

Phone: (727) 447-5701
 TTY: 7-1-1

Fax: (727) 447-1140

RENTAL APPLICATION

Name: _____ Phone: _____	<p align="center"><i>For Office Use Only</i></p> Date: ____/____/____ Size: _____ Time: _____ Manager: _____
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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 should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, 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 whenever you need to add or remove a household member from your application.
- After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Acceptance Criteria, your application will be declined.
- We will process your application according to our standard procedures which are summarized in the Tenant Selection Plan, posted in the Management Office.

SOCIAL SECURITY NUMBER DISCLOSURE

Social Security numbers are required by applicants and residents in HUD programs unless the exception is met.
 Applicant Disclosure: Each applicant must submit the information when eligibility is being determined.
 NOTE: Assistance will not be provided until all applicant household members have disclosed valid SS numbers with verification. Applicant households may remain on the waiting list until all household members verify their SS numbers.

How did you learn about Prospect Towers?
 Newspaper/Publication _____ Brochure/Flyer _____ Referral (specify) _____ Other (specify) _____

HOUSEHOLD INFORMATION

Full Name of Household Members as they appear on SS Card	Relation-ship	Sex	Age	Full-Time / Part-Time		Date of Birth	Birth-place City	Birth-place State	Social Security No. or Alien Registration No.	Drivers License	
				Student	F/P					Number	St.
1.	Head										
2.											
3.											
4.											
5.											

- Will any of the household members live anywhere except in your apartment? _____
- Are there any other persons who will live in your apartment on a less than full-time basis? _____
- Are any of the household members enrolled at an institution of higher education? _____
- Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using? _____
- If you answered "YES" to any question above, please explain: _____

VIOLENCE AGAINST WOMEN

- Are you or any member of your household a victim of domestic violence? _____

RESIDENCE HISTORY

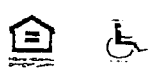
You **must** report ALL places you have lived for the past five (5) years. Use an additional sheet if necessary.

Present Address	Street Address				From: _____	Landlord Name:		
	City:	County	State:	Zip:	To: _____	Landlord Phone:		
	Reason for Moving:					Street Address:		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City:	Zip:	
Previous Address	Street Address:				From: _____	Landlord Name:		
	City:	County	State:	Zip:	To: _____	Landlord Phone:		
	Reason for Moving:					Street Address:		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City:	Zip:	
Previous Address	Street Address:				From: _____	Landlord Name:		
	City:	County	State:	Zip:	To: _____	Landlord Phone:		
	Reason for Moving:					Street Address:		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City:	Zip:	
Previous Address	Street Address:				From: _____	Landlord Name:		
	City:	County	State:	Zip:	To: _____	Landlord Phone:		
	Reason for Moving:					Street Address:		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City:	Zip:	
Previous Address	Street Address:				From: _____	Landlord Name:		
	City:	County	State:	Zip:	To: _____	Landlord Phone:		
	Reason for Moving:					Street Address:		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City:	Zip:	

You **must** report ALL states you have resided in since the age of 18, and the last address in each state, up to the above addresses in which you resided during the past five years. All applicants over 18 are required to report this information.

State	From: _____	To: _____	Last Street Address in that State	City:	County:
State	From: _____	To: _____	Last Street Address in that State	City:	County:
State	From: _____	To: _____	Last Street Address in that State	City:	County:
State	From: _____	To: _____	Last Street Address in that State	City:	County:
State	From: _____	To: _____	Last Street Address in that State	City:	County:

	<u>No</u>	<u>Yes</u>	If 'Yes' you must answer the following:
• Have you or any member of your household ever been evicted?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____ Why? _____
• Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____ _____
• Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord?	<input type="checkbox"/>	<input type="checkbox"/>	To Whom? _____ How Much? \$ _____
• Have you or any member of your household ever committed any 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"/>	Explain: _____ _____



ASSET INFORMATION

You **must** report ALL Assets below. Use an additional sheet if necessary.

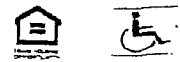
CHECKING	Name of Bank:	Avg. 6 Month Bal:	Current Interest Rate:
Account No:	Address:		
	City:	State	Zip:
	Bank Phone Number:		
SAVINGS	Name of Bank:	Current Balance:	Current Interest Rate:
Account No:	Address:		
	City:	State	Zip:
	Bank Phone Number:		
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.	Name of Institution:	Current Value	Annual Income:
Type of Asset:	Address:		
Account No:	City:	State	Zip:
	Institution Phone Number:		
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.	Name of Institution:	Current Value	Annual Income:
Type of Asset:	Address:		
Account No:	City:	State	Zip:
	Institution Phone Number:		

	No	Yes	If 'Yes' you must answer the following:
• Has any household member disposed of any assets for <i>Less than Fair Market Value</i> during the past two (2) years?	<input type="checkbox"/>	<input type="checkbox"/>	Date Disposed of: ____/____/____ Description of Asset: _____
• Has any household member sold any Real Estate in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	Date Disposed of: ____/____/____ Description of Asset: _____ Sales Price: \$ _____
• Does any household member have an interest in any Real Estate, Boat or Mobile Home?	<input type="checkbox"/>	<input type="checkbox"/>	Description of Asset: _____ Value: _____ Annual Income from Asset: \$ _____ \$ _____

SOURCES OF INCOME

You **must** report income from ALL sources. This includes but is not limited to Employment, Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, etc. **Anyone outside your household gives you money or pays your bills, you must report it as a source of income.** Use additional sheets if necessary.

