

SHACRES

2104 E Columbus Rental Application

FOR OFFICE USE ONLY TO BE COMPLETED UPON RECEIPT OF APPLICATION

Date & Time:	Management Signature:		
Type of apartment you are applying for:	<input type="checkbox"/> 3 Bedroom	<input type="checkbox"/>	<input type="checkbox"/>
How did you hear about our community?	<input type="checkbox"/> Signages	<input type="checkbox"/> Referral	who referred you?

INSTRUCTIONS TO APPLICANT

- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information must be complete and true; false, incomplete, or misleading information will cause your application to be declined.
- If a correction is needed, put one line through the incorrect information, write the correct information, and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or if there have been changes to your household composition.
- Submitting an application does not guarantee the offer of an apartment.
- See Tenant Selection Plan for details on waiting list and eligibility determination process.
- We will process your application according to our standard procedures, which are summarized in the Tenant Selection Plan that is posted in the Management Office.

APPLICANT INFORMATION

Applicant Name(s):	
Please list any names any member of the household has used, including maiden names or any alias:	
Mailing Address (include City, State, Zip Code):	
Phone:	Email:
Do you speak English? (Please check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, what language is spoken? _____
Do you need an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD COMPOSITION

List your name and the names of persons who will be living with you. Please list the head of household first. Include all temporarily and permanently absent household members that are still considered living with you.

Full Name of Household Member	Date of Birth	Sex	SSN	Marital Status	Relationship to Head of Household

Do you expect to add any additional family members over the next 12 months? Yes No

RESIDENCE HISTORY

You must report all places you have lived for the past five years. Attach additional sheet if necessary.

Do you currently own any real estate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you consider yourself homeless?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you seeking protection from domestic violence under the VAWA guidelines?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Address (include City, State, Zip):			
From:	To:	Reason for Moving:	
Landlord Name:			
Landlord Address (include City, State, Zip):			
Landlord Phone:	Do you:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
		<input type="checkbox"/> Live with others	Amount of Rent:

HOUSEHOLD INFORMATION

	Yes	No
1. Has any household member ever been convicted of drug related criminal activity? <i>If YES, please explain with notes on the back of this page (where, when, why?).</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you or any household member ever been evicted from federally assisted housing for drug-related criminal activity? <i>If YES, please explain with notes on the back of this page (where, when, why?).</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you or any household member ever been convicted of a violent crime and/or sexual offense? <i>If YES, please explain with notes on the back of this page (provide State and County).</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is any household member subject to a lifetime state sex offender registration program in any state? <i>If YES, please explain with notes on the back of this page (provide State and County).</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community, or previous Landlord? <i>If YES, please explain with notes on the back of this page and advise if you are in a repayment plan.</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you or any member of your household ever committed fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any ANIMALS? <i>If YES, what type of animal(s)? Weight? How many?</i> <i>If YES, Is this Animal an Assistance Animal?</i> <input type="checkbox"/> Or Pet? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you receive child support?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been awarded court ordered child support?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is anyone (including minors) in the household currently a STUDENT?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in the household been a student for 5 months or more within the past year? <i>If YES, to either question number 10 or 11, please complete the below table:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Student Household Member	Full Time	Part Time	Student Household Member	Full Time	Part Time

DISABILITY

It is not necessary to give us details about your disability unless you are requesting an accommodation.

- A. Do you claim a Disability? Yes No
- B. Do you need accommodation to help you completed the application process? Yes No
- C. Do you need an accommodation in housing features due to your disability? Yes No

If "yes" to b or c, what accommodation do you request? (If necessary, attach additional sheets to explain.)

HOUSEHOLD INCOME

List all money earned or received by everyone living in your household. Attach additional sheet if necessary.

Household Member:

- | | | | |
|--------------------------|--|-----------------|-------------------------------------|
| <input type="checkbox"/> | Employment | \$ _____ /month | Employer: _____ |
| | Date of Hire: | | Phone: _____ |
| <input type="checkbox"/> | SSI/SSDI/Social Security Benefits | \$ _____ /month | SUBMIT CURRENT AWARDS LETTER |
| <input type="checkbox"/> | Employer Disability Payments | \$ _____ /month | Source: _____ |
| <input type="checkbox"/> | Child Support | \$ _____ /month | Source: _____ |
| <input type="checkbox"/> | Retirement Benefits | \$ _____ /month | Source: _____ |
| <input type="checkbox"/> | Veteran's Benefits | \$ _____ /month | Source: _____ |
| <input type="checkbox"/> | Worker's Compensation | \$ _____ /month | Source: _____ |
| <input type="checkbox"/> | W2/TANF | \$ _____ /month | Source: _____ |
| <input type="checkbox"/> | Contributions | \$ _____ /month | Source: _____ |
| <input type="checkbox"/> | Gig Work (Uber, Lyft, Shipt, Pet Sitting, etc) | \$ _____ /month | Source: _____ |
| <input type="checkbox"/> | Other: | \$ _____ /month | Source: _____ |

