial Categories*</u>	<b>One or More</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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