



CMS PROPERTIES RENTAL APPLICATION

The information collected below will be used to determine if you qualify as a resident. It will not be disclosed without your consent.

IMPORTANT: All information requested MUST be completed in its entirety including disclosure of your full name *including your middle initial*. Failure to complete the application in its entirety may lead to the rejection of your application for residency.

FIRST NAME	Middle Initial	LAST NAME	Suffix (SR/JR)	Social Security #	Date of Birth	Home Phone
Present Address		City	State	Zip Code	No. Yrs. At Present Address	
Former Address (if at present address for less than 2 yrs)		City	State	Zip Code	No. Yrs. At Former Address	
Current Housing Status: Provide the name, address, and phone number of all your landlords for the past 3 years. Current Landlord: _____ Phone: _____ Address: _____ Previous Landlord: _____ Phone: _____ Address: _____ Previous Landlord: _____ Phone: _____ Address: _____						
Head of Household Race: (Enter One) 1 = White 2 = Black 3 = American Indian/Alaskan Native 4 = Asian or Pacific Islander _____		Head of Household Ethnicity: 1 = Hispanic 2 = Non Hispanic _____ <i>*For Statistical Purposes Only</i>	Head of Household Gender: 1 = Male 2 = Female _____		Head of Household Marital Status: 1 = Single 2 = Married _____	
Name and Address of Employer				Type of Business	Self Employed? Yes _____ No _____	
Employer Phone # ()		Your Position/ Title				# Years at this Job
Name and Address of Previous Employer (If employed at present position for less than 2yrs.)				# Years with previous employer	Previous Employer Phone #	
Co - Applicant's Name				Social Security #	Home Phone ()	
Present Address		City	State	Zip Code	No. Yrs. At Present Address	
Former Address (if at present address for less than 2 yrs)		City	State	Zip Code	No. Yrs. At Former Address	

Name and Address of Employer		Type of Business	Self Employed? Yes_____ No_____	
Employer Phone # ()		Your Position/ Title	# Years at this Job	
Name and Address of Previous Employer (If employed at present position for less than 2yrs.)		# Years with previous employer	Previous Employer Phone #	
Name and Phone Number of Emergency Contact #1:		Name and Phone Number of Emergency Contact #2:		
ANNUAL INCOME				
SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBER 18 YRS OR OLDER	TOTAL
Gross Salary				
Overtime Pay				
Commissions/Fees/Tips /Bonuses				
Unemployment Benefits				
Workers Compensation/Disability				
Social Security, Pensions, Monthly Distributions				
Welfare				
Alimony / Child Support				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Other Income				
			GRAND TOTAL:	
ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account	\$	\$		
Savings	\$	\$		
Certificate of Deposit	\$	\$		
Mutual Funds/Stocks/Bonds	\$	\$		
Real Estate	\$	\$		
Other (Life Insurance, etc.)	\$	\$		
TOTALS:	\$	\$		

I _____ have _____ have not disposed of any asset(s) valued at \$1,000 or more in the past two (2) years for less than the fair market value of the item. If yes, please list the asset value under the "other" column in the above listing of assets.

STUDENT CERTIFICATION

Are any members of this household a student at an institution of higher education? _____ YES _____ NO

If yes, who? _____, _____, _____

**Institutions of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post secondary colleges and universities. If you are not sure, please mark "YES" and we will verify it.*

If you have answered yes, the owner/agent is required to determine your eligibility as a student. You may refer to the resident selection plan for additional information regarding student eligibility.

HOUSEHOLD COMPOSITION: List the head of your household and all members who will live in your home. Give the relationship of each family member to the head of household. Social Security # is required for all household members except those who do not contend immigration status.

Household Member	Full Name	Relationship	Birthdate (mm/dd/yy)	Social Security No.	List <u>ALL</u> States in which each member has lived
1. Head of Household					
2.					
3.					
4.					
5.					
6.					

Do you plan to have anyone living with you in the future who is not listed above? _____ Yes _____ No

If yes, please explain _____

Do you have a Section 8 Voucher? _____ Yes _____ No

Are there any special housing needs or accommodations that the household will require? Examples are a unit for mobility impaired, unit for visually impaired, unit for hearing impaired, grab bars, wheel in shower.

GENERAL INFORMATION

Congregate Management Services, Inc and _____ do not and will not discriminate against any person because of race, color, creed, religion, sex, disability status, familial status, national origin, sexual orientation, gender identity or marital status.

APPLICANT CERTIFICATION

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for this property and any assistance it may provide. I/we authorize the Agent to verify all information provided on this application, and to contact current and previous landlords or other sources for credit and criminal history and verification of information which may be released to appropriate Federal, State or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false information or statements are punishable under Federal Law.