Name of Employer, Agency or Person providing income:	Name of Supervisor or Agency Contact:	Average Annual Income from this Source: \$ _____
Address:	Phone Number:	
City: State Zip:	Income: \$ _____ per	
Name of Employer, Agency or Person providing income:	Name of Supervisor or Agency Contact:	Average Annual Income from this Source: \$ _____
Address:	Phone Number:	
City: State Zip:	Income: \$ _____ per	
Name of Employer, Agency or Person providing income:	Name of Supervisor or Agency Contact:	Average Annual Income from this Source: \$ _____
Address:	Phone Number:	
City: State Zip:	Income: \$ _____ per	



CHILD CARE EXPENSES

If you pay for Child Care, please list name of provider(s) below.

Name of Provider:	Street Address:	Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> No
Phone:	City: State: Zip:	Amount you pay \$ _____ per _____
Name of Provider:	Street Address:	Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> No
Phone:	City: State: Zip:	Amount you pay: \$ _____ per _____

HANDICAP CARE EXPENSES

If you pay for care of Handicapped or Disabled household member, list name of provider(s) below.

Name of Provider:	Street Address:	Does this expense allow you to work or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City: State: Zip:	Amount you pay \$ _____ per _____
Name of Provider:	Street Address:	Does this expense allow you to work or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	City: State: Zip:	Amount you pay \$ _____ per _____

AUTOMOBILES AND OTHER VEHICLES

List all motor vehicles, including motorcycles owned by or registered to household members. Use additional sheets if necessary.

Make and Model Number:	License Plate Number:	State:	Insurance Agent:	Phone:
Color:	Year:	License Expiration Date:	Street Address:	Policy No:
Name on Registration:	VIN #	City:	State: Zip:	Expiration Date:
Make and Model Number:	License Plate Number:	State:	Insurance Agent:	Phone:
Color:	Year:	License Expiration Date:	Street Address:	Policy No:
Name on Registration:	VIN #	City:	State: Zip:	Expiration Date:

RENTERS INSURANCE

We recommend that you carry Renters Insurance. *Your personal belongings are not covered by our insurance.* If you have coverage, please provide information below.

Insurance Agent:	Phone:
Street Address:	Policy No:
City: State: Zip:	Expiration Date:

PERSONAL REFERENCES

List three (3) references (Not related to you).

Name:	Address:
Phone No:	City: State: Zip:
Name:	Address:
Phone No:	City: State: Zip:
Name:	Address:
Phone No:	City: State: Zip:



EMERGENCY CONTACT

Provide the name of the person and an alternate; we should contact in case of an emergency.

Name:		Address:		
Phone No:	Relationship to you:	City:	State:	Zip:
Name:		Address:		
Phone No:	Relationship to you:	City:	State:	Zip:

ELDERLY/HANDICAPPED/DISABLED STATUS

We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program and/or to give special considerations with regard to allowances in determining rent. Please check any box that applies to you:

Head of Household and/or Spouse is: 62 years of age or older Handicapped Disabled

Will you or any household member require an accessible unit? Yes No

If you checked one of the boxes above, complete this section. List payments made on outstanding medical bills; medical insurance premiums; medical and dental costs that are NOT covered by insurance. Use a separate sheet if necessary.

Name of Provider:		Street Address:		Description of Expense:	
Phone:	Policy No:	City:	State:	Zip:	Amount you pay \$ _____ per _____
Name of Provider:		Street Address:		Description of Expense:	
Phone:	Policy No:	City:	State:	Zip:	Amount you pay \$ _____ per _____
Name of Provider:		Street Address:		Description of Expense:	
Phone:	Policy No:	City:	State:	Zip:	Amount you pay \$ _____ per _____
Name of Provider:		Street Address:		Description of Expense:	
Phone:	Policy No:	City:	State:	Zip:	Amount you pay \$ _____ per _____

CRIMINAL HISTORY

This property's eligibility criteria excludes housing to individuals and households with specific types of criminal activity in their history. You **must** answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application may be rejected, OR, if move-in has occurred, you may be evicted.

	No	Yes	<u>If 'Yes' you must answer the following:</u>
• Have you or any member of your household ever been convicted of drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever been convicted of violent criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Are you or any member of your household a current, illegal user of or addicted to a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ Details: _____
• Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____
• Have you or any member of your household ever been on parole or are now on parole?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household currently or in the past used illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Are you or any member of your household subject to registration under a State sex offender registration program?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ State? _____ Details: _____

APPLICANT CERTIFICATION

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

(Initial) 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.

(Initial) I have read and understand the Tenant Selection Plan, that is posted in the Management Office and summarizes the procedures for processing applications.

(Initial) 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.

(Initial) 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**.

(Initial) 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 residence.

(Initial) 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 rules regarding pets, rent, damages, and security deposits.

(Initial) 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.

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

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

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

It is the policy of this company to provide housing on an Equal Opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin or handicap.

If you feel you have been discriminated against by this company, please call (813) 805-9000

Revised: 5/24/2010

