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|----------------|-------|
| Date Received: | _____ |
| Time Received: | _____ |
| Bedroom Size: | _____ |
| Received By: | _____ |

APPLICATION FOR RENTAL with Bartlesville Senior Apartments

Please complete this application with pertinent details. This information requested provides the basis for our selection of the best neighbors for you and all residents. If accepted as a resident, this application will become part of your resident file.

Name: _____ Phone#: _____ Alt Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

Marital Status (*check one*): Married Single Unmarried

For statistical purposes only, please check all that apply:

White Black Am. Indian/Alaskan Native Asian Native Hawaiian/Other

Also please designate your ethnicity: Hispanic Non-Hispanic

HOUSEHOLD INFORMATION

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

**Those household members that were 62 or older as of January 31, 2010 and receiving HUD rental assistance at another location on January 31, 2010, please write exempt in the SSN box and provide information to validate the exemption of disclosing and providing verification of a SSN.*

| Name (Last, First, MI) | Relationship to the Head of Household | Birth Date (mm,dd,yyyy) | Student (Y/N) | Social Security Number |
|------------------------|---------------------------------------|-------------------------|---------------|------------------------|
| #1 | Self | | | |
| #2 | | | | |
| #3 | | | | |
| #4 | | | | |

Please provide a complete list of states where each household member has lived. This disclosure is mandatory under HUD rules and criminal/sex offender screening will be reviewed in each state listed. Failure to provide a complete and accurate list will result in the rejection of the application.

| |
|----|
| #1 |
| #2 |
| #3 |
| #4 |

1. Does anyone live with you who is not listed above? Yes No
2. If the Head of Household or Co-Head/Spouse is not 62 or older, do you claim eligibility because the Head of Household or Co-head/Spouse is disabled and requires the features of an accessible unit? * Yes No
3. Are you a student enrolled in an institute of higher education? Yes No
4. Are you a victim of a recent presidentially declared disaster? Yes No
5. Are you currently homeless? Yes No
6. Are you currently living in a federally subsidized housing unit? Yes No
7. Have you ever been evicted? Yes No
 If yes, please provide the following information: When? _____
 For what reason? _____
 Name of the Housing Authority/Owner _____
8. Are you or any member of your household registered as a sex offender or lifetime sex offender in ANY state in the United States? Yes No
 If Yes, list each state; _____
9. Have you, or a member of your household, ever been arrested of a felony or misdemeanor? Yes No
 If Yes, what was the date of the arrest? _____
 If Yes, what was the charge? _____
 If arrested for a felony, did the arrest result in a conviction? Yes No
 If No, is the case still pending? Yes No
 If the case is not pending, were you acquitted of the charge? Yes No
 If you were convicted of the felony, were you incarcerated? Yes No
 If Yes, what was the date of your release? _____

FAILURE TO ANSWER QUESTIONS 8 AND 9 WILL BE REASON FOR DENIAL OF APPLICATION.

* These questions are asked only for the purposes of calculating total tenant payment and determining the family's need for an accessible unit.

10. Name and address of current landlord: _____ Phone: _____
 Dates of occupancy: From _____ to _____ Amount of rent: _____

IF YOU ARE STAYING IN A SHELTER OR WITH FAMILY YOU MUST STILL ANSWER THE ABOVE QUESTION.

Please list your place of dwelling for the past three years:

| ADDRESS | LANDLORD NAME AND ADDRESS | LANDLORD'S PHONE | DATES TO AND FROM |
|---------|---------------------------|------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
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PETS & ASSISTANCE/COMPANION ANIMALS

The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to house an animal in the unit? Yes No

Is this animal required to live in the unit to alleviate the symptoms of a disability for a household member? Yes No

If No, please move on to the next section. If yes, please provide the following information.

| ANIMAL TYPE | BREED | HEIGHT | WEIGHT |
|-------------|-------|--------|--------|
| | | | |
| | | | |

FINANCIAL INFORMATION

Please answer each of the following questions. For each "yes", please provide detail in the chart below.

