



Rental Application for USDA and HUD

The information collected below will be used to determine whether you qualify as a tenant. It will not be disclosed without your consent except to your employer(s) for verification of income and to financial institutions for verification of assets and as required and permitted by law. You do not have to provide the information, but if you fail to do so, your tenant application may be delayed or rejected.

Applicant's Name (as head of household): _____

Current Mailing Address: _____

Email address: _____ Phone: _____

Name (last, first, middle)	Relationship	Gender	Date of Birth	SSN	Income Y or N
1. _____	Head	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

Do you anticipate any changes in the size or income of your household within the next 12 months Yes No

If yes, please explain change: _____

Sources of Income – Are you or any member of your family receiving any of the following?

- Social Security No Yes If yes, what amount \$ _____
- SSI No Yes If yes, what amount \$ _____
- Wages No Yes If yes, what amount \$ _____
- Unemployment No Yes If yes, what amount \$ _____
- Child Support No Yes If yes, what amount \$ _____
- Workers Comp. No Yes If yes, what amount \$ _____
- TANF No Yes If yes, what amount \$ _____
- VA Benefits No Yes If yes, what amount \$ _____
- Any type of Pensions No Yes If yes, what amount \$ _____
- National Guard No Yes If yes, what amount \$ _____
- Self-employment No Yes If yes, what amount \$ _____
- Gifts of money No Yes If yes, what amount \$ _____



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Assets: Does any family member have the following assets:

- Own Home No Yes If yes, what is value \$ _____ (note below address of home)
- Own Rental Property No Yes If yes, what is monthly rental income \$ _____
- Checking Account No Yes If yes, what is the balance \$ _____ (note below name of bank)
- Savings Account No Yes If yes, what is the balance \$ _____ (note below name of bank)
- CD No Yes If yes, what is the value \$ _____ (note below name of bank)
- Burial Fund No Yes If yes, what is the amount \$ _____ (note below name of bank)
- Mineral Rights No Yes If yes, what is the yearly income \$ _____ (attach 1099)
- IRA No Yes If yes, what is the value \$ _____ (note below company)
- Stocks/Bonds No Yes If yes, what is the value \$ _____ (note below company)
- Trust Fund No Yes If yes, what is the value \$ _____ (note below name of bank)
- Life Insurance No Yes If yes, what is the cash value \$ _____ (note below company)

Expenses:

- Childcare Expense No Yes If yes, monthly cost \$ _____ (note below childcare contact)
- Medical Costs: No Yes If yes, monthly cost \$ _____

- See attached list of medical expenses eligible – these expenses could be deducted from your income if Head or Co-Head is 62 years of age or disabled.

Any line item where you answered YES, please give details, such as name and address of employer or bank: _____

Contact information for present Landlord: Name of landlord _____
Phone: _____ Address of Landlord _____

How long did you live there _____ Reason for leaving _____

Contact information for former Landlord: Name of landlord _____
Phone: _____ Address of Landlord _____

How long did you live there _____ Reason for leaving _____



Are you in need of a disability adjustment to income: No Yes

Are you in need for a handicap accessible unit: No Yes

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.

Ethnicity (Mark one): Hispanic or Latino____ Not Hispanic or Latino____

Race (Mark one or more):

1. American Indian/Alaska Native____
2. Asian____
3. Black or African American____
4. Native Hawaiian or Other Pacific Islander____
5. White____

Gender: Male____ Female____

This information provided above is true and complete to the best of my/our knowledge and believe. We consent to the disclosure of income and financial information from our employer and financial references for purposes of income and asset verification related to our application for tenancy.

We also certify that the unit will serve as our household's primary residence.

Applicant

Date

Applicant

Date



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RELEASE REQUIRED TO BE SIGNED BY ALL APPLICANTS 18 YEARS OF AGE OR OLDER

I (We) _____ (Applicant Name(s), authorize CommunityWorks North Dakota/ MRI Software / Resident Check to do a complete investigation of all information provided in my application for residency. I (We) have personally filled in and/or reviewed all information contained within the application. I (We) understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: credit report, verification of employment and income, criminal record search, rental history references (including MPHA), unlawful detainer/eviction investigation, identity trace, sex offender search, terrorism search, check writing history and personal interviews with all provided references. The source of the information may come from, but is not limited to: credit bureaus, banks and other depository institutions, current and former employers, federal or state records including state employment security agency records, county or state criminal records, county agencies as it relates to the applicant's eligibility, non-eligibility and/or benefit amounts received by the tenant, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization.

I (We) understand that I have a right to make a written request within 30 days to receive information pertaining to this report if I am not accepted based upon information contained in the report. I (we) authorize MRI Software / Resident Check to produce to the credit granter federal and state records of employment and income history, including state employment security agency records. This authorization continues in effect for one (1) year unless limited by state law, in which case, the authorization continues in effect for the maximum period not to exceed one (1) year.

Any controversy or claim arising out of or relating to this agreement, or breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

