

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time Received: \_\_\_\_\_ AM / PM  
 Apartment Type: \_\_\_\_\_



**Royal American Management, Inc.  
 Housing Tax Credit Program**

**RENTAL APPLICATION**



ALL QUESTIONS MUST BE ANSWERED COMPLETELY IN ORDER FOR YOUR APPLICATION TO BE PROCESSED. DO NOT LEAVE ANY QUESTION UNANSWERED. \* A separate application is required for each unmarried individual age 18 years and over.

**\*\*IDENTIFICATION IS REQUIRED TO COMPLETE APPLICATION. DO NOT USE WHITEOUT ON THIS APPLICATION.**

Do you require a handicap unit? \_\_\_\_ Yes \_\_\_\_ No

**Household Information:**

DATE: \_\_\_\_\_

Complete the following information for each household member that will occupy the apartment at time of move-in:

Name First, M.I., Last	Relationship to Head of Household	M/F	Social Security Number	Birthdate (Mo / Day / Yr)	Marital Status	Full-time Student?

CURRENT ADDRESS: \_\_\_\_\_  
 Street Address, P.O. Box Number, Apartment Number, etc.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ Length of Time: \_\_\_\_\_  
 Daytime Telephone # Evening Telephone #

CHECK ONE: \_\_\_\_ Rent \_\_\_\_ Own

**Income Information:**

Include all gross annual income anticipated for the next 12 months. Include the dollar (\$) amount in the space provided.

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

YES NO

1. GROSS Employment wages or salaries?

(Include all overtime, tips, bonuses, commissions earned and any payments received in cash.)

Household Member's Name \_\_\_\_\_

Gross Amount Earned \$ \_\_\_\_\_  Week  Month  Year

Employer \_\_\_\_\_ How Long? \_\_\_\_\_

Employer Address (Street/City/State) \_\_\_\_\_

Position \_\_\_\_\_ Employer Telephone # \_\_\_\_\_

Household Member's Name \_\_\_\_\_

Gross Amount Earned \$ \_\_\_\_\_  Week  Month  Year

Employer \_\_\_\_\_ How Long? \_\_\_\_\_

Employer Address (Street/City/State) \_\_\_\_\_

Position \_\_\_\_\_ Employer Telephone # \_\_\_\_\_

Household Member's Name \_\_\_\_\_

Gross Amount Earned \$ \_\_\_\_\_  Week  Month  Year

Employer \_\_\_\_\_ How Long? \_\_\_\_\_

Employer Address (Street/City/State) \_\_\_\_\_

Position \_\_\_\_\_ Employer Telephone # \_\_\_\_\_

2. Self-employment?

Source \_\_\_\_\_ Household Member \_\_\_\_\_ Amount / Frequency \$ \_\_\_\_\_

- 3. Unemployment benefits or workmens' compensation?  
Source \_\_\_\_\_ Household Member \_\_\_\_\_ Amount / Frequency \$ \_\_\_\_\_
- 4. Public Assistance (such as AFDC), Child Support or Alimony?  
Source \_\_\_\_\_ Household Member \_\_\_\_\_ Amount / Frequency \$ \_\_\_\_\_
- 5. Social Security, SSI, Veterans benefits, pension, retirement benefits, annuities, disability, death benefits or life insurance dividends?  
Source \_\_\_\_\_ Household Member \_\_\_\_\_ Amount / Frequency \$ \_\_\_\_\_
- 6. Any other income from any other source whatsoever (ex.: rental property, recurring gifts, etc.)?  
Source \_\_\_\_\_ Household Member \_\_\_\_\_ Amount / Frequency \$ \_\_\_\_\_

**Asset Information:**

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

Include ALL assets held by ALL household members including minors.

Do YOU or ANYONE in your household hold?

