

POSADA DEL SOL RENTAL APPLICATION

All co-applicants age 18 or older, including spouse, should complete a separate application.

The information you provide below will be used to determine if you meet the eligibility guidelines for becoming a resident of our community. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law.

PROPERTY INFORMATION (for office use only)	
Unit Number: _____	_____ Initial Certification
# of Bedrooms: _____	_____ Recertification
	_____ Other _____
Proposed Effective Date: _____	

Current Phone Numbers Day _____ Evening _____ Alternative _____

HOUSEHOLD COMPOSITION AND STATUS					
List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the Head. Choose only one member to be Head of Household. Please answer all questions. Write N/A if a particular question is not applicable. Do not leave any questions blank or unanswered. List all members you anticipate to live with you at least 50 percent of the time in the next 12 months. Include anyone who is not currently a household member but is anticipated to become one in the next 12 months.					
Household Member's Full Name (first and last)	Relationship to Head S=Spouse O=Other Adult C=Minor Child F=Foster Adult/Child L=Live-in Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed	Social Security Number	Student* N = No PT=Part-time FT=Full-time
	Head				

*For each household member listed above, list this member as a full-time or part-time student if he/she has attended school in the current calendar year, is currently attending, or plans to attend school in the next 12 months. The educational institution defines student status. Please include all school-age children, even if home-schooled.

1. If every household member listed above is indicated as a full-time student, please answer the following questions: *Circle One*
- | | | |
|--|-----|----|
| a. Does the household receive assistance of Title IV of the Social Security Act? (AFDC/TANF) | Yes | No |
| b. Are any full-time students enrolled in a job training program receiving assistance under the Job Training Partnership Act or similar Federal, State, or local programs? | Yes | No |
| c. Are any full-time students married and entitled to file a joint tax return? | Yes | No |
| d. Does the household consist entirely of a single parent and child(ren) none of whom are | Yes | No |



dependents of another individual?

2. If you are divorced or separated, please provide date effective: _____.

If divorced within last 3 years, please provide full copy of divorce decree.

3. Do you expect any changes in the household in the next 12 months? Yes No

If yes, please describe change: _____.

When will this occur? _____.

If adding a new member, this person should be listed as a household member on page 1 of this application.

4. Are any household members under age 18 claiming emancipation (yourself included)? Yes No

If yes, please provide documentation to validate emancipation.

5. Are any members of the household required to register as a lifetime sex offender in any state? Yes No

CURRENT EMPLOYMENT INFORMATION		
Company Name:	Title:	
Address:	Date of Hire:	
City/State/Zip:	Monthly Gross Wage: \$	
Phone:	Fax:	Supervisor:
ADDITIONAL EMPLOYMENT INFORMATION		
Company Name:	Title:	
Address:	Date of Hire:	
City/State/Zip:	Monthly Gross Wage: \$	
Phone:	Fax:	Supervisor:
PREVIOUS EMPLOYMENT INFORMATION		
Company Name:	Title:	
Address:	Date Left:	
City/State/Zip:	Monthly Gross Wage: \$	
Phone:	Fax:	Supervisor:

OTHER INCOME INFORMATION		
Identify each source of income currently received or anticipated in the next 12 months.	Circle one for each item listed.	Monthly Gross Income Enter N/A if none.
1. Self-Employment	Yes No	\$
2. Not Employed	Yes No	\$
3. Unemployment Compensation	Yes No	\$
4. Disability/Worker's Compensation/Severance Pay	Yes No	\$
5. Social Security/SSI Benefits	Yes No	\$
6. VA Benefits	Yes No	\$
7. Pension/Annuity	Yes No	\$
8. Military Pay	Yes No	\$
9. Public Assistance (AFDC/TANF/W-2)	Yes No	\$
10. Child Support/Alimony/Family Maintenance	Yes No	\$
11. Recurring Gift/Contribution	Yes No	\$
12. Rental Income	Yes No	\$
13. Lottery Winnings Paid Periodically	Yes No	\$
14. Adoption Assistance	Yes No	\$
15. Trust Income	Yes No	\$
16. Education Financial Assistance	Yes No	\$
17. Other Income (e.g. inheritance, insurance policies)	Yes No	\$
18. Zero Income (No income from any source)	Yes No	\$



ASSET INFORMATION – List all assets for this household member. Complete one for every household member.

