



Property Name: _____
 Head of Household Name: _____
 Date Received: _____
 Time Received: _____
 Manager Name: _____

RENTAL APPLICATION INSTRUCTIONS

In this Application Packet you will find the forms listed below. Please follow the instructions carefully and ask questions if you are unsure how to complete the attached material.

Forms

1. Tenant Disclosure Form/Authorization to Release Information: This form must be signed by each applicant who is 18 years of age or older.
2. Rental Applications: All applicants ages 18 and over must complete and sign the rental application.

Background Screening Fee

This fee is charged with each application to off-set the cost of a background check which may include credit screening. Please note this fee is **NON-REFUNDABLE** and must be paid by money order.

\$30 for 1 adult \$40 for 2 adults \$50 for 3 adults \$60 for 4+ adults

Additional documents to submit with Application

Please bring the originals with you to the office. Your application will be considered incomplete until these documents are received. You must return your application with all required documents.

1. Social Security Numbers: All household members must provide a copy of their Social Security Card.
2. Government Issued ID: All household members must provide a copy of either their Driver’s License, State Identification Card, Passport, or other form of photo ID.
3. Birth Certificates: A Birth Certificate (copy) must be provided for all household members under the age of 18.

I/We have been advised and understand that this is a preliminary application for occupancy, and it gives no lease or rental rights, nor approval to move into housing at the site. Additional information will be required to verify my/our household’s eligibility, using the rental property’s uniform qualifications standard and resident selection criteria. It is further understood that my/our application is not considered complete until all the forms are completed in their entirety and the requested documents have been provided to management. This application and the contents thereof are considered part of my/our lease agreement.

Applicant Signature	Date signed	Print Name
Co-Applicant #1 Signature	Date signed	Print Name
Co-Applicant #2 Signature	Date signed	Print Name
Co-Applicant #3 Signature	Date signed	Print Name



To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; Fax: (833) 256-1665 | (202) 690-7442; or Email: program.intake@usda.gov

Tenant Disclosure/Authorization to Release Information

I/We certify that all information given in this application there to is true, complete, and accurate. We understand that if any of this information is false, misleading, or incomplete, management may decline our application or, if move-in had occurred, terminate our Rental Agreement.

I/We understand that if any members of our household are handicapped or disabled, as defined by the federal government, we may be entitled to special accommodation with regards to the property's occupancy standards, policies, and procedures, or retrofit of physical modification to the rental housing unit. To request accommodation, a written request will be submitted to management.

I/We understand that we as applicants are responsible for contacting the rental office in writing whenever the applicant household's address and/or telephone number changes, and to report any changes in household size, composition, student status, or income which may affect occupancy eligibility.

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

I/We authorize Flynn Management Corporation to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act 15 U.S.C. Section 1681 a (d). Seeking information on your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

I/We understand that if any members of our household are victims of domestic violence, dating violence, sexual assaults, or stalking, as described in the Violence Against Women Act (VAWA), I/we may request special protections from this housing provider by completing the necessary certification and submitting any required supporting documentation.

After eligibility is determined and an apartment becomes available, you will be contacted and be given seven (7) days to respond. If you do not respond, the application will be withdrawn. If your application is approved and move in occurs, I/We certify that only those persons listed in the application will occupy the apartment that they will maintain no other place of residence, and that there are no other persons for who we have or expect to have, responsibility to provide housing. We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

By signing this application, I/We hereby certify that the income reporting procedures for determining adjusted income has been explained to me by the management and it has been made clear to me that adjusted income is derived from the total income of all members of the household. I/We have read and understand, the information in this application and in particular the information contained in the Rental Application Instructions and Tenant Disclosure form, and we agree to comply with such information. Additionally, I/We understand the penalties for committing fraud. The USDA Rural Development program places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be rejected, evicted and required to repay all overpaid rental assistance you received, fined up to \$10,000, imprisoned up to five years and/or prohibited from receiving future assistance.

Applicant Signature	Date signed	Print Name
Co-Applicant #1 Signature	Date signed	Print Name
Co-Applicant #2 Signature	Date signed	Print Name
Co-Applicant #3 Signature	Date signed	Print Name



To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; Fax: (833) 256-1665 | (202) 690-7442; or Email: program.intake@usda.gov



STANDARD RENTAL APPLICATION

Name of Property: _____ Location: _____

Size of Apartment Requested – Check One Only: 1BR ___ 2BR ___ 3BR ___ 4BR ___ H/C Accessible Preferred ___

PART A – APPLICANT INFORMATION

Please state below the name(s) of household member(s) designated to be APPLICANT, CO-APPLICANTS and OTHER OCCUPANTS. “Applicant” and “co-applicant” are defined as an individual who has the **legal** right to enter into a lease agreement and will share all the rights and responsibilities. “Occupants” are defined as minors, foster children, live-in aides, and full-time students over 18.

