EQUAL HOUSING OPPORTUNITY

Fellowship Towers
Rental Application

Property Name **Fellowship Towers**
Address **222 E. Indianola Ave.**
City/State/Zip **Phoenix, AZ. 85012**
Phone/Fax **602-266-9438 / 602-266-0033**
Studio___ Sm. 1 Bedroom___ Lg. 1 Bedroom___

FOR OFFICE USE ONLY
Date Received _____
Time Received _____
Received By _____
Apt. Size Requested

HOUSEHOLD SUMMARY INFORMATION

List each household member applying to reside in the apartment.
Please complete and attach a separate Rental Application for each household member.

First Name	MI	Last Name	Relationship To Head of Household *Options: Spouse / co-head / Live-in Aid Other Family Member*	Are you enrolled as student at an institute of higher education?	Sex*

How did you hear about us? _____ * Options for sex are (M)-Male, (F)-Female or choose to (ND)-Not Disclose.

I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE

I/We certify the information given in this application is accurate and complete. I/We understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application. I/We , by signature below, authorize the Owner/Agent to request and complete a criminal background check, rental history check, and credit check, through an outside independent background service company and secure a written report of all information pertaining to landlord/rental history, sex offender records, criminal background, credit records, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine eligibility or level of assistance.

Title18,Section 1001of 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 any employee of HUD or owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains 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). Violation of these provisions are cited as violations of 42 U.S.C. (a) (6), (7) AND (8).

Federal law prohibits the Landlord from discriminating against any applicant because of race, color, sex, familial status, religion, handicap, disability, sexual orientation, gender identity, marital status, or national origin. Additional state protections may apply. Applicants on the waiting list may be contacted by management to ensure continued interest to remain on the waiting list and to update any changes to the original information provided at the time of initial application. Failure to respond to this inquiry may result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive and denied application will be held for three years as required by federal regulation.

Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed by mail to the following person, responsible or related policies: Coculana Swart General Manager, 222 East Indianola Avenue, Suite 102, Phoenix, AZ. 85012

_____ _____
Signature Date

_____ _____
Signature Date

We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.

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Rental Application – Member Information

DO NOT LEAVE ANY BLANKS ON THIS FORMOR IT WILL BE CONSIDERED INCOMPLETE

Head of Household Name _____ Member Name _____

TO BE COMPLETED FOR EACH HOUSEHOLD MEMBER, REGARDLESS OF AGE

Date of Birth _____ SSN _____

Maiden/Other Name(s) _____

O Check here if member was 62 years old as of 1/30/2010 and was already participating in a HUD housing program.

Current Street Address _____ Home Phone _____ O N/A

City _____ Work Phone _____ O N/A

State _____ Zip _____ Cell Phone _____ O N/A

List all states you have ever resided in (regardless of duration) _____

Are you subject to a state sex offender lifetime registration requirement? O Yes O No If Yes, which state? _____

Are you temporarily displaced due to a disaster? O Yes O No

Are you a U.S. military veteran? O Yes O No

Race* (*Choose all that apply*)
O American Indian O Alaska Native O Asian O African American O Native Hawaiian O Pacific Islander O White O Other

Ethnicity* O Hispanic or Latino O Not Hispanic or Latino
**This information is gathered for statistical purposes only*

BACKGROUND AND CRIMINAL HISTORY

Is member 18 years of age or older? O Yes O No **If No, skip this section**

A Public Record search will be conducted on each adult applicant/occupant.

Do you have any felonies or misdemeanors involving the below? If Yes, identify the year the incident occurred.

Sexual misconduct? O Yes O No Year_____

Illegal possession, manufacture, sale and/or distribution of a controlled substance? O Yes O No Year_____

Physical crime against a person or persons and/or another person's property? O Yes O No Year_____

Have you ever been evicted from federally assisted housing in the last 3 years for drug-related criminal activity? O Yes O No

Are you currently engaged in illegal drug use? O Yes O No

CREDIT HISTORY

Is member 18 years of age or older? O Yes O No **If No, skip this section**

Credit information on each applicant will be obtained through one or more Consumer Reporting Agencies. Lack of credit history will not be considered a negative factor.

Have you ever filed bankruptcy? O Yes O No If Yes, Court and Case Number_____

Are you party to any lawsuits? O Yes O No If Yes, please describe_____

Are there any judgments against you? O Yes O No If Yes, please describe_____

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RENTAL HISTORY

Is member 18 years of age or older? O Yes O No **If No, skip this section**

Applicant's name must have been on the Lease/Mortgage for any reference to be valid. Lack of Rental History will not be considered a negative factor.

