

Family Household Composition

“The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications 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 is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Gender (choose one): Female Male

Race/Ethnicity (choose one or more): **Apartment Requested (choose one):**

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White

- Standard bedroom
- ADA Wheelchair Accessible

Ethnicity (choose one):

- Hispanic or Latino
- Non-Hispanic or Latino

Marital Status

- Married
- Single
- Widowed
- Divorced

Income - List all sources of income below

| Member Name | Source of Income (Gross) | |
|-------------|--------------------------|-------------------------|
| _____ | Social Security | Monthly Amount _____ |
| _____ | Social Security | Monthly Amount _____ |
| _____ | Pension | Monthly Amount _____ |
| _____ | Pension | Monthly Amount _____ |
| _____ | | Source of Pension _____ |
| _____ | Veterans Benefits | Monthly Amount _____ |
| _____ | Claim Number _____ | |
| _____ | Veterans Benefits | Monthly Amount _____ |
| _____ | Claim Number _____ | |
| _____ | SSI Benefits | Monthly Amount _____ |
| _____ | SSI Benefits | Monthly Amount _____ |
| _____ | Unemployment | Monthly Amount _____ |
| _____ | Unemployment | Monthly Amount _____ |

Income - List all sources of income below (cont.)

| Member Name | Source of Income (Gross) | |
|-------------|-----------------------------|----------------------|
| _____ | AFDC | Monthly Amount _____ |
| _____ | AFDC | Monthly Amount _____ |
| _____ | Employer _____ | |
| _____ | Position _____ | |
| _____ | Length of employment _____ | |
| _____ | Wages (Gross monthly) _____ | |
| _____ | Employer _____ | |
| _____ | Position _____ | |
| _____ | Length of employment _____ | |
| _____ | Wages (Gross monthly) _____ | |
| _____ | Alimony | Monthly Amount _____ |
| _____ | Source _____ | |
| _____ | Alimony | Monthly Amount _____ |
| _____ | Source _____ | |
| _____ | Child Support | Monthly Amount _____ |
| _____ | Source _____ | |
| _____ | Child Support | Monthly Amount _____ |
| _____ | Source _____ | |
| _____ | Interest Income | Monthly Amount _____ |
| _____ | Source _____ | |
| _____ | Interest Income | Monthly Amount _____ |
| _____ | Source _____ | |
| _____ | Other | Monthly Amount _____ |
| _____ | Source _____ | |
| _____ | Other | Monthly Amount _____ |
| _____ | Source _____ | |

Total Gross Annual Income \$ _____
 (Base this on the monthly amounts listed above and multiply by 12)

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

If Yes, please explain: _____

Assets**Checking Account**

| Account Number | Bank Name | Balance | Date |
|----------------|-----------|---------|------|
| | | | |
| | | | |

Savings Account

| Account Number | Bank Name | Balance | Date |
|----------------|-----------|---------|------|
| | | | |
| | | | |

Trust Account

| Account Number | Bank Name | Balance | Date |
|----------------|-----------|---------|------|
| | | | |
| | | | |

Certificate of Deposit

| Account Number | Bank Name | Balance | Date |
|----------------|-----------|---------|------|
| | | | |
| | | | |

IRA

| Account Number | Bank Name | Balance | Date |
|----------------|-----------|---------|------|
| | | | |
| | | | |

Credit Union

| Account Number | Bank Name | Balance | Date |
|----------------|-----------|---------|------|
| | | | |
| | | | |

Stocks

| Account Number | Bank Name | Balance | Date |
|----------------|-----------|---------|------|
| | | | |
| | | | |

Savings Bonds/Mutual Funds

| Account Number | Bank Name | Balance | Date |
|----------------|-----------|---------|------|
| | | | |
| | | | |

Other

| Account Number | Bank Name | Balance | Date |
|----------------|-----------|---------|------|
| | | | |
| | | | |

Other

| Account Number | Bank Name | Balance | Date |
|----------------|-----------|---------|------|
| | | | |
| | | | |

Assets (cont.)

Real Estate

Do you own property? Yes No

If YES, Type of property _____

Location _____

Appraised Value _____

Outstanding loan balance _____

Annual Insurance Premium _____

Annual Tax Bill _____

Dispositions

Have you sold/disposed of any property in the last 2 years? Yes No

If YES, Type of property _____

Location _____

Market Value when sold _____

Amount Sold/disposed for _____

Date of Transaction _____

Have you disposed of any other Assets in the last 2 years (Ex: Given away money to relatives, set up irrevocable Trust Accounts)? Yes No

