



Application Requirements

Thank you for your interest in _____ when looking for your next home! HOPE Management is committed to providing the best service in order to assist you in choosing a housing complex that fits your needs. Please feel free to contact us at any time should you need assistance with completing this application at _____ or stopping by our office during the hours of _____ Monday through Friday.

Only one application per household is required regardless of marital status.

To ensure that you are able to have a quick and smooth move in, please be sure to do the following:

- ✓ Make sure all blanks are complete. If the question does not apply to you, fill in N/A.
- ✓ Please do not use white out ever.
- ✓ If you make a mistake, draw a single line through the mistake and initial next to it.
- ✓ Make sure that all adults sign and date the application.
- ✓ A non-refundable application fee of **\$25.00 per adult** is required to complete the background screening.
- ✓ Bring copies of all household members' social security cards and all occupants who are over 18's identification at the time you drop off the application.

Preliminary Approval and Further Verification: Upon receiving your application, you will receive an initial application approval letter within 10 days. This preliminary approval is subject to further verification processes, including credit, criminal, and landlord reference checks, as well as income and student eligibility assessments. It is important to understand that the application may still be rejected after this initial approval.

For any inquiries or assistance with your application, feel free to reach out to us via:

- Email: _____
- Phone: _____
- Regular Mail: _____

Eligibility will be determined based upon this property's Resident Selection Criteria (available upon request).

HOPE Property Management, LLC and the owner are committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act (ADA), or any status protected by Federal, State or Local Law, Regulation or Ordinance in the Leasing or Management of the units and residential community. If you require assistance in the form of readers, interpreters, large print, or any other way to enable you to fully participate in our housing program, please let us know and we will assist you to the fullest extent feasible. If you are mobility impaired and do not have access to our rental office, we can make arrangements to meet you at another accessible location near the rental office.





HOUSEHOLD INFORMATION

Desired Move-In Date: _____
 Applicant's Name: _____
 Current Physical Address: _____
 City, State, Zip: _____
 Mailing Address (if different): _____
 Phone Number: (____) _____
 Email: _____
 Preferred method of contact: Email Mail
 Apartment Bedroom Size Seeking: One Two Three
 Specially Equipped Handicap Unit (Specify) _____
 Do you certify that, if eligible, this will be your primary residence? Yes No
 Have you ever applied for or currently holding a Section 8 waiting Certificate or Voucher? Yes No
 If Yes, do you currently have a Section 8 Voucher? Yes No
 Are you currently residing in a HUD/RD Assisted unit? Yes No
 Do you have a pet? Yes No
 Are you: Homeless Disabled/Handicap 52 or Older 62 or Older Victim of Domestic Violence
 How did you hear about us? Online Publications Referral Other: _____

Return Application to:

 Phone: _____
 Fax: _____
 Date Received: _____
 Time Received: _____
 App Paid: _____

Household Information

1. List all occupants beginning with the Head of Household including Live in Aides, foster children and foster adults who will be occupying the house. (Head of Household is the person whose name is at the top of this Application. All other adults are Co-Heads)

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Date of Birth	Age	Sex M/F	Social Security Number
#1 _____	Self	/ /			- -
#2 _____		/ /			- -
#3 _____		/ /			- -
#4 _____		/ /			- -
#5 _____		/ /			- -
#6 _____		/ /			- -
#7 _____		/ /			- -

2. Are there any anticipated changes to the number of people living in the household in the next 12 months? Yes No
 If yes, please explain: _____

3. Is any adult member of your household separated, but not divorced? If Yes, who? _____ Yes No

4. All occupants listed above who have attended (in the last calendar year) or will be attending an educational institution in the next 12 months. Please select Yes or No for each household member as listed/# above.