<u>APPLICANTS</u>	NAME	SEX	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP
APPLICANT					
CO-APPLICANT #1					
CO-APPLICANT #2					
CO-APPLICANT #3					
<u>OCCUPANTS</u>	NAME	SEX	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP
OCCUPANT #1					
OCCUPANT #2					
OCCUPANT #3					
OCCUPANT #4					

PART B – INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The information solicited on this application is requested by the apartment owner to assure the Federal Government, acting through Rural Development that Federal laws prohibiting discriminating applicants on the basis of race, color, national origin, religion, sex, marital or familial status, age, and handicap 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. If you do not wish to furnish the above information, please initial below.

<u>ETHNICITY</u>	HISPANIC/ LATINO	NON- HISPANIC/ LATINO	<u>RACE</u>	AMERICAN INDIAN/ ALASKAN NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
APPLICANT			APPLICANT					
CO-APPLICANT #1			CO-APPLICANT #1					
CO-APPLICANT #2			CO-APPLICANT #2					
CO-APPLICANT #3			CO-APPLICANT #3					
OCCUPANT #1			OCCUPANT #1					
OCCUPANT #2			OCCUPANT #2					
OCCUPANT #3			OCCUPANT #3					
OCCUPANT #4			OCCUPANT #4					

I do not wish to furnish this information: Applicant _____ Co-Applicant #1 _____ Co-Applicant #2 _____ Co-Applicant #3 _____



PART C – VEHICLE INFORMATION

Total Number of cars to be parked on property: _____ (Limit One per Licensed Driver)

VEHICLE #1 (No Commercial Vehicles or Motorcycles)

VEHICLE #2 (No Commercial Vehicles or Motorcycles)

Make	Year	Color	Make	Year	Color
Model	Tag Number	State	Model	Tag Number	State
Body Style: (Check one) ___ SUV ___ 2-door ___ Van ___ 4-door ___ Pick-up ___ Wagon			Body Style: (Check one) ___ SUV ___ 2-door ___ Van ___ 4-door ___ Pick-up ___ Wagon		
Registered to:			Registered to:		

PART D – PET INFORMATION

PETS ALLOWED ONLY AT DESIGNATED ELDERLY PROPERTIES AND SUBJECT TO WRITTEN APPROVAL OF MANAGEMENT. LIMIT 1 PER UNIT - Domestic cat or dog only

Dog Cat Breed: _____ Weight (20 lb. limit): _____

If there are no pets in the household, all adult members must initial below:

Applicant _____ Co-Applicant #1 _____ Co-Applicant #2 _____ Co-Applicant #3 _____

PART E- SECURITY DEPOSIT

A security deposit of \$ _____ is required. In consideration of the Owner’s Agent holding this apartment for me, I hereby waive all rights to the return of this deposit and forfeit as liquidated damages in the event I do not choose to enter the rental contract applied for here. **I UNDERSTAND THE SECURITY DEPOSIT IS ONLY REFUNDABLE WITHIN 72 HOURS AFTER PAYMENT.**

PART F – SIGNATURES OF APPLICANTS

_____ Applicant Signature	_____ Date signed	_____ Print Name
_____ Co-Applicant #1 Signature	_____ Date signed	_____ Print Name
_____ Co-Applicant #2 Signature	_____ Date signed	_____ Print Name
_____ Co-Applicant #3 Signature	_____ Date signed	_____ Print Name

FOR MANAGER USE ONLY - DO NOT WRITE BELOW

Rental Assistance Available: Yes _____ No _____ HUD/Section 8 Available: Yes _____ No _____

Estimated Rent: \$ _____ Documents Submitted with Application:

Estimated Gross Household Monthly Income: \$ _____ Government Photo ID Social Security Card

Maximum Tax Credit Income (LIHTC Properties Only): \$ _____ Birth Certificate Income Documentation

FOR MAIN OFFICE USE ONLY

Approved Date Approved: _____ By: _____

Denied Date Denial Letter Sent: _____ By: _____





**FLYNN
MANAGEMENT
CORPORATION**

STANDARD RENTAL APPLICATION

PART G – APPLICANT QUESTIONNAIRE

EACH APPLICANT AGE 18 OR OLDER MUST PROVIDE THE FOLLOWING INFORMATION SEPARATELY:

Applicant or Co-Applicant Name: _____
First Name Middle Name Last Name

Social Security Number: _____ Date of Birth: _____

Home Phone/Area Code: _____ Work Phone/Area Code: _____

Cell Phone/Area Code: _____ Email Address: _____

1. Do you have the legal right to enter into a lease Yes No If no, please explain: _____

2. Have you ever been convicted of a felony? Yes No If yes, date of conviction (s): _____
 Charge(s): _____ Jurisdiction(s): _____

3. Have you ever had an eviction filed against you? Yes No If yes, date(s) of filing: _____
 Landlord Name(s): _____ Jurisdiction(s): _____

4. Are you a U.S. citizen? Yes No 5. Are you a student? Yes No If yes, Full Time _____ Part Time _____

6. Marital Status: Married _____ Separated _____ Divorced _____ Single _____ Widowed _____

PROVIDE A COPY OF DIVORCE DECREE, SEPARATION PAPERS, CHILD CUSTODY PAPERS, OR CHILD SUPPORT AGREEMENT IF APPLICABLE.

