



“Discover Your New Lease On Life“

Applications For Occupancy

NOTICE

No Applications are processed without the required fees and/or deposits. Please contact this property for specific details regarding submission

Submission of Application grants
AML and its Agents consent to conduct background
investigation in the following areas:

Household Income
Household Composition
Citizenship
Employment History
Credit History
Criminal Background
Character Background
Rental History

Statement of Disclosure

AML is an Agent of the Owner of this Property and accordingly the company and its employees represent the Owner in all leasing and management transactions

Associated Management, Ltd PO Box 959 N. Little Rock, AR 72115 501-758-2405

Equal Housing Opportunity

Application
RD 515 Program

Office use only:
Property: _____
Date in: _____
Time: _____
Expires: _____

This is an application for housing in a USDA RD Section 515 Housing Program. Please complete this application and return to the site office or via fax. Complete applications are placed in order of date and time received. An applicant may be interviewed only after management receives the complete tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____
Present Address: _____
Telephone: _____ Message or Cell: _____
Bedroom Size Requested (please check):
One Bedroom: _____
Two Bedroom: _____
Handicap Bedroom: _____

This property is an Equal Housing Opportunity company in compliance with 504 and Fair Housing Regulations. This property accommodates any applicants who need assistance in filling out this application. TDD #1-800-285-1131

List all persons who will live in the apartment. List Head of Household first:
(name) (relationship) (birthdate) (social security number)
1. _____ (HOH) _____
2. _____
3. _____
4. _____
5. _____
6. _____

Have you ever been married? ___yes ___no
Are you currently receiving child support? ___yes ___no
Is anyone in this household a full time student? ___yes ___no

B. INCOME: List all sources of income as requested below

| <u>Family Member Name</u> | <u>Source of Income</u> |
|---------------------------|--|
| _____ | : Social Security.....Monthly Amount \$ _____ |
| _____ | : Social Security.....Monthly Amount \$ _____ |
| _____ | : Pension.....Monthly Amount \$ _____ |
| _____ | : Pension.....Monthly Amount \$ _____ |
| | Source of Pension(s) _____ |
| _____ | : Veterans Benefits...Monthly Amount \$ _____ Claim # _____ |
| _____ | : SSI Benefits.....Monthly Amount \$ _____ |
| _____ | : SSI Benefits.....Monthly Amount \$ _____ |
| _____ | : Unemployment Comp.....Monthly Amount \$ _____ or Weekly Amount \$ _____ |
| _____ | : Full Time Student Income (parental, grants, loans, etc) (only full time students 18 or over)Monthly Amount \$ _____ |
| _____ | : Alimony.....Monthly Amount \$ _____ |

B. INCOME (CON'T)

_____ : Child Support.....Monthly Amount \$ _____
_____ : Interest Income.....Monthly Amount \$ _____
_____ : Wages.....Yearly Salary \$ _____
Weekly Amount \$ _____ OR
Hourly Amount \$ _____
Tips and/or Commission (weekly) \$ _____

Employer: _____ phone _____
Address: _____ Start date: _____
Position held: _____ End date: _____

IF EMPLOYED FOR LESS THAN TWO (2) YEARS PLEASE LIST PREVIOUS EMPLOYER(S):

Employer: _____ Monthly Amount \$ _____
Position Held: _____ Start date: _____ End date: _____
Employer: _____ Monthly Amount \$ _____
Position Held: _____ Start date: _____ End date: _____

_____ : Other Income.....Monthly Amount \$ _____ Source: _____

C. ASSETS

CHECKING ACCT: # _____ Bank _____ Balance \$ _____
SAVINGS ACCT: # _____ Bank _____ Balance \$ _____
Trust Acct(s): # _____ Bank _____ Balance \$ _____
CD's: # _____ Bank _____ Balance \$ _____
_____ Bank _____ Balance \$ _____
Credit Union: # _____ Name _____ Balance \$ _____
Savings Bond(s): # _____ Maturity Date _____ Balance \$ _____
_____ Maturity Date _____ Balance \$ _____
Whole Life Insurance Policy: # _____ Face Value \$ _____
Cash Value of Life Insurance Policy: \$ _____

REAL Property: Do you own property? ___yes ___no
If YES, type of property? _____
Location: _____
Appraised Market Value? \$ _____
Mortgage or outstanding loan(s) balance due? \$ _____
Amount of annual insurance premium? \$ _____
Amount of most recent tax bill? \$ _____

HAVE you sold/dispensed of any property in the last 2 years? ___yes ___no
If YES, type of property? _____
Appraised Market value when sold/dispensed? \$ _____
Amount sold/dispensed for \$ _____
Date of transaction _____

HAVE you disposed of any other assets in the last 2 years? (example: Given away money to relatives, set up irrevocable trust accounts, etc.?) ___yes ___no
If YES, describe asset: _____
Date of disposition: _____
Amount disposed for? \$ _____

DO you have any other assets not listed above? (excluding personal property) ___yes ___no
List: _____

D.MEDICAL / CHILD CARE / HANDICAP ASSISTANCE EXPENSES

MEDICAL COSTS: Complete ONLY if Head of Household or Spouse is 62 or older, disabled or handicapped

MEDICARE premiums: Monthly Amount \$ _____
Monthly Amount \$ _____

MEDICAL insurance coverage – Name of Insurance Company _____
Address _____
Monthly Amount \$ _____