O Check here if member address is the same as Head of Household

Current Landlord Name_____ Rent Per Month _____

Apartment Complex Name_____ O N/A

Street Address_____

City, State, Zip_____

Phone Number_____

Do you live in subsidized housing? O Yes O No If Yes, are you currently receiving assistance? O Yes O No

O Check here if member address is the same as Head of Household

Previous Landlord Name_____ Rent Per Month _____

Apartment Complex Name_____ O N/A

Street Address_____

City, State, Zip_____

Phone Number_____

Are you homeless or lacking a fixed nighttime residence? O Yes O No

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INCOME

Income source(s) for this member (indicate gross income before any deductions/garnishments occur).

Employment Income O Yes O No If Yes, O Full Time O Part Time Start Date_____ Monthly Amount_____

Employer_____Employer Phone_____

Full Street Address_____

Additional Employment Income, Other Sources O Yes O No

If Yes, O Full Time O Part Time Start Date_____ Monthly Amount_____

Employer_____Employer Phone_____

Full Street Address_____

Unemployment O Yes O No

If Yes, Issuing Government Agency_____ Monthly Amount_____

Issuing State_____ Monthly Amount_____

Social Security Benefits	O Yes O No	Monthly Amount _____	
Dual Entitlement	O Yes O No	Monthly Amount _____	Claim Number_____
Federal SSI	O Yes O No	Monthly Amount _____	
SSP (State portion of SSI)	O Yes O No	Monthly Amount _____	
Long/Short Term Disability	O Yes O No	Monthly Amount _____	
Retirement	O Yes O No	Monthly Amount _____	
Rental Income	O Yes O No	Monthly Amount _____	
Child Support	O Yes O No	Monthly Amount _____	
Alimony	O Yes O No	Monthly Amount _____	
General Assistance (TANF)	O Yes O No	Monthly Amount _____	
Other	O Yes O No	Monthly Amount _____	
Business Income	O Yes O No	Monthly Net Amount _____	

Is anyone helping you with paying bills on a regular basis? O Yes O NO Monthly Amount _____

If you are a student, are you receiving any form of financial assistance (not student loans)? Semester Amount _____

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ASSETS

Checking	O Yes O No	O Single O Joint	Balance_____
Savings	O Yes O No	O Single O Joint	Balance_____
CD	O Yes O No	O Single O Joint	Balance_____
Money Market	O Yes O No	O Single O Joint	Balance_____
Trusts	O Yes O No	O Revocable O Irrevocable	Balance_____
Retirement Accounts	O Yes O No	O Single O Joint	Balance_____
Mutual Funds	O Yes O No	O Single O Joint	Balance_____
Stocks/Bonds	O Yes O No	O Single O Joint	Balance_____
Whole Life Insurance	O Yes O No	O Single O Joint	Balance_____
EFT Debit Cards	O Yes O No		Balance_____
Direct Express Debit Card	O Yes O No		Balance_____

(if you select No, yet receive SSA benefits, you must provide a copy of the paper benefit checks you receive.)

Cash on Hand O Yes O No _____

Do you own real estate (home, land, etc.)? O Yes O No Estimated Market Value_____

Do you own a collection held as an investment? O Yes O No Estimated Market Value_____

Have you disposed of any assets for less than fair market value within the last two years? O Yes O No

If Yes, Provide date of disposal_____ Amount Received _____ Estimated Market Value_____

EXPENSES

Medical/Disability
Is the Head, Spouse, or Co-Head of your household either age 62+ or disabled? O Yes O No
If No, go to the next section
If you answered Yes, only list out-of-pocket expenses **the member completing this** form pays regularly and is not reimbursed for.

Monthly Medicare premiums (including Part D) _____

Monthly prescription copy costs _____ Monthly Medical Insurance _____

Other medical/disability expenses _____ Installment Payments on Doctor Bills _____

Hospital bill installment payments paid in the last 12 months _____

Childcare Is the member completing this form paying expenses for the care of a child under age 13? ☐ Yes ☐ No
If No, go to the next section

Does this care allow you to ☐ Work ☐ Seek Employment or ☐ Further your academic or vocational education?

Child's Name _____ Child's Name_____

I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

_____ _____
Signature of household member or guardian/parent if member is a minor Date

OMB Control # 2502-0581
Exp. (11/30/2015)

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

Applicant Name:

Mailing Address:

Telephone No: **Cell Phone No:**

Name of Additional Contact Person or Organization:

Address:

Telephone No: **Cell Phone No:**

E-Mail Address (if applicable):

Relationship to Applicant:

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Signature of Applicant	**Date**