If YES, describe Asset _____

Date of disposition _____

Amount Disposed _____

Life Insurance

Do you own a life insurance policy? Yes No

Policy Number _____

Face Value _____

Cash Value _____

Policy Number _____

Face Value _____

Cash Value _____

Other Assets

| |
|--|
| |
| |
| |
| |

Program Information

| | |
|---|--|
| Are you paying more than 50% of your gross income for rent and utilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | |
|--|--|
| Are you applying for status as an "Elderly Household," where resident is 62 or older, handicapped, or disabled as defined by UDSA/RDS? If so, you may be eligible for a \$400 and/or medical deduction and eligibility must be verified. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| | |
|---|--|
| Are you currently living in Subsidized Housing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | |
|--|--|
| Have you ever resided in a Project Financed and/or Subsidized by the government? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| | |
|---|-------|
| If YES, please provide Name and Address | _____ |
|---|-------|

| | |
|--|--|
| Have you ever been evicted from Public Housing or any other Federal Housing Program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| | |
|--|-------|
| If YES, please provide Name and Date of eviction | _____ |
|--|-------|

| | |
|--|-------|
| If YES, please describe reasons for eviction | _____ |
|--|-------|

| | |
|---------------------------------------|--|
| Do you have a negative police record? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------------|--|

| | |
|---|-------|
| If YES, please describe reason for record | _____ |
|---|-------|

| | |
|---|--|
| Have you ever been convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | |
|--|--|
| Are you currently using any illegal drugs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| | |
|---|--|
| Have you ever been convicted of sale, distribution, or possession of illegal drugs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | |
|---|--|
| Are you now, or will you, become a part-time or full-time student prior to moving in? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | |
|--|-------|
| How did you hear about this community? | _____ |
|--|-------|

| | |
|--|-------|
| Briefly describe your reasons for choosing to apply for a Tel Haven Apartment within Tel Hai | _____ |
|--|-------|

| | |
|--|--|
| | |
|--|--|

Reference Information

Rental References

| | | |
|------------------|--------------|-------|
| Current Landlord | Name | _____ |
| | Address | _____ |
| | Phone Number | _____ |

| | | |
|-------------------|--------------|-------|
| Previous Landlord | Name | _____ |
| | Address | _____ |
| | Phone Number | _____ |

| | | |
|-------------------|--------------|-------|
| Previous Landlord | Name | _____ |
| | Address | _____ |
| | Phone Number | _____ |

Credit References

| | | | |
|---------|-------|--------|-------|
| Name | _____ | Phone# | _____ |
| Address | _____ | | |

| | | | |
|---------|-------|--------|-------|
| Name | _____ | Phone# | _____ |
| Address | _____ | | |

| | | | |
|---------|-------|--------|-------|
| Name | _____ | Phone# | _____ |
| Address | _____ | | |

Personal (Non-related) References

| | | | |
|---------|-------|--------|-------|
| Name | _____ | Phone# | _____ |
| Address | _____ | | |

| | | | |
|---------|-------|--------|-------|
| Name | _____ | Phone# | _____ |
| Address | _____ | | |

| | | | |
|---------|-------|--------|-------|
| Name | _____ | Phone# | _____ |
| Address | _____ | | |

Emergency Contact

| | | | |
|---------|-------|--------|-------|
| Name | _____ | Phone# | _____ |
| Address | _____ | | |

Relationship to you _____

Other Information

Vehicles

Please list any vehicles owned or leased. Parking will be provided for one vehicle. All vehicles must be currently registered and insured.

| | | | | | |
|----------------------|-------|-------|-----------|-------|-------|
| Make | _____ | Model | _____ | Year | _____ |
| License Plate Number | _____ | | License # | _____ | |

| | | | | | |
|----------------------|-------|-------|-----------|-------|-------|
| Make | _____ | Model | _____ | Year | _____ |
| License Plate Number | _____ | | License # | _____ | |

Pets

| | | |
|-------------------|------------------------------|-----------------------------|
| Do you own a pet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------|------------------------------|-----------------------------|

If YES, please describe _____

Certification/Authorization

Certification

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We understand I/We must pay a security deposit for this apartment. I/We understand that my eligibility for housing will be based on United States Department of Agriculture/Rural Development Services income limits and by Tel Hai Apartments, Inc. selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We further understand I/We are not guaranteed transfer to the Personal Care or Nursing Center facilities at Tel Hai Retirement Community.

SIGNATURE:

TENANT

CO-TENANT

DATED _____

DATED _____

Authorization

I/We do hereby authorize Tel Hai Apartments, Inc. and its staff or authorized representative to contact any agencies, Local/State police departments, offices, groups or organizations to obtain and verify any information materials which are deemed necessary to complete my/our application for housing which is administrated/managed by Tel Hai Apartments, Inc. I further authorize Tel Hai Apartments Inc. to verify all information listed on this application.

SIGNATURE:

TENANT

CO-TENANT

DATED _____

DATED _____