Does any member of your household:

1. Work full-time, part-time or seasonally? Yes No
2. Expect to work for any period during the next year? Yes No
3. Work for someone who pays cash? Yes No
4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave? Yes No
5. Currently receive, or expect to receive, unemployment benefits? Yes No
6. Currently receive, or expect to receive, child support? Yes No
7. Have an entitlement to receive child support that he/she is not currently receiving? Yes No
8. Currently receive, or expect to receive, alimony? Yes No
9. Have an entitlement to receive alimony that is not currently being received? Yes No
10. Currently receive, or expect to receive, public assistance (welfare)? Yes No
11. Currently receive, or expect to receive, Social Security benefits? Yes No
12. Currently receive, or expect to receive, income from a pension or annuity? Yes No
13. Currently receive, or expect to receive, regular contributions from organizations or individual not living in the unit? Yes No
14. Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks or bonds, or income from rental property? Yes No
15. Own real estate or any assets for which you DO NOT receive income (checking account, cash)? Yes No
16. Have you sold, given away or otherwise transferred an asset(s) for less than fair market value in the past two years? Yes No

If yes, please explain: _____

| Member # | Source of Income/Type of Income | Annual Income |
|----------|---------------------------------|---------------|
| | | |
| | | |
| | | |
| | | |

DEDUCTIONS

Household income can be reduced based on the amount of the qualified monthly expenses. Please let us know if you have out-of-pocket expenses medical costs or the following:

1. Do you have expenses for child care of a child aged 12 or younger? Yes No
If yes, provide the name, address, and telephone number of the care provider:

What is the weekly cost to you of the child care? _____

2. Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work? Yes No

If you pay a care attendant, provide the name address and telephone number:

What is the weekly cost to you for the care attendant and/or the equipment? _____

- 3. Is the head of household or spouse disabled or handicapped? Yes No
 - 4. Has the Head of household been diagnosed with a chronic mental illness? Yes No
- If yes, provide the name, address, and telephone number of the care provider:
- _____

Please note the following items relative to the processing of this application:

- 1. **After formal processing of this application has begun, the information and verification must be updated every six (6) months prior to move-in.**
- 2. **A credit report may be obtained prior to initial occupancy.**

I (meaning all adults listed on this application) hereby consent to the release of all criminal conviction records to Gorman Management Company (GMC) as agent for the Owner of the Property I am applying for occupancy. Any law enforcement agency, court or any other organization that houses said records may release criminal conviction records concerning my household to GMC. Furthermore, I consent to the release of all rental history, credit history and driving records to GMC for use in determining my eligibility for occupancy. GMC will maintain complete confidentiality of any information attained from this release.

I/We the applicant(s) agree to give the management/Owner the authority to investigate my/our credit rating, my/our current and past rental record, and all other information necessary to determine eligibility. I/We understand that any misrepresentation of information on this form will disqualify me from consideration for leasing and may be grounds for eviction.

I hereby affirm that the foregoing information is true and correct to the best of my knowledge.

Signature of Head of Household

Date

Signature of Other Adult Member

Date

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

Bartlesville Senior Apartments does not discriminate on the basis of disability status in the admission for access to, or treatment or employment in its federally assisted programs and activity. Please see the 504 Grievance Policy posted outside the management office should you need assistance with coordinating compliance and nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988).



Application Declarations and Authorization

(To accompany the rental application)

Accurate Information: You declare that all of your statements on the accompanying application and any supplemental information are true and correct. If you fail to fully and completely answer any question or give false information, we may reject the application, retain all application fees as liquidated damages for our time and expense. Giving false information is a serious criminal offense.

Authorization: You authorize us to verify all information relating to this application through any means, including but not limited to One Site Screening and any other consumer reporting agencies, public record resources, and other rental housing owners. You further authorize us to furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your lease obligations, including both favorable and unfavorable information about your compliance with any lease, rules, or financial obligations.

In the event that anything contained herein is in conflict with any additional application document, this document will be controlling.

(Each applicant must be named, sign and date/time this “Declarations and Authorization”.)

| | | |
|----------------|---------------------|-----------|
| Applicant Name | Applicant Signature | Date/Time |
| Applicant Name | Applicant Signature | Date/Time |
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