Member	Student Status	Educational Institution	Financial Assistance/Semester Amount?
#1	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
#2	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
#3	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
#4	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
#5	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
#6	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
#7	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____





INCOME DECLARATION

Passive Income Information

1. List all amounts of unearned income the household is currently receiving or anticipating receiving in the next 12 months:
- Social Security, SSI, SSDI: Yes No Member Name(s): _____ Monthly \$ _____
- Cash Assistance: Yes No Member Name(s): _____ Monthly \$ _____
- Food Stamps: Yes No Member Name(s): _____ Monthly \$ _____
- Unemployment Benefits: Yes No Member Name(s): _____ Monthly \$ _____
- Workman's Comp: Yes No Member Name(s): _____ Monthly \$ _____
- Child Support/Alimony: Yes No Member Name(s): _____ Monthly \$ _____
- Pension/Veterans' Benefits: Yes No Member Name(s): _____ Monthly \$ _____
- Student Income: Yes No Member Name(s): _____ Monthly \$ _____
- Family Support: Yes No Member Name(s): _____ Monthly \$ _____
- Trust Fund Payments: Yes No Member Name(s): _____ Monthly \$ _____
- Church Assistance: Yes No Member Name(s): _____ Monthly \$ _____
- Recurring Gift Support: Yes No Member Name(s): _____ Monthly \$ _____
- Rental Income: Yes No Member Name(s): _____ Monthly \$ _____
- Foster/Adoption Income: Yes No Member Name(s): _____ Monthly \$ _____
- Other: _____ Yes No Member Name(s): _____ Monthly \$ _____
- Other: _____ Yes No Member Name(s): _____ Monthly \$ _____

Employment Income Information

2. Is any household member **Currently employed**? Yes No If yes, list below: *If Self-Employed, complete next section*

Applicant Name:			
Current Employer:	Monthly: \$	Hourly: \$	Hours/Wk:
Work Address:	Phone Number:		
Length of time:	Fax Number:		
Applicant Name:			
Current Employer:	Monthly: \$	Hourly: \$	Hours/Wk:
Work Address:	Phone Number:		
Length of time:	Fax Number:		

3. Is any household member(s) **Self-Employed**? (e.g. home business, delivery services, online sales, odd jobs, etc.) Yes No
*** If Yes, previous year's tax returns or current income statements will be requested during move-in process*

Member Name	Income Source	Monthly Income	Additional Details if Necessary
		\$	
		\$	
		\$	

4. **Unemployed Adult Household Members:** Anticipating or Not Anticipating Income in the next 12 months:
*** If Yes, provide previous year's tax returns or income statements to support anticipated amount if available*

Member Name	Anticipating Income?	Anticipated Income Source	Anticipated Annual Income
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$





ASSET DECLARATION

1. All household members' assets including bank accounts, cash on hand, stocks, bonds, land and real estate. Select ALL that apply, average balance and list any additional assets not listed.

Asset Type	How Many	Cash Balance	% Rate	Asset Type	How Many	Cash Balance	% Rate
Checking Account(s)	_____	\$ _____	_____	Bank Name(s)	_____		
Savings Accounts(s)	_____	\$ _____	_____	Bank Name(s)	_____		
Cash on Hand	_____	\$ _____	_____	Safety Deposit Box	_____	\$ _____	_____
Deposit Card(s)	_____	\$ _____	_____	Govt. Benefits Card(s)	_____	\$ _____	_____
Money Market(s)	_____	\$ _____	_____	Bank Name(s)	_____		
Deposit CD(s)	_____	\$ _____	_____	Bank Name(s)	_____		
Retirement Account(s)	_____	\$ _____	_____	Provider Name(s)	_____		
Whole Life Insurance	_____	\$ _____	_____	Provider Name(s)	_____		
Stocks/Bonds	_____	\$ _____	_____	Bitcoin/Virtual Asset	_____	\$ _____	_____
Real Estate/Property	_____	\$ _____	_____	Land Contract(s)	_____	\$ _____	_____
Go Fund Me, etc.	_____	\$ _____	_____	Trust Fund(s)	_____	\$ _____	_____
Capital Investment(s)	_____	\$ _____	_____	Online Account(s)	_____	\$ _____	_____

2. List Personal Property exceeding basic necessities (i.e., 2nd car, RV/trailer, ATV, collections with value, gold, precious jewelry, etc.)