YES NO

- 1. Checking (average six-month balance) or savings accounts (current balance)?  
Type of Account \_\_\_\_\_ Location of Account \_\_\_\_\_  
Household Member \_\_\_\_\_ Amount in Account \_\_\_\_\_  
Account # \_\_\_\_\_ Interest Rate \_\_\_\_\_
- 2. CDs, money market accounts, mutual funds, treasury bills, stocks, bonds, securities, trust fund?  
Type of Account \_\_\_\_\_ Location of Account \_\_\_\_\_  
Household Member \_\_\_\_\_ Amount in Account \_\_\_\_\_  
Account # \_\_\_\_\_ Interest Rate \_\_\_\_\_
- 3. Pensions, IRAs, KEOGH or other retirement accounts?  
Type of Account \_\_\_\_\_ Location of Account \_\_\_\_\_  
Household Member \_\_\_\_\_ Amount in Account \_\_\_\_\_  
Account # \_\_\_\_\_ Interest Rate \_\_\_\_\_
- 4. Cash on hand (excluding any amounts listed above)?  
Household Member \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Household Member \_\_\_\_\_ Amount \$ \_\_\_\_\_
- 5. Real estate, rental property, land, contract for deeds or other real estate holdings or personal property as an investment?  
(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or Commercial property.)  
Type \_\_\_\_\_ Household Member \_\_\_\_\_ Value \$ \_\_\_\_\_  
Type \_\_\_\_\_ Household Member \_\_\_\_\_ Value \$ \_\_\_\_\_  
Type \_\_\_\_\_ Household Member \_\_\_\_\_ Value \$ \_\_\_\_\_
- 6. Have you or any household member disposed of, given away or sold any asset(s) for LESS than fair market value within the past 2 years?  
Household Member \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Explanation \_\_\_\_\_

**TOTAL DOLLAR AMOUNT OF ALL ASSETS COMBINED:** \$ \_\_\_\_\_

**TOTAL ANNUAL INCOME EARNED FROM COMBINED ASSETS:** \$ \_\_\_\_\_

**Zero Income Verification:**

Are YOU or is ANY OTHER ADULT member of your household?

YES NO

- 1. Claiming zero income (Unemployed)? If so, who? \_\_\_\_\_

**Rental History:**

List the past THREE (3) years of rental / housing references:

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Your Address \_\_\_\_\_

Own  Rent Amount \$ \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Your Address \_\_\_\_\_

Own  Rent Amount \$ \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Your Address \_\_\_\_\_

Own  Rent Amount \$ \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

Phone ( ) \_\_\_\_\_

YES NO

Have you ever been evicted from an apartment for any reason or had foreclosure actions taken?

If "YES", please provide explanation of circumstances: \_\_\_\_\_

\_\_\_\_\_

**Personal References:**

List two (2) personal references other than a relative.

1. Name of Reference \_\_\_\_\_

Address of Reference \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

2. Name of Reference \_\_\_\_\_

Address of Reference \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

**OTHER INFORMATION:**

Answer either "YES" or "NO" to each question.

YES NO

1. Have you ever filed for bankruptcy or had credit problems?

If "YES", please explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

2. Have you ever been convicted of a felony?

If "YES", please explain the circumstances of the conviction: \_\_\_\_\_

\_\_\_\_\_

**Vehicle Identification:**

1. License # \_\_\_\_\_ State Issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_

2. License # \_\_\_\_\_ State Issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_

**Emergency Contact:**

Name (If possible, please list someone in the local area that is not listed on the application.)

\_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

**Live-In Care Attendant:**

YES NO

Will you or anyone in your household require a live-in care attendant? (A copy of their social security card / picture identification is required with this application.)

Name of Live-in Care Attendant \_\_\_\_\_

Relationship (if any) \_\_\_\_\_

**Section 8 Rental Assistance:**

YES NO

Will your household be receiving Section 8 rental assistance at time of move-in? (A copy of voucher or certificate is required with application.)

Name of Agency \_\_\_\_\_

Contact Person Name \_\_\_\_\_

**PET INFORMATION (Conventional and RD Elderly Communities Only):**

YES NO

Do you have a pet? If "YES":

Type \_\_\_\_\_ Weight \_\_\_\_\_ Spayed / Neutered \_\_\_\_\_

**FLOTATION BEDDING DEVICE:**

YES NO

Do you own a waterbed? (Proof of insurance must be provided with community listed as loss / payee.)

