

Phone:

TDD:
Fax:

AMCS RENTAL APPLICATION

Name: _____ Phone: _____	For Office Use Only	
	Date: ____ / ____ / ____	Time: ____ : ____
Application No: _____		

INSTRUCTIONS TO APPLICANT

- Each household member over 18 must complete a separate application
- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- After six months, your application is considered obsolete. Applicants are responsible for submitting a new application or bringing in any necessary updated information. Failure to update application every six months will result in your application being placed in an inactive status.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
- After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Acceptance Criteria, your application will be declined.
- We will process your application according to our standard procedures which are summarized in the Tenant Selection Plan, posted in the Management Office.

HOUSEHOLD INFORMATION

Full Name of Household Members as they appear on SS Card	Relationship	Sex	Age	Full-Time Student Y/N	Date of Birth	Birth-place City	Birth-place State	Social Security No. or Alien Registration No.	Drivers License	
									Number	St.
1.	Head									
2.										
3.										
4.										
5.										
6.										
7.										
8.										

- Will any of the household members live anywhere except in your apartment? _____
- Are there any other persons who will live in your apartment on a less than full-time basis? _____
- Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using? _____
- If you answered "YES" to any question above, please explain: _____

How did you find out about our community?

RESIDENCE HISTORY

You **must** report **ALL** places you have lived for the **past five (5) years**. Use an additional sheet if necessary.

Present Address	Street Address:				From: ____/____/____	Landlord Name:		
	City:	County:	State:	Zip:	To: ____/____/____	Landlord Phone:		
	Reason for Moving:					Street Address:		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City:	State:	Zip:
Previous Address	Street Address:				From: ____/____/____	Landlord Name:		
	City:	County:	State:	Zip:	To: ____/____/____	Landlord Phone:		
	Reason for Moving:					Street Address:		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City:	State:	Zip:
Previous Address	Street Address:				From: ____/____/____	Landlord Name:		
	City:	County:	State:	Zip:	To: ____/____/____	Landlord Phone:		
	Reason for Moving:					Street Address:		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City:	State:	Zip:
Previous Address	Street Address:				From: ____/____/____	Landlord Name:		
	City:	County:	State:	Zip:	To: ____/____/____	Landlord Phone:		
	Reason for Moving:					Street Address:		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City:	State:	Zip:
Previous Address	Street Address:				From: ____/____/____	Landlord Name:		
	City:	County:	State:	Zip:	To: ____/____/____	Landlord Phone:		
	Reason for Moving:					Street Address:		
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City:	State:	Zip:

You **must** report **ALL** states you have resided in since the age of 18, and the last address in each state, up to the above addresses in which you resided during the past five years. All applicants over 18 are required to report this information.

State:	From: ____/____/____	To: ____/____/____	Last Street Address in that State:	City:	County:
State:	From: ____/____/____	To: ____/____/____	Last Street Address in that State:	City:	County:
State:	From: ____/____/____	To: ____/____/____	Last Street Address in that State:	City:	County:
State:	From: ____/____/____	To: ____/____/____	Last Street Address in that State:	City:	County:
State:	From: ____/____/____	To: ____/____/____	Last Street Address in that State:	City:	County:

	No	Yes	If 'Yes' you must answer the following:
• Have you or any member of your household ever been evicted?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____ Why? _____
• Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____
• Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord?	<input type="checkbox"/>	<input type="checkbox"/>	To Whom? _____ How Much? \$ _____
• Have you or any member of your family ever broken a rental agreement or lease contract?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____ Why? _____
• Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?	<input type="checkbox"/>	<input type="checkbox"/>	Explain: _____ _____ _____

ASSET INFORMATION

You **must** report **ALL** Assets below. Use an additional sheet if necessary.

CHECKING	Name of Bank:			Avg. 6 Month Balance:	Current Interest Rate:
Account No:	Address:			Bank Phone Number:	
	City:	State	Zip:		
SAVINGS	Name of Bank:			Current Balance:	Current Interest Rate:
Account No:	Address:			Bank Phone Number:	
	City:	State	Zip:		
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.	Name of Institution:			Current Value	Annual Income:
Type of Asset:	Address:			Institution Phone Number:	
Account No:	City:	State	Zip:		
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.	Name of Institution:			Current Value	Annual Income:
Type of Asset:	Address:			Institution Phone Number:	
Account No:	City:	State	Zip:		

	No	Yes	If 'Yes' you must answer the following:
• Has any household member disposed of any assets for Less than Fair Market Value during the past two (2) years?	<input type="checkbox"/>	<input type="checkbox"/>	Date Disposed of: ____/____/____ Description of Asset: _____
• Has any household member sold any Real Estate in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	Date Disposed of: ____/____/____ Description of Asset: _____ Sales Price: \$ _____
• Does any household member have an interest in any Real Estate, Boat or Mobile Home?	<input type="checkbox"/>	<input type="checkbox"/>	Description of Asset: _____ Value: \$ _____ Annual Income from Asset: \$ _____

SOURCES OF INCOME

You **must** report income from **ALL** sources. This includes but is not limited to Employment, Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships etc. **If anyone outside your household gives you money or pays your bills, you must report it as a source of income.** Use additional sheets if necessary.

Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source: \$ _____
Address:			Phone Number:		
City:	State	Zip:	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)		
Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source: \$ _____
Address:			Phone Number:		
City:	State	Zip:	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)		
Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source: \$ _____
Address:			Phone Number:		
City:	State	Zip:	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)		

CHILD CARE EXPENSES

If you pay for Child Care, please list name of provider(s) below.