Asset Type	How Many	Cash Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

3. Has any household member sold or given away assets for less than fair market value with the past two years? Yes No

Household Member: _____ Asset Type: _____ Value: \$ _____ Cash Value: \$ _____
 Household Member: _____ Asset Type: _____ Value: \$ _____ Cash Value: \$ _____

EXPENSE DECLARATION

1. For Elderly or Disabled Households

Do you have Out of Pocket Medical Expenses? Yes No If YES, please request a Medical Expense Questionnaire to complete

2. For Households Paying Child Care for Children Under the Age of 13 that Allows Adult(s) to Work/Attend School

Child Care Provider _____ Phone: _____ Monthly Payment: \$ _____

CRIMINAL HISTORY DECLARATION

1. Have you, or any member of your household, been convicted of a felony? Yes No

Name of Household Member: _____
 If yes, when? ____/____/____ Date parole or probation ends? ____/____/____

2. Have you, or any member of your family, been convicted of illegal manufacture or distribution of a controlled substance? Yes No

Name of Household Member: _____
 If yes, when? ____/____/____ Date parole or probation ends? ____/____/____

3. Are you, or any member of your household, a registered sex offender under any state sex offender registration programs? Yes No

Name of Household Member: _____
 If yes, when? ____/____/____ Date parole or probation ends? ____/____/____

4. Is any member of your household, been convicted of a misdemeanor in the last 5 years? Yes No

Name of Household Member: _____
 If yes, when? ____/____/____

5. Have you or any member of your household previously misrepresented information in the application or recertification process to any housing authority, apartment community or landlord? Yes No





HOUSING AND RENTAL HISTORY – 5 YEARS COMPLETE HISTORY

List the past residences of the last five years for all adult members. (Attach additional pages if necessary)

Have you, or any member of your household, ever been evicted from housing? Yes No

If yes, please explain: _____

Apartment Rent Home Own Home Family Other: _____

Member(s) Name(s): _____

Current Address: _____

Monthly Rent: \$ _____ Dates of Residency: Move In ___ / ___ / ___ Move Out ___ / ___ / ___

Current Landlord Name or Mortgage Company: _____

Landlord/Mortgage Phone: (_____) _____ Landlord/Mortgage Fax: (_____) _____

Landlord/Mortgage Address: _____

Apartment Rent Home Own Home Family Other: _____

Member(s) Name(s): _____

Previous Address: _____

Monthly Rent: \$ _____ Dates of Residency: Move In ___ / ___ / ___ Move Out ___ / ___ / ___

Previous Landlord Name or Mortgage Company: _____

Landlord/Mortgage Phone: (_____) _____ Landlord/Mortgage Fax: (_____) _____

Landlord/Mortgage Address: _____

Apartment Rent Home Own Home Family Other: _____

Member(s) Name(s): _____

Previous Address: _____

Monthly Rent: \$ _____ Dates of Residency: Move In ___ / ___ / ___ Move Out ___ / ___ / ___

Previous Landlord Name or Mortgage Company: _____

Landlord/Mortgage Phone: (_____) _____ Landlord/Mortgage Fax: (_____) _____

Landlord/Mortgage Address: _____

Apartment Rent Home Own Home Family Other: _____

Member(s) Name(s): _____

Previous Address: _____

Monthly Rent: \$ _____ Dates of Residency: Move In ___ / ___ / ___ Move Out ___ / ___ / ___

Previous Landlord Name or Mortgage Company: _____

Landlord/Mortgage Phone: (_____) _____ Landlord/Mortgage Fax: (_____) _____

Landlord/Mortgage Address: _____

Apartment Rent Home Own Home Family Other: _____

Member(s) Name(s): _____

Previous Address: _____

Monthly Rent: \$ _____ Dates of Residency: Move In ___ / ___ / ___ Move Out ___ / ___ / ___

Previous Landlord Name or Mortgage Company: _____

Landlord/Mortgage Phone: (_____) _____ Landlord/Mortgage Fax: (_____) _____

Landlord/Mortgage Address: _____





PROFESSIONAL CHARACTER REFERENCES

If you have never rented or cannot provide a complete five years of rental history, please provide three professional references. (professional references can include co-workers, supervisors, community members, teachers, religious leaders, probation, etc.)

