

Dear Applicant:

Thank you for your interest in our community. Enclosed you will find a copy of our qualification standards and an application package.

The following information will be needed as part of the processing procedure.

1. Only one (1) application per household. All occupants must be listed on the application and all questions answered.
2. A criminal and credit check will be performed on all persons 18 years of age and over.
3. All persons age 18 and over must sign all required forms, including the lease, regardless of their status (head of household, co-head, minor, etc.).
4. Copies of photo identification (driver's license) and social security cards are required on all occupants age 18 and older.
5. Copies of social security cards and birth certificates are needed.
6. If both birth parents will not reside in the household, a Child Support Affidavit (supplied by us) is required to be completed on each child. In addition, you will be required to obtain verification from the Attorney General's office reflecting payment history (even if no payments have ever been received). A copy of your divorce decree may also be required.

PLEASE FOLLOW THE GUIDELINES LISTED BELOW TO ENSURE PROPER PROCESSING WITHOUT DELAY.

1. You should know the income guidelines, minimum and maximum prior to submitting your application.
2. You should review the Resident Selection Criteria Policy, our qualifying standards, prior to submittal of your application.
3. All paperwork, **MUST** be carefully completed. Do not leave blanks. Do not use white out. Use black ink. If you are not employed, indicate your status (i.e., disabled, student, housewife, etc.) on the application. **DO NOT LIST "N/A"**.
4. Due to limited availability, only completed applications will be processed and will be prioritized in date order based on the date the application is received.

NOTE: AS WE PROCESS YOUR APPLICATION ADDITIONAL FORMS AND DOCUMENTATION MAY BE REQUIRED.

SIGNATURE

DATE

This organization does not discriminate on the basis of handicapped status in the admission of or access to, or treatment or employment in, its federally assisted programs and activities.

Sue Streck with Bionic Real Estate, at 1300 S. 11th Street, St. Joseph, Missouri 64503, has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR Part 8 dated June 2, 1988).



Revised 10-12-08



We Do Business in Accordance With the Federal Fair
Housing Law
(The Fair Housing Amendments Act of 1988)

APPLICATION FOR RENTAL
(ONE APPLICATION PER HOUSEHOLD; USE PEN ONLY; PLEASE PRINT)

Bedroom size requested: _____

Date: _____

Do you require special accommodations? _____

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List head of household first.

	Name	Drivers License #	Birth Date	Relationship to Head	Marital Status	Male or Female	Social Security Number	Student ? Yes or No
Head					[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No
Co-Head					[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No
3.					[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No
4.					[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No
5.					[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No
6.					[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No
7.					[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No
8.					[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No

Do you anticipate any additions to this household in the next twelve months or does someone live with you now that is not listed above? [] Yes [] No Explain: _____

B. STUDENT STATUS (If all checked "YES" above)

Will all of the persons in the household be or have been students during five calendar months of this year at an educational institution (other than a correspondence school) with regular faculty and students?

[] Yes [] No

If yes, answer the following questions:

- Is student married and filing a joint tax return? [] Yes [] No
- Is the student a title IV recipient? [] Yes [] No
- Is the student enrolled in a job-training program receiving assistance under the Job Training Partnership act? [] Yes [] No
- Is the student an AFDC recipient? [] Yes [] No
- Is the student a single parent living with his/her minor child who is not a dependent on another's tax return? [] Yes [] No

C. INCOME: CHECK ALL SOURCES OF INCOME FOR EACH HOUSEHOLD MEMBER:

	Name	Wages/Salaries	Benefits/Pension	Public Assistance	Other Income
Head		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Retirement <input type="checkbox"/> Pension <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Income <input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Child Support <input type="checkbox"/> Re-Occurring Gift <input type="checkbox"/> Other Annual total is: <hr/>
Co-Head		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Retirement <input type="checkbox"/> Pension <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Income <input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Child Support <input type="checkbox"/> Re-Occurring Gift <input type="checkbox"/> Other Annual total is: <hr/>
3.		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Retirement <input type="checkbox"/> Pension <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Income <input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Child Support <input type="checkbox"/> Re-Occurring Gift <input type="checkbox"/> Other Annual total is: <hr/>
4.		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Retirement <input type="checkbox"/> Pension <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Income <input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Child Support <input type="checkbox"/> Re-Occurring Gift <input type="checkbox"/> Other Annual total is: <hr/>
5.		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Retirement <input type="checkbox"/> Pension <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Income <input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Child Support <input type="checkbox"/> Re-Occurring Gift <input type="checkbox"/> Other Annual total is: <hr/>
6.		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Retirement <input type="checkbox"/> Pension <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Income <input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Child Support <input type="checkbox"/> Re-Occurring Gift <input type="checkbox"/> Other Annual total is: <hr/>
7.		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Retirement <input type="checkbox"/> Pension <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Income <input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Other Annual total is: <hr/>	<input type="checkbox"/> Child Support <input type="checkbox"/> Re-Occurring Gift <input type="checkbox"/> Other Annual total is: <hr/>

EMPLOYER INFORMATION

Head of Household Name: _____
Employer: _____
Address: _____ Phone #: _____
Position Held: _____ Hire Date: _____