Signature of Applicant _____

Date _____

Signature of Co-Applicant _____

Date _____

Signature of Co-Applicant _____

Date _____

SEX OFFENDER INFORMATION

Are you or any member of your household subject to State Lifetime Sex Offender registration in any state? ____Yes
____No. If yes, please provide household member name(s) and state(s): _____

EXPENSES

Do you pay for child care that enables you or another family member to work or go to school? ____Yes ____No

If yes, give name and address of child care provider, weekly cost and family member enabled to work or go to school:

Do you have Medicare? ____Yes ____No If yes, how much is your monthly Medicare premium? \$_____

Do you have any other kind of medical insurance? ____Yes ____No

If yes, give name and address of carrier and monthly premium: _____

Do you receive medical assistance through the welfare department? ____Yes ____No

Do you have any outstanding medical bills on which you are paying? ____Yes ____No

Do you expect to have any medical expenses during the next twelve months? ____Yes ____No

If yes, amount of anticipated medical expenses: \$_____

CURRENT HOUSING STATUS

How many people are in your home now? _____

How many bedrooms do you have? _____

Are you being evicted? ____Yes ____No If yes, explain circumstances: _____

What is your current rent? \$_____

What are your monthly costs for all utilities? \$_____ Gas \$_____ Electric \$_____ Water/Sewer

Are you currently living in government subsidized housing (e.g., Section 8, Section 236, Section 236, Section 221 (d) or subsidized project)? ____Yes ____No

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APPLICANT CERTIFICATION

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Signature of Applicant _____

Date _____

Signature of Co-Applicant _____

Date _____

Signature of Co-Applicant _____

Date _____

Waiting List Choice Form

Applicant Name _____

Name of Property I'm Applying for : _____

This form must be completed by applicant and submitted with application for residency. It is used to determine the type of apartment is being requested. Please note, all requests for an accessible unit specially designed for persons with a mobility and/or hearing/visual impairment are required to be verified by a medical professional prior to move in. In order to determine this, please choose which type of apartment(s) you are applying for below. You may apply for more than one type of unit.

I wish to apply for the following type of unit(s):

Standard Apartment:

- ___ Efficiency Standard Apartment (no accessible features)
- ___ One Bedroom Standard Apartment (no accessible features)
- ___ Two Bedroom Standard Apartment (no accessible features)
- ___ Three Bedroom Standard Apartment (no accessible features)

Accessible Apartment (for persons with a verifiable Mobility Impairment (M/I unit-i.e. wider doorways, lower light switch plates and/or cabinets, etc.)

- ___ Efficiency Apartment for persons with a Mobility Impairment (M/I unit)
- ___ One Bedroom Apartment for persons with a Mobility Impairment (M/I unit)
- ___ Two Bedroom Apartment for persons with a Mobility Impairment (M/I unit)
- ___ Three Bedroom Apartment for persons with a Mobility Impairment (M/I unit)

Accessible Apartment (for persons with a verifiable Hearing and/or Visual Impairment (H/V unit-i.e. equipped with strobe lights)

- ___ Efficiency Apartment for persons with a **Hearing or Visual Impairments** (H/V unit)
- ___ One Bedroom Apartment for persons with a **Hearing or Visual Impairments** (H/V unit)
- ___ Two Bedroom Apartment for persons with a **Hearing or Visual Impairments** (H/V unit)
- ___ *Three Bedroom Apartment for persons with a **Hearing or Visual Impairments** (H/V unit)*

Applicant Signature

Date



RELEASE OF CREDIT AND CRIMINAL HISTORY

June 2009
CMS Form A-2

I, _____, the undersigned, authorized _____
To obtain a credit report, criminal history report, including inquiries to State(s) sex Offender Registration Program. From
the following agencies:

CBC Innovis and _____ Police Department

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or organization supplying the information is left blank.

Applicant /Resident Signature

Date

Print or Type Name

Address

Phone#

Address

Social Security #

Date of Birth

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8). **Violations of these provisions are cited as violations of the 42 USC **408 (a) (6), (7) and (8). **

SELECTION / REJECTION CRITERIA

I understand that my application will be processed according to the Tenant Selection/Rejection Criteria for _____. The Tenant Selection/Rejection Criteria is as follows:

1. Credit Report
2. Landlord References and reports
3. Criminal History Reports
4. Age Eligible
5. Income Eligible

I also understand that failure in any one of these categories is sufficient reason for rejection of my application.

Applicant /Resident Signature

Date

Applicant/Resident Signature

Date

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