Name of Provider:	Street Address:	Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone:	City:	State:	Zip:	Amount you pay: \$_____ per _____
Name of Provider:	Street Address:	Does this expense allow you to work, seek employment or attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone:	City:	State:	Zip:	Amount you pay: \$_____ per _____

HANDICAP CARE EXPENSES

If you pay for care of Handicapped or Disabled household member, list name of provider(s) below.

Name of Provider:	Street Address:	Does this expense allow you to work or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone:	City:	State:	Zip:	Amount you pay: \$_____ per _____
Name of Provider:	Street Address:	Does this expense allow you to work or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone:	City:	State:	Zip:	Amount you pay: \$_____ per _____

AUTOMOBILES AND OTHER VEHICLES

List all motor vehicles, including motorcycles owned by or registered to household members. Use additional sheets if necessary.

Make and Model Number:	License Plate Number:	State:	Insurance Agent:	Phone:	
Color:	Year:	License Expiration Date:	Street Address:	Policy No:	
Name on Registration:	VIN #	City:	State:	Zip:	Expiration Date:
Make and Model Number:	License Plate Number:	State:	Insurance Agent:	Phone:	
Color:	Year:	License Expiration Date:	Street Address:	Policy No:	
Name on Registration:	VIN #	City:	State:	Zip:	Expiration Date:

RENTERS INSURANCE

We recommend that you carry Renters Insurance. *Your personal belongings are not covered by our insurance.* If you have coverage, please provide information below.

Insurance Agent:	Phone:		
Street Address:	Policy No:		
City:	State:	Zip:	Expiration Date:

PERSONAL REFERENCES

List three (3) references (Not related to you).

Name:	Address:		
Phone No:	City:	State:	Zip:
Name:	Address:		
Phone No:	City:	State:	Zip:
Name:	Address:		
Phone No:	City:	State:	Zip:

EMERGENCY CONTACT

Provide the name of the person and an alternate; we should contact in case of an emergency.

Name:		Address:		
Phone No:	Relationship to you:	City:	State:	Zip:
Name:		Address:		
Phone No:	Relationship to you:	City:	State:	Zip:

ELDERLY/HANDICAPPED/DISABLED STATUS

We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program and/or to give special considerations with regard to allowances in determining rent. Please check any box that applies to you:

Head of Household and/or Spouse is: 62 years of age or older Handicapped Disabled

If you checked one of the boxes above, complete this section. List payments made on outstanding medical bills; medical insurance premiums; medical, eye glass and dental costs that are NOT covered by insurance. Use a separate sheet if necessary.

Name of Provider:		Street Address:		Description of Expense: _____	
Phone:	Policy No:	City:	State:	Zip:	Amount you pay: \$ _____ per _____
Name of Provider:		Street Address:		Description of Expense: _____	
Phone:	Policy No:	City:	State:	Zip:	Amount you pay: \$ _____ per _____
Name of Provider:		Street Address:		Description of Expense: _____	
Phone:	Policy No:	City:	State:	Zip:	Amount you pay: \$ _____ per _____
Name of Provider:		Street Address:		Description of Expense: _____	
Phone:	Policy No:	City:	State:	Zip:	Amount you pay: \$ _____ per _____

CRIMINAL HISTORY

This property's eligibility criteria excludes housing to individuals and households with specific types of criminal activity in their history. **You must** answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application may be rejected, OR, if move-in has occurred, you may be evicted.

	<u>No</u>	<u>Yes</u>	<u>If 'Yes' you must answer the following:</u>
• Have you or any member of your household ever been convicted of drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever been convicted of violent criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Are you or any member of your household a current, illegal user of or addicted to a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ Details: _____
• Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____
• Have you or any member of your household ever been on parole or are now on parole?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household currently or in the past used illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Are you or any member of your household subject to registration under a State sex offender registration program?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ State? _____ Details: _____

PREFERENCES

AMCS currently offers the following preferences to households that meet the below listed criteria. Please initial all that apply, please see Resident Selection Plan for details regarding each preference.

_____ Handicapped or disabled eligible families have preference when units become available that are designated for their use
(Initial)

_____ Working Families - an individual in the household 18 or over who holds a verifiable job that results in the issuance of a 1099 or W4 at the end of each year.
(Initial)

_____ Large Families - households of 5 or 6 persons will be given priority for 3 bedroom apartments over applicant households of 3 or 4 persons.
(Initial)

_____ Large Families - households of 3 or 4 persons will be given priority for 2 bedroom apartments over applicant households of 2 persons.
(Initial)

APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree.

_____ I have read and understand the information in this application, in particular the Instructions to Applicant, and agree to comply with all information and instructions.
(Initial)

_____ I have read and understand the Tenant Selection Plan, that is posted in the Management Office and summarizes the procedures for processing applications.
(Initial)

_____ I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.
(Initial)

_____ I understand that **ALL CHANGES in the income** of any member of the household, as well as any **changes in the household members** must be reported to Management **in writing immediately.**
(Initial)

_____ If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.
(Initial)

_____ If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent, damages, and security deposits.
(Initial)

_____ I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.
(Initial)

_____ I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in and/or for the purposes of securing a lower rent in a subsidized housing development.
(Initial)

_____ (Initial)

APPLICANTS SIGNATURE

DATE

AGENTS SIGNATURE

DATE

It is the policy of AMCS to provide housing on an Equal Opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin or handicap.

If you feel you have been discriminated against by this company, please call 843-764-3504