Co-Head of Household Name: _____
Employer: _____
Address: _____ Phone #: _____
Position Held: _____ Hire Date: _____

Other Occupant Name: _____
Employer: _____
Address: _____ Phone #: _____
Position Held: _____ Hire Date: _____

Other Occupant Name: _____
Employer: _____
Address: _____ Phone #: _____
Position Held: _____ Hire Date: _____

Do you anticipate any changes in income in the next 12 months? ☐ Yes ☐ No
If yes, explain: _____

D. HOUSING REFERENCE – At least 24 months of consecutive history is required

Current Home Address:	From:	To:
City, State, Zip:		
Home Phone #:	Work Phone #:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Friend/Relative	Monthly Payment:	
Landlord Name:	Landlord Phone #:	
Mortgage Company Name:	Mortgage Co. Phone #:	

Previous Home Address:	From:	To:
City, State, Zip:		
Home Phone #:	Work Phone #:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Friend/Relative	Monthly Payment:	
Landlord Name:	Landlord Phone #:	
Mortgage Company Name:	Mortgage Co. Phone #:	

Use a separate sheet of paper for other household members with different address than listed above.

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance? ☐ Yes ☐ No

Have you or any member of your family ever been convicted of drug use or manufacture or any other felony? ☐ Yes ☐ No
If yes, describe _____

Have you or any member of your family ever been evicted from any housing? ☐ Yes ☐ No
If yes, describe _____

Have you ever filed for bankruptcy? [] Yes [] No

If yes, describe _____

Will you take an apartment when one is available? [] Yes [] No

Briefly describe your reasons for applying _____

PETS: Do you own any pets? [] Yes [] No

If yes, describe _____

F. ASSETS

In order to properly qualify all applicants for residency, the following asset information must be obtained for all occupants, including minors. This information will be used for qualification purposes only. Third party verification must be provided in order to properly calculate income from assets.

Have you disposed of any assets within the past two (2) years at less than fair market value? Yes _____ No _____

Type of Asset	Yes or No	Value of Asset	Interest Rate	Annual Income from Asset
Savings Account		\$	%	\$
Checking Account		\$	%	\$
Stocks & Bonds		\$	%	\$
Trust Funds		\$	%	\$
Retirement & Pension Funds		\$	%	\$
Certificates of Deposit		\$	%	\$
Whole Life Insurance		\$	%	\$
Other		\$	%	\$
Total value of Assets Disposed of in the last two years		\$		
Cash Value of Real Estate**		\$		\$
A) Total Value of Assets		\$		
B) Income expected from Assets				\$
C) If Line A is over \$5,000; percentage of the value of assets is based on interest rates (multiplied by current pass book rate).				\$
D) Total Anticipated Income from Assets (the greater of Line B or C).				\$

**Cash value of real estate is the appraised value minus settlement costs, broker fees, and mortgage balance.
Annual income from this asset is rental income.

Bank Name: _____

Checking Account Number: _____

Address: _____

Savings Account Number: _____

Do you hold any personal property as an investment (i.e., coin collection or antique car)? DO NOT include necessary personal items such as a car or furniture. [] Yes [] No

If yes, explain: _____

Do you have a safe deposit box? [] Yes [] No If yes, what is being held?

Are assets held jointly with a person who does not reside with you? [] Yes [] No

Which assets? _____

Held with whom? _____ What portion do you have access to? _____

Do you have any other assets not listed above? [] Yes [] No

If yes, list: _____

Revised 10-12-08

G. VEHICLE INFORMATION

VEHICLES: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle _____ Year/Make _____ Color _____

License Plate # _____

Type of Vehicle _____ Year/Make _____ Color _____

License Plate # _____

In Case of Emergency Notify: Name: _____ Relationship: _____

Address _____ Phone: _____

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 prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management'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.

I/We Do Hereby Authorize _____ and its staff or authorized representative to contact any agencies, local police departments, credit and/or criminal background agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs.

SIGNATURE(S):

Applicant's Signature Date

Applicant's Signature Date

Applicant's Signature Date

Applicant's Signature Date

Signature of Owner's Representative: _____ Date: _____

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/we authorize release of information without liability to the owner/manager of the apartment community listed below, and/or the _____ Department of Housing and Community Affairs.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, medical or child care allowances, credit and/or criminal background checks. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers
Support and Alimony Providers
Educational Institutions
Banks and other Financial
Institutions

Welfare Agencies
State Unemployment Agencies
Social Security Administration
Previous Landlords (including
Public Housing Agencies)

Veterans Administrations
Retirement Systems
Medical and Child Care Providers
Credit /Criminal Background

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

<hr/> Applicant/Resident	<hr/> (Print Name)	<hr/> Date
<hr/> Co-Applciant/Resident	<hr/> (Print Name)	<hr/> Date
<hr/> Adult Member	<hr/> (Print Name)	<hr/> Date
<hr/> Adult Member	<hr/> (Print Name)	<hr/> Date
<hr/> Apartment Name	<hr/> Contact	<hr/> Phone

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR A COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.