



RRHA OF TEXAS

RURAL RENTAL HOUSING ASSOCIATION OF TEXAS, INC.

TTY: 1-800-735-2988



Application Submittal
For Office Use Only

Date Received: ____/____/____

Time Received: _____

Application Fee: \$ _____

RENTAL APPLICATION

Application Assignment
For Office Use Only

Apartment No.: _____

Lease Date: ____/____/____

Rent: \$ _____

Property Name _____

ABOUT YOU: (TENANT OR CO-TENANT)

Applicant's full name: _____ Current Landlord: _____

Present address: _____ Their Phone Number: _____

How long have you lived there? _____

Phone Number: _____ Current Monthly Rent: \$ _____

Driver's License Number: _____ Previous Landlord: _____

Social Security Number: _____ Address: _____

Date of Birth: _____ How long did you live there? _____

Marital Status: Single Married Divorced Widowed Separated Their Phone Number: _____

Why are you moving? _____ Previous Monthly Rent: \$ _____

Are you currently attending any kind of school? Yes No

Do you receive job related or other income? Yes No

YOUR SPOUSE: (Note: Co-Tenants are required to complete a separate rental application)

Full Name: _____ Drivers License Number: _____

Present address: _____ Social Security Number: _____

Date of Birth: _____

Phone Number: _____ Are you currently attending any kind of school? Yes No

Do you receive job related or other income? Yes No

OTHER OCCUPANTS: (Anyone other than spouse, that is 18 or older, must complete a separate application)

Name: _____	Relationship: _____	SSN: _____	Birth date: _____	Student _____
Name: _____	Relationship: _____	SSN: _____	Birth date: _____	Student _____
Name: _____	Relationship: _____	SSN: _____	Birth date: _____	Student _____
Name: _____	Relationship: _____	SSN: _____	Birth date: _____	Student _____
Name: _____	Relationship: _____	SSN: _____	Birth date: _____	Student _____

Does the tenant or co-tenants have legal custody of all minor children listed above? Yes No

Do you or any occupant have a live-in attendant? Yes No

Do you anticipate any changes in household size from birth of child, adoption, obtaining custody of children or receiving a foster child? Yes No

VEHICLES: (List all vehicles, including motorcycles, RVs and trailers to be parked by you, your spouse or any occupants of the apartment.)

Vehicle Type: _____ Year: _____ Color: _____ License No.: _____

Vehicle Type: _____ Year: _____ Color: _____ License No.: _____

PREFERENCES:

What size unit are you requesting? Efficiency 1 Bedroom 2 Bedroom 3 Bedroom

Are you applying for a handicap accessible unit? Yes No

Do you wish to claim the deduction available for handicap or disabled persons? Yes No

Do you wish to make any modifications to the apartment to accommodate a handicap or disability? Yes No (If yes, please describe): _____

EMERGENCY:

In the case of an emergency, notify _____

Address: _____ Relationship: _____

Daytime phone number: _____ Evening phone number: _____

In the case of serious illness, death or disappearance, is the above named person authorized to take possession of your property? Yes No

In the case of serious illness, death or disappearance, is the apartment property authorized to return any monies (rent or security deposit) due to the resident to the above named person? Yes No

Other instructions: _____

FORM VALID FOR RRHA OF TEXAS MEMBERS ONLY

GENERAL INFORMATION:

Do you have a pet? Yes No Breed? _____ Age: _____ Weight: _____
 Do you expect the number of people in your family to change in the next 12 months? Yes No *If yes, please describe:* _____

Have you or anyone in your household (adult or juvenile) ever been convicted of, pled no contest to, or entered a guilty plea, to any criminal offense other than minor traffic violations? Yes No *If yes, please describe:* _____

Have you or anyone in your household ever lived at this apartment property? _____

Do you or anyone in your household use a controlled substance (drugs)? _____

Have you or anyone in your household ever:

- 1) broken an apartment lease? _____
- 2) been requested to vacate an apartment? _____
- 3) been evicted or sued for non-payment of rent? _____
- 4) been evicted or sued for damage to rental property? _____
- 5) received deferred adjudication for a felony? _____
- 6) been convicted of a felony? _____
- 7) been arrested and convicted as a sex offender? _____

Have you given notice to your present landlord of your intent to move? _____

STUDENT STATUS:

HUD & USDA-RD requirements (determines eligibility for assistance):

Will any adult in the household be enrolled in an institution of higher learning in the coming year? Yes No

If the answer is yes, complete the section below:

- 1) Is the student 24 years of age or older? Yes No
- 2) Is the student a veteran? Yes No
- 3) Is the student married? Yes No
- 4) Does the student have a dependent child? Yes No
- 5) Can the student demonstrate financial independence? Yes No
- 6) Are the student's parents part of this household? Yes No

If the answer to any of the above questions is "Yes" the student is eligible for assistance, otherwise the Student's parents must meet the USDA-RD "Low" income limit for the locality where they live.

LIHTC requirements (determines eligibility for housing):

Has any adult (18 yrs or older) in the household attended school **full-time** for at least 5 months in the current calendar year? Yes No

If the answer is yes complete the section below:

- 1) Is/are the full-time student(s) married and filing a joint income tax return? Yes No
- 2) Does the household receive assistance under Title IV of the Social Security Act (i.e., AFDC)? Yes No
- 3) Is the student a single parent with a minor child? Yes No
- 4) If you have children, do you claim them on your federal income tax return? Yes No
- 5) Does the student receive assistance under the Job Training Partnership Act or similar federal or state law? Yes No

CREDIT:

Credit Reference #1: _____ Phone #: _____
 Address: _____ Account #: _____
 Credit Reference #2: _____ Phone #: _____
 Address: _____ Account #: _____

ASSET & INCOME QUESTIONNAIRE

The information on this form is authorized to be collected by the USDA Rural Housing Service to determine an applicant's eligibility and the amount the tenant must pay toward rent and utilities. This information may be released to appropriate Federal and State agencies. However, this information will not otherwise be released, except as permitted or required by law. Failure to disclose certain items of information requested may result in a delay in the processing of an application or its rejection.

