

RESIDENTIAL RENTAL PRE-APPLICATION

STAFF USE ONLY	
INITIALS	_____
DATE	_____
TIME	_____
APP FEE CHECK #	_____
(If applicable)	

PLEASE TAKE OR SEND YOUR COMPLETED RENTAL PRE-APPLICATION **TO THE MANAGEMENT OFFICE OF THE PROPERTY THAT YOU ARE APPLYING TO.** YOU MAY ONLY APPLY FOR ONE PROPERTY PER PRE-APPLICATION. CONTACT INFORMATION CAN BE FOUND ON THE DWELLING PLACE FACT SHEET. IF THERE ARE ANY CHANGES TO THE INFORMATION PROVIDED ON THIS APPLICATION, PLEASE CONTACT THE MANAGEMENT OFFICE OF THE PROPERTY YOU APPLIED TO. **A SEPARATE PRE-APPLICATION MUST BE FILLED OUT FOR ALL HOUSEHOLD MEMBERS WHO ARE 18 YEARS OR OLDER.**

Application fees are not required for any Dwelling Place properties as of 11/6/2018.

HOUSING COMMUNITY APPLYING FOR:

WHEN ARE YOU AVAILABLE TO MOVE?

HOW DID YOU HEAR ABOUT THE COMMUNITY?

APARTMENT REQUIREMENTS

Type of Residence: Efficiency/studio 1 bedroom 2 bedrooms 3 bedrooms

Do you require barrier free, hearing or visually impaired accommodations? Yes No

Do you have a pet? Yes No

APPLICANT INFORMATION

Last Name		First Name		Middle Name	
Address		City		State	Zip Code
Mailing Address (if different from above)		City		State	Zip Code
Phone Number(s)		Email Address			
Date of Birth		Social Security Number			
Current Landlord's Name		Address			
Phone Number		Length of Stay		Rent Amount	

HOUSEHOLD INFORMATION: Complete the information below for ALL persons to occupy the residence. Include income for all persons to occupy the residence. Types of income include wages, social security, pensions, etc.

Full Legal Name	Relationship	Full Time Student	Date of Birth	Total Gross Income (circle one)
	Head of Household	Yes / No		Weekly Monthly Yearly
		Yes / No		Weekly Monthly Yearly
		Yes / No		Weekly Monthly Yearly
		Yes / No		Weekly Monthly Yearly
		Yes / No		Weekly Monthly Yearly

MISCELLANEOUS INFORMATION

Are you or a member of your household listed on a sex offender registry? Yes No

Do you have any rental assistance (i.e. tenant/housing voucher, etc.)? Yes No

CASEWORKER (if applicable)	<i>Name and Company/Organization</i>	<i>Phone Number</i>

PERSON TO CONTACT IN CASE OF EMERGENCY	<i>Name</i>	<i>Phone Number</i>
	<i>Address</i>	<i>Relationship</i>

DO YOU HAVE A LEGAL GUARDIAN? Yes No

If yes, please provide their name, contact information, and documentation with this pre-application.

VOLUNTARY INFORMATION

RACE/ETHNICITY FOR HEAD OF HOUSEHOLD (Choose all that apply):

- Caucasian African American American Indian Asian Hispanic Pacific Islander Multi Other

GENDER:

- Male Female _____

SIGNATURE

I CERTIFY THAT I AM NOT RENTING A ROOM OR APARTMENT UNDER ANY OTHER NAME AND HAVE NOT USED ANY OTHER SOCIAL SECURITY NUMBER OTHER THAN THAT WHICH HAS BEEN LISTED. I CERTIFY THAT THE APARTMENT/HOME WILL BE MY/OUR ONLY RESIDENCE IF ACCEPTED. I UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY ELIGIBILITY. I AUTHORIZE THE OWNER/ MANAGEMENT TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION AND TO CONTACT PREVIOUS OR CURRENT LANDLORDS OR OTHER SOURCES FOR CREDIT, AND/OR CRIMINAL HISTORY VERIFICATION INFORMATION WHICH MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, OR LOCAL AGENCIES. I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY OMISSION, MISREPRESENTATION OR FALSE INFORMATION WILL BE CAUSE FOR REJECTION AND ARE ALSO PUNISHABLE UNDER FEDERAL LAW. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CONTACT EACH HOUSING COMMUNITY TO WHICH I AM APPLYING TO MAKE ANY NECESSARY CHANGES OR UPDATES TO MY APPLICATION.

DWELLING PLACE IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER. THE FOLLOWING STATEMENT IS REQUIRED FOR RURAL DEVELOPMENT HOUSING COMMUNITIES: IN ACCORDANCE WITH FEDERAL LAW AND U.S. DEPARTMENT OF AGRICULTURE POLICY, THIS INSTITUTION IS PROHIBITED FROM DISCRIMINATING ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, AGE, DISABILITY, RELIGION, SEX, FAMILIAL STATUS, SEXUAL ORIENTATION AND REPRISAL. (NOT ALL PROHIBITED BASES APPLY TO ALL PROGRAMS). IF YOU WISH TO FILE A CIVIL RIGHTS PROGRAM COMPLAINT OF DISCRIMINATION, COMPLETE THE USDA PROGRAM DISCRIMINATION COMPLAINT FORM, FOUND ONLINE AT [HTTP://WWW.ASCR.USDA.GOV/COMPLAINT_FILING_CUST.HTML](http://www.ascr.usda.gov/complaint_filing_cust.html), OR AT ANY USDA OFFICE, OR CALL (866) 632-9992 TO REQUEST THE FORM. YOU MAY ALSO WRITE A LETTER CONTAINING ALL OF THE INFORMATION REQUESTED IN THE FORM. SEND YOUR COMPLETED COMPLAINT FORM OR LETTER TO US BY MAIL AT U.S. DEPARTMENT OF AGRICULTURE, DIRECTOR, OFFICE OF ADJUDICATION, 1400 INDEPENDENCE AVENUE, S.W., WASHINGTON, D.C. 20250-9410, BY FAX (202) 690-7442 OR EMAIL AT PROGRAM.INTAKE@USDA.GOV.
las: 01/04/2016

APPLICANT SIGNATURE _____

DATE _____

STAFF USE ONLY: If the following information is required by the housing community you are applying for, a staff member will indicate to you if it needs to be filled out. Race/ethnicity and gender information is voluntary.

Full Legal Name	US Citizen	Race/Ethnicity	Gender	Social Security #	Veteran (circle one)
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No



For general questions, you may contact the Dwelling Place Main Office:

Telephone: 616-454-0928, 888-454-0928, TDD: 7-1-1,

For property specific questions, please contact the property directly

www.dwellingplacegr.org