PART H – RESIDENCE HISTORY

EACH APPLICANT AND CO-APPLICANT MUST PROVIDE A MINIMUM OF 12 CONSECUTIVE MONTHS OF RESIDENCY AND AT LEAST 2 CONSECUTIVE RESIDENCIES. IF MORE SPACE IS NEEDED, USE ADDITIONAL PAGE.

CURRENT RESIDENCY

Date Moved In: _____		Monthly Payment: \$ _____
Why do you wish to move? _____		
Physical Street Address and Apartment Number: _____		
City/State/Zip: _____		Check One: <input type="checkbox"/> Rent <input type="checkbox"/> Own
If you don't own, is your Name on the lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not on the lease, whom do you live with? Name: _____ <input type="checkbox"/> Family <input type="checkbox"/> Friend Relationship: _____ Day Phone: (____) _____ Evening Phone: (____) _____	
Name of Landlord or Mortgage Company: _____		
Address of Landlord or Mortgage Company: _____		
Phone Number of Landlord/Mortgage Company: (____) _____		
Name of Contact Person: _____		



PRIOR RESIDENCY

Date Moved In:	Date Moved Out:	Monthly Payment: \$
Why do you wish to move?		
Physical Street Address and Apartment Number:		
City/State/Zip:		Check One: <input type="checkbox"/> Rent <input type="checkbox"/> Own
If you don't own, is your Name on the lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not on the lease, whom do you live with? Name: _____ <input type="checkbox"/> Family <input type="checkbox"/> Friend Relationship: _____ Day Phone: (____) _____ Evening Phone: (____) _____	
Name of Landlord or Mortgage Company:		
Address of Landlord or Mortgage Company:		
Phone Number of Landlord/Mortgage Company: (____) _____		
Name of Contact Person:		

PRIOR RESIDENCY

Date Moved In:	Date Move Out:	Monthly Payment: \$
Why do you wish to move?		
Physical Street Address and Apartment Number:		
City/State/Zip:		Check One: <input type="checkbox"/> Rent <input type="checkbox"/> Own
If you don't own, is your Name on the lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not on the lease, whom do you live with? Name: _____ <input type="checkbox"/> Family <input type="checkbox"/> Friend Relationship: _____ Day Phone: (____) _____ Evening Phone: (____) _____	
Name of Landlord or Mortgage Company:		
Address of Landlord or Mortgage Company:		
Phone Number of Landlord/Mortgage Company: (____) _____		
Name of Contact Person:		

(IF MORE ROOM IS NEEDED FOR PRIOR ADDRESSES, PLEASE ATTACH ADDITIONAL PAGE.)

**PART I – EMERGENCY CONTACT
IN CASE OF PERSONAL EMERGENCY, NOTIFY:**

PRIMARY Contact Name: _____	Phone: (____) _____	Relationship: _____
Address: _____	City: _____	State: _____ Zip: _____
SECONDARY Contact Name: _____	Phone: (____) _____	Relationship: _____
Address: _____	City: _____	State: _____ Zip: _____



PART J – INCOME SOURCES/EMPLOYMENT INFORMATION

Retirement Income

Are you Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Amount \$ _____
Pension Amount \$ _____	Supplemental Security Income (SSI) Amount \$ _____

Unemployment Income

Are you currently Unemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Unemployment expected to end: _____
Weekly Benefit Amount \$ _____	Comments:

Employment Income- Information for Current Job Please check one: **Second Job** **Previous Job**

Name of Employer:	Name of Employer:
Street Address of Employer:	Street Address of Employer:
City, State, Zip:	City, State, Zip:
Telephone Number (including area code):	Telephone Number (including area code):
Name of Immediate Supervisor:	Name of Immediate Supervisor:
Applicant's Job Description:	Applicant's Job Description:
Date Employment Began:	Date Employment Began: Date Ended:
\$ _____ Gross Monthly Amount (Before Deductions)	\$ _____ Gross Monthly Amount (Before Deductions)

Other Income Sources

SOURCE	WORKERS COMP	CHILD SUPPORT	AFDC	OTHER
AMOUNT	\$ Per	\$ Per	\$ Per	\$ Per

PART K – ASSETS – ALL ITEMS MUST BE CHECKED

TYPE	YES	NO	LOCATION/BANK	ESTIMATED VALUE
House or Mobile Home				\$
Land				\$
Bank/Savings Account(s)				\$
Retirement Accounts				\$
Investment Accounts				\$
Other:				\$

I certify that the information and statements provided above are true and complete to the best of my knowledge and belief and that I have disclosed all income and assets. I hereby authorize the release of any and all information concerning my employment, income, assets, credit, criminal, and residency history to Flynn Management Corporation.

Applicant or Co-Applicant Signature **Date Signed** **Print Name**