Name: _____ Phone: (____) _____ Fax: (____) _____

Relationship: Work Community Other _____ If not professional: Friend Family

Name: _____ Phone: (____) _____ Fax: (____) _____

Relationship: Work Community Other _____ If not professional: Friend Family

Name: _____ Phone: (____) _____ Fax: (____) _____

Relationship: Work Community Other _____ If not professional: Friend Family

EMERGENCY CONTACT

In case of Emergency, who do we have your permission to contact?

Name: _____ Phone: (____) _____ Relationship: _____

Name: _____ Phone: (____) _____ Relationship: _____

I hereby swear that to the best of my knowledge, the above information is true, correct and complete. I authorize my 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 including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I further certify that I do not expect any changes in the information provided above or on the attached Application. Should my information change unexpectedly or otherwise, I will notify management immediately. Failure to do so may cause a delay in the process of my household for occupancy or may cancel my household's application for occupancy altogether.

I certify that only those persons listed in this application will occupy the apartment if my application is approved and move in occurs. I also certify that I will maintain no other place of residence. I understand that any additions to the household may only be done with management's approval through the application process. I agree to notify management in writing

I understand the Resident Selection Plan is available to me upon request, that it summarizes the procedures for processing applications, and I also understand that I must meet the requirements set-forth in the Resident Selection Plan.

_____/_____/_____
Signature – Head of Household Date

_____/_____/_____
Signature – Adult Member Date

_____/_____/_____
Signature – Adult Member Date

_____/_____/_____
Signature – Adult Member Date

Signature – Head of Household NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction





AUTHORIZATION TO RELEASE INFORMATION TO HOUSING AGENCY

RE: _____

RETURN: _____

To Whom It May Concern:

The person(s) named above is a resident/applicant for Section 42 Housing, or a program which has rents that are subsidized by the U.S. Government. Federal regulations require that in order for a family to be eligible for this type of housing, the income of the family, as well as their assets must not exceed certain established limits. The information requested below will be held in STRICT CONFIDENCE as is required under the provisions of the applicable law and will be used only to determine the eligibility of the family for the housing. Thank you for your cooperation.

Resident Manager

Date

Telephone Number

Fax Number

Section B: Applicant(s): Sign and date.

AUTHORIZATION TO RELEASE INFORMATION
All adult household members must sign below.

Tenant/Applicant Signature

Date

Tenant/Applicant Signature

Date

Tenant/Applicant Signature

Date

Tenant/Applicant Signature

Date

This form expires one year from date of signature.



"This institution is an equal opportunity provider."





Gender, Race, & Ethnicity Appendix (RD)

The following information is requested by USDA Rural Development (per instructions on HB-2-3560, Chapter 6, 6.18 A.):

THE INFORMATION REGARDING RACE, ETHNICITY, AND SEX DESIGNATION SOLICITED ON THIS APPLICATION IS REQUESTED IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE RURAL HOUSING SERVICE THAT THE FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE, AND DISABILITY 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.

Please enter the appropriate number and letter in the columns below. To avoid entering each occupant name again, enter the Race, Ethnicity and Gender of each person in the order they are listed on Part 1 of the application. The first row is filled out for you as an example.

Occupant(s)	Race	Ethnicity	Gender	Disabled
<i>Example</i>	<i>5</i>	<i>A</i>	<i>For M</i>	<i>Y or N</i>
1.				
2.				
3.				
4.				
5.				
6.				

Choices for Race are:

- 1 – American Indian or Alaskan Native*
- 2 – Asian*
- 3 – Black or African American*
- 4 – Native Hawaiian or Pacific Islander*
- 5 – White*
- N/A – Do not wish to answer*

Choices for Ethnicity are:

- A – Hispanic/Latino*
- B – Non-Hispanic/Latino*
- N/A – Do not wish to answer*

Choices for Gender are:

- M – Male*
- F – Female*
- N/A – Do not wish to answer*

Choices for Disabled According to the Fair Housing Act are:

- Y – Disabled/Handicap*
- N – Not Disabled or Handicap*
- N/A – Do not wish to answer*