ACTUAL medical drug prescription / non-prescription costs NOT covered by insurance nor reimbursed:
Monthly Amount \$ _____

MEDICAL bills or outstanding costs you are making monthly payments for: Balance due \$ _____
Monthly payments \$ _____ **Payable to:** _____

MEDICAL related travel costs \$ _____
ARE you seeing a physician regularly? _____ **Name** _____
Address _____

ANY other medical expenses: list type and amounts _____ \$ _____
_____ \$ _____

CHILD CARE COSTS: Complete ONLY for your dependent(s) child(ren) 12 and younger

NAME(s) of child(ren) cared for: _____ **age** _____
_____ **age** _____
_____ **age** _____

NAME of person OR agency caring for child(ren): _____
Address: _____
Phone: _____ **Fax:** _____

WEEKLY cost for children due to employment? \$ _____
WEEKLY cost for children due to education? \$ _____

HANDICAP assistance expenses: Attendant care and/or apparatus expense that enables Handicapped applicants or others in the household to work. Complete ONLY if Handicap expenses allow someone in the household to work. LIST type of expenses, weekly amount, paid to whom:

E. PROGRAM INFORMATION

1. Are you displaced? ___yes ___no If YES, displacement agency? _____
2. Is your current housing condemned/substandard? ___yes ___no If YES, describe _____

3. Are you paying more than 50% of your gross income for rent and utilities? ___yes ___no
4. Are you applying for status as an “Elderly Household” where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by Rural Development? ___yes ___no

E. PROGRAM INFORMATION(CONT.)

5. Would you or anyone in your household benefit from a wheelchair or other handicap accessible unit?
___yes ___no

6. If so, would you like to request a handicap unit? ___yes ___no

7. Are you currently living in a Project financed and/or subsidized by the government? ___yes ___no
If YES, Name and Address: _____

8. Have you ever been evicted from Public Housing or any other Federal Housing Program?
___yes ___no

Where _____

When _____

Describe reasons _____

9. Have you ever been evicted from other housing? ___yes ___no

10. Have you ever been convicted of a felony? ___yes ___no

11. Are you currently using illegal drugs? ___yes ___no

12. Have you ever been convicted of sale, distribution, or possession of illegal drugs? ___yes ___no

13. Are you now or will you become a part time or full time student prior to move-in? ___yes ___no

14. How did you hear about this housing? _____

15. Will you take an apartment when one is available? ___yes ___no

16. Briefly describe your reasons for applying: _____

_____.

F. REFERENCE INFORMATION

PRESENT rental information (please give at least 2 YEARS)

Present Landlord: _____ Landlord's phone # _____

Landlord address _____

YOUR rental address _____

Date rented: from _____ to _____

Reason for leaving: _____

Previous Landlord: _____ Landlord's phone # _____

Landlord address: _____

YOUR rental address: _____

Date rented: from _____ to _____

Reason for leaving: _____

Previous Landlord: _____ Landlord's phone # _____

Landlord address: _____

YOUR rental address: _____

Date rented: from _____ to _____

Reason for leaving: _____

G. CREDIT REFERENCES

1. Name _____ phone # _____
Address _____
2. Name _____ phone # _____
Address _____
3. Name _____ phone # _____
Address _____

H. PERSONAL NON-RELATED REFERENCES

1. Name _____ phone # _____
Address _____
2. Name _____ phone # _____
Address _____
3. Name _____ phone # _____
Address _____

IN case of emergency notify: _____ phone # _____
Address: _____

I. OTHER REQUIRED INFORMATION

Vehicles: List any cars, trucks or other vehicles owned:

Type of vehicle _____ Year/Make _____ Color _____
License Plate # _____ Driver's License # _____

Type of vehicle _____ Year/Make _____ Color _____
License Plate # _____ Year/Make _____ Color _____

VEHICLES larger than 3/4 TON are not allowed to be parked on the Woodbrook I property.

PETs: Do you own any pets? ___yes ___no

If YES, describe _____

J. CERTIFICATION/AUTHORIZATION

Certification

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a SECURITY DEPOSIT for this apartment. I/We understand that my eligibility for housing will be based on Rural Development or Section 8 income limits and by this property's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Applicant

Co-Applicant

Date

Date

J. CERTIFICATION/AUTHORIZATION(CONT.)

Authorization

I/We do hereby authorize this property and its staff or authorized representatives to contact any agencies, local police departments, offices, groups or organizations to obtain and verify and information or materials which are deemed necessary to complete my/our application for housing in programs administrated/managed by this property. I/We further authorize staff or authorized representatives to verify all information listed on this application.

Applicant

Co-Applicant

Date

Date

The information regarding race, ethnicity, and sex designation solicited on the 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.

Race:

- American Indian or Alaskan Native** _____
- Asian** _____
- Black or African American** _____
- Native Hawaiian or Other Pacific Islander** _____
- White** _____

Ethnicity:

- Hispanic or Latino** _____
- Not Hispanic or Latino** _____

STATE OF DISCLOSURE

The Arkansas Real Estate Commission requires all Real Estate Agents to make a public disclosure of who they represent in all real estate transaction, which includes the leasing of multi-family property. Associated Management, Limited is an agent of the Owner of this property and accordingly the company and its employers represent the Owner in all leasing and management transactions.

Agent

Applicant