Do you anticipate any changes to income in the next 12 months? Yes No

Household Member:

- | | | | |
|--------------------------|--|-----------------|-------------------------------------|
| <input type="checkbox"/> | Employment | \$ _____ /month | Employer: _____ |
| | Date of Hire: | | Phone: _____ |
| <input type="checkbox"/> | SSI/SSDI/Social Security Benefits | \$ _____ /month | SUBMIT CURRENT AWARDS LETTER |
| <input type="checkbox"/> | Employer Disability Payments | \$ _____ /month | Source: _____ |
| <input type="checkbox"/> | Child Support | \$ _____ /month | Source: _____ |
| <input type="checkbox"/> | Retirement Benefits | \$ _____ /month | Source: _____ |
| <input type="checkbox"/> | Veteran's Benefits | \$ _____ /month | Source: _____ |
| <input type="checkbox"/> | Worker's Compensation | \$ _____ /month | Source: _____ |
| <input type="checkbox"/> | W2/TANF | \$ _____ /month | Source: _____ |
| <input type="checkbox"/> | Contributions | \$ _____ /month | Source: _____ |
| <input type="checkbox"/> | Gig Work (Uber, Lyft, Shipt, Pet Sitting, etc) | \$ _____ /month | Source: _____ |
| <input type="checkbox"/> | Other: | \$ _____ /month | Source: _____ |

Do you anticipate any changes to income in the next 12 months? Yes No

ASSETS

In the past 2 years, has anyone in the household sold/given away assets (ex. cash, real estate) for less than fair market value? Yes No

If yes, list asset disposed:

Date of Disposal: _____ Fair Market Value: _____ Amount Received: _____

List all assets for all family members (checking, savings, credit unions, money market funds, certificates of deposit, stocks, bonds, real estate, cash value of life insurance, direct pay cards, cash on hand, Venmo, Cash App, Pay Pal, etc.) Attach additional sheet if necessary. You must include any assets you have sold or disposed of within the last 2 years.

Household Member	Name of Financial institution	Type of Asset	Value of Asset

EMERGENCY CONTACT

Name: _____ Relationship to you: _____ Phone: _____

Email: _____ Mailing Address: _____

I authorize the Landlord to contact my Emergency Contact to assist in resolving any issues that may arise in connection with my application or tenancy. Applicant's Initials: _____

RENTER'S INSURANCE

It is strongly recommended that you carry your own Renter's Insurance. Your personal belongings are not covered by the community's insurance in the event of a loss and Management is not responsible for replacement of contents. Should your unit become inhabitable due to a loss, Management is not responsible for lodging accommodations. If you have coverage please provide the information below.

Carrier: _____ Policy Number: _____ Expiration Date: _____

Phone Number: _____ Address: _____

RACE/ETHNICITY

Financing programs require demographic information on Applicants. This information is optional.

Household Member 1: _____

Race: White Black Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander Other I decline to answer

ETHNICITY: Hispanic Non-Hispanic I decline to answer

Household Member 2: _____

Race: White Black Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander Other I decline to answer

ETHNICITY: Hispanic Non-Hispanic I decline to answer

Household Member 3: _____

Race: White Black Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander Other I decline to answer

ETHNICITY: Hispanic Non-Hispanic I decline to answer

Household Member 4: _____

Race: White Black Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander Other I decline to answer

ETHNICITY: Hispanic Non-Hispanic I decline to answer

Household Member 5: _____

Race: White Black Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander Other I decline to answer

ETHNICITY: Hispanic Non-Hispanic I decline to answer

Household Member 6: _____

Race: White Black Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander Other I decline to answer

ETHNICITY: Hispanic Non-Hispanic I decline to answer

APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree.

I have read and understand the information in this application, in particular the Instructions to Applicant, and agree to comply with all information and instructions.

I have read and understand the Application Processing, Tenant Selection, Waiting List Procedures, and Unit Assignment Policies. I understand that my application may be passed over in order to maintain the income limit set aside requirements, if my combined gross household income exceeds the extremely low-income limits.

I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.

I understand that ALL CHANGES in the income of any member of the household, as well as any changes in the household members, must be reported to Management in writing immediately.

If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of

If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including but not limited to, rules regarding pets, rent, damages, and security deposits.

I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.

I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy and/or for the purposes of securing a lower rent in a subsidized housing development.

I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to \$10,000 fine upon conviction.

ALL adult members of the household must sign below:

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant's Signature: _____

Date: _____

Applicant's Signature: _____

Date: _____

Applicant's Signature: _____

Date: _____

Applicant's Signature: _____

Date: _____

Applicant's Signature: _____

Date: _____

Applicant's Signature: _____

Date: _____