Asset Type	Circle One	Name of Financial Institution(s)	Amount
1. Checking	Yes No	_____	\$ \$
2. Savings	Yes No	_____	\$ \$
3. Cash on Hand	Yes No	_____	\$ \$
4. Stocks/Mutual Funds	Yes No	_____	\$ \$
5. CD/Money Markets	Yes No	_____	\$ \$
6. Treasury Bill	Yes No	_____	\$ \$
7. Bonds	Yes No	_____	\$ \$
8. IRA/KEOGH	Yes No	_____	\$ \$
9. 401K	Yes No	_____	\$ \$
10. Pension/Annuity	Yes No	_____	\$ \$
11. Whole Life Insurance	Yes No	_____	\$ \$
12. Universal Life Insurance	Yes No	_____	\$ \$
13. Land Contract/Deed of Trust	Yes No	_____	\$ \$
14. Real Estate	Yes No	_____	\$ \$
15. Safety Deposit Box	Yes No	_____	\$ \$
16. Personal Property Held as an Investment	Yes No	_____	\$ \$
17. Trusts	Yes No	_____	\$ \$
18. Lottery Winnings (Lump Sum)	Yes No	_____	\$ \$



19. Lump Sum Receipts	Yes	No	_____	\$	_____
			_____	\$	_____

- Do all combined assets of the entire household total less than \$5000? Yes No
- In the past two (2) years, have you sold or given away any assets listed in the chart above, for more than \$1,000 less than Fair Market Value? Yes No

If yes, please complete the following:

Asset Disposed: _____	The disposal of this asset is due to:	Bankruptcy	Yes	No
Date Disposed: _____		Foreclosure	Yes	No
Amount Disposed: _____		Marital Separation	Yes	No
		Divorce	Yes	No

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Date Disposed: _____		Foreclosure	Yes	No
Amount Disposed: _____		Marital Separation	Yes	No
		Divorce	Yes	No

- Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Yes No

If yes, please complete the following:

Gifted To: _____	Gifted To: _____
Date Gifted: _____	Date Gifted: _____
Amount Gifted: _____	Amount Gifted: _____

RESIDENTIAL HISTORY – Please provide three years of housing history.	
Current Address: _____	___ Own ___ Rent ___ Other: _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____
Phone: _____	Reason For Leaving: _____
Previous Address: _____	___ Own ___ Rent ___ Other: _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____
Phone: _____	Reason For Leaving: _____
Previous Address: _____	___ Own ___ Rent ___ Other: _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____
Phone: _____	Reason For Leaving: _____

- Have you ever been evicted from tenancy? Yes No

If yes, please list date: _____



2. Have you ever filed for bankruptcy? Yes No
 If yes, please list date: _____
3. Have you ever been convicted of a felony? Yes No
 If yes, please list reason: _____
4. Will this be your only place of residence? Yes No
 If no, please explain: _____
5. Will you have 50 percent or more physical custody of all minor members in household? Yes No
 If no, please explain: _____
6. Will you be receiving rental assistance while living at this community? Yes No
 If yes, please list source of assistance: _____
- a. Has your rental assistance ever been terminated for fraud, nonpayment of rent or failure to recertify? Yes No
 If yes, please explain: _____
7. Do you own any pets that would be moving with you in to the community? Yes No
 If yes, please list type(s): _____

OTHER INFORMATION		
Type of Vehicle (car, truck, etc.):	License Plate No.:	
Make/Model:	Year:	Color:
Type of Vehicle (car, truck, etc.):	License Plate No.:	
Make/Model:	Year:	Color:

EMERGENCY INFORMATION – <i>In case of emergency, notify:</i>		
Name:	Phone 1:	Phone 2:
Address:	Relationship:	

SCREENING STATEMENT: It is our policy to thoroughly investigate everyone submitting an application – a screening for Federal or State Sex Offender Registry will be conducted for each applicant, based on each state member reports residing in. Applicants who are subject to a Federal or State Sex Offender Registry requirement will not be considered. List below states that applicant has resided in:

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information provided in this rental application is true and complete to the best of my/our knowledge and understand that this information will be used to verify income eligibility for the tax credit program under which I/we applied. I/We also understand that the owner/management agent will use this information to investigate



my/our credit worthiness through a credit bureau, criminal checks, and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents, or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Finally, if such misrepresentation or omission is discovered after tenancy has begun, I/we understand that we may be subject to eviction or punishable by law.

I swear that I have read the above statement, and I grant my consent for the release of information to all necessary third parties as needed for verification purposes.

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	



Reason for Contact: (Check all that apply)

- | | |
|---|--------------------------------|
| <input type="checkbox"/> emergency Assist with Recertification Process | <input type="checkbox"/> |
| <input type="checkbox"/> unable to contact you Change in lease terms | <input type="checkbox"/> |
| <input type="checkbox"/> termination of rental assistance Change in house | <input type="checkbox"/> rules |
| <input type="checkbox"/> eviction from unit Other: | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Late payment of rent | |

Commitment of Housing Authority or Owner: 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.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: 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)

Applicant's Signature

Date