INCOME:

Does any member of your household have a job? Yes No (Include wages, salary, overtime pay, military pay, commissions, fees, tips, bonuses, etc.)

Household Member Name	Employer (Name, Address & Phone No.)	Gross Monthly Wages
		\$
		\$
		\$
		\$

Does any member of your household own a business or rental property? Yes No

Name of Business	Type of business	Years of Ownership	Monthly Profit
			\$

Does any member of your household receive payments or benefits from Social Security, SSI, annuities, veterans benefits, retirement funds, pensions, insurance policies, etc.? Yes No

Household Member Name	Source (SS, Veterans, etc.)	Monthly Income
		\$
		\$
		\$
		\$

Does any member of your household receive unemployment, disability, death benefits, workers compensation payments, public assistance/TANF, etc.? Yes No

Household Member Name	Source (Unemployment, workers comp, etc.)	Monthly Income
		\$
		\$
		\$

Does any member of your household receive alimony, child support or regularly recurring contributions from someone not residing in the dwelling? Yes No

Household Member Name	Amount you are entitled to receive	Gross Amount received monthly
	\$	\$
	\$	\$
	\$	\$

Does any member of your household receive interest or dividend income? Yes No

Household Member Name	Source	Monthly Income
		\$
		\$
		\$

List all other household income. (Include severance pay, education grants, scholarships, etc.)

Household Member Name	Source	Monthly Income
		\$
		\$
		\$

Total Monthly Income \$

Total Annual Income expected for the next 12 months \$

ASSETS:

Total Cash on Hand for all members of the family \$

Does any member of your household have a bank account (checking, savings, etc)? Yes No

Account Holder	Bank (Name & address)	Interest Rate	Account Number	Avg 6 month Balance
				\$
				\$
				\$

Does any member of your household own stocks, bonds, IRA, 401K, CD or retirement account? Yes No

Account Holder	Financial Institution (Name & address)	Income	Account Number	Current Value
				\$
				\$
				\$

Does any member of your household have a life insurance policy that has cash value? Yes No

Household member name	Description (Term, whole life, etc.)	Policy #	Cash Value
			\$
			\$

Does any member of your household have personal property held as an investment (gem & coin collections, antique autos, art, etc.)? Yes No

Description	Current Value
	\$

FORM VALID FOR RRHA OF TEXAS MEMBERS ONLY

Does any member of your household own any property? Yes No

Household member name	Location of property	Appraised Value	Outstanding Mortgage
		\$	\$
		\$	\$

Has any member of your household sold or given away any assets in the last two (2) years? Yes No

Household member name	Description of property	Market value or appraised value	Amount of Sale
		\$	\$
		\$	\$

Have you or any household member received any lump sum payments, such as lottery winnings, inheritance or insurance settlements?

Yes No (If yes, please describe) _____

Does any member of your household own any asset not listed above? Yes No (If yes, please describe in detail.) _____

EXPENSES:

CHILD CARE: To enable a household member to be employed or attend school, does anyone in your household pay for childcare services?

Yes No (If yes, please list each provider): _____

MEDICAL EXPENSE: (Complete this section when the Tenant or Co-Tenant is at least 62 years old, or handicapped or disabled.)

Does your household pay medical expenses that are not covered by insurance? Yes No

If the answer is yes, you may be eligible for a reduction in your monthly rental payment. Please submit to the property manager the information necessary to document the amount of un-reimbursed medical expenses you expect to pay in the next 12 months.

CERTIFICATION AND SIGNATURES: (All Adults in household must sign application.)

All statements contained in this application are true and correct. I authorize the owner or its representatives to contact any person to verify any information contained herein. In the event that information given above is discovered to have been false or incomplete, the applicant understands that their application may be rejected or they may lose any subsidy that the Federal Government pays and have their rent increased and be sued for eviction. The Applicant also certifies that the unit applied for will be the Applicant's Household's permanent residence and it does/will not maintain a separate subsidized rental unit in a different location.

Signing this acknowledgment indicates that you have had the opportunity to review the landlord's tenant selection criteria. The tenant selection criteria may include factors such as criminal history, credit history, current income, and rental history. If you do not meet the selection criteria, or if you provided inaccurate or incomplete information, your application may be rejected and your application fee will not be refunded.

Date

Signature of Applicant

Date

Signature of Applicant

WARNING: Section 1001 of Title 18, United States code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States makes a false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both."

CENSUS INFORMATION:

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Development/USDA, that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, 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, national origin and sex of an individual applicant on the basis of visual observation or surname.

ADULT APPLICANT #1

ADULT APPLICANT #2

Ethnicity:

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

- Hispanic or Latino
- Not Hispanic or Latino

Race: (Mark one or more)

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- White Black or Africa American
- American Indian/Alaska Native Asian
- Native Hawaiian or other Pacific Islander

- White Black or Africa American
- American Indian/Alaska Native Asian
- Native Hawaiian or other Pacific Islander

Gender: Male Female

Gender: Male Female