Application #

August 2017
CMS Form A-1 (b) (HUD)

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)	Head of Household Ethnicity:	Head of Household Gender:	Head of Household Marital Status:
1 = White 2 = Black 3 = American Indian/Alaskan Native 4 = Asian or Pacific Islander _____	1 = Hispanic 2 = Non Hispanic _____ **For Statistical Purposes Only*	1 = Male 2 = Female _____	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 MEMBERS**	**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 ALL 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

Were you or any member of your household age 62 or older as of January 31, 2010 and not have a social security number?
_____Yes _____No If yes, name of household member._____.

If yes, did this member receive HUD rental assistance at another location on January 31, 2010? _____Yes _____No
If yes, please list name and address of this location. _____

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

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_____