Type \_\_\_\_\_ Weight \_\_\_\_\_

All questions that were answered "YES" will be verified through the appropriate third-party source, if applicable. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information or documentation that may be required to expedite this process.

**REFERRAL INFORMATION:**

How were you referred to our Apartment Community?

Apartment Guide  Drive By  Current Resident  Other \_\_\_\_\_

**APPLICATION FEE (where applicable)**

Applicant will pay an application fee in the amount of \$ \_\_\_\_\_. **THIS APPLICATION FEE IS NON-REFUNDABLE.**

**SECURITY DEPOSIT AGREEMENT:**

Applicant has deposited a "Security Deposit" (in the amount stated below) in consideration for owner's taking the dwelling apartment home off the market while considering approval of this application. If applicant is approved but fails to promptly enter into the contemplated lease, the security deposit shall be forfeited to owner as liquidated damages. The security deposit will be refunded only if applicant is not approved. Keys will be furnished only after contemplated lease and other rental documents have been properly executed by all parties and only after applicable rentals and security deposits have been paid. This application is preliminary only and does not obligate owner or owner's agent to execute a lease or deliver possession of the proposed premises.

**Signature Clause:**

I understand that management is relying on this information to qualify my household for eligibility under the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting the management company's resident selection criteria and the Housing Credit Program requirements, if applicable.

All ADULT (18 Years or older) household members must sign below:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Apt. #: _____	Monthly Rate: _____
Address: _____	Lease Term: _____
Apt. Type: _____	Security Deposit: _____
Move-In Date: _____	Application Fee: _____
Non-Refundable Pet Fee (If Applicable): _____	

**Information For Government Monitoring Purposes**

The following information is requested by the apartment community owner in order to assure that Federal laws prohibiting discrimination against applicants on the basis of race, national origin, sex, color, religion, familial or handicapped status are being complied with. This information will not be used in evaluating your application or to discriminate against you in any way. You are not required to furnish this information but you are encouraged to do so. However, if you choose not to furnish it, the owner is required to note the race / national origin and sex of individual applicants on the basis of visual observation or surname.

**APPLICANT:** I do not wish to furnish this information \_\_\_\_\_ (Initials)

**RACE / NATIONAL ORIGIN:**

- Am. Indian     Hispanic     African-American     Asian, Pac. Island     Caucasian  
 Other \_\_\_\_\_

**SEX:**

- Male     Female

**CO-APPLICANT:** I do not wish to furnish this information \_\_\_\_\_ (Initials)

**RACE / NATIONAL ORIGIN:**

- Am. Indian     Hispanic     African-American     Asian, Pac. Island     Caucasian  
 Other \_\_\_\_\_

**SEX:**

- Male     Female

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**OFFICE USE ONLY**

APARTMENT TYPE REQUESTED \_\_\_\_\_ Bedroom \_\_\_\_\_ Bath

HANDICAPPED APARTMENT REQUESTED  YES     NO

APPLICATION EVALUATION    (    ) Accepted                    (    ) Approved                    \_\_\_\_\_ Initials  
     (    ) Not Accepted                    (    ) Not Approved                    \_\_\_\_\_ Initials

    Complete  
 Applicant Release                    \_\_\_\_\_                    Apt. Type \_\_\_\_\_                    Deposit \_\_\_\_\_  
 Resident Selection Criteria                    \_\_\_\_\_                    Apt. # \_\_\_\_\_                    Rent \_\_\_\_\_

	Complete	Acceptable	Unacceptable	Comments
Criminal Background	_____	_____	_____	_____
Credit History	_____	_____	_____	_____
Rental History / References	_____	_____	_____	_____
Household Income	_____	_____	_____	_____

TENTATIVE MOVE-IN DATE \_\_\_\_\_