



Office Use Only						
Property Name				City/State/ZIP		
Date Received		Time Received		am or pm	Requested # of Bedrooms	
Applicant/Tenant Information						
Full Legal Name				Home Phone		
List all other names or aliases you have used:						
Current Street Address				Cell Phone		
City/State/ZIP				Other Phone		
Own / Rent (Please circle one)		How Long?		Email		
Previous Street Address				Own / Rent (Please circle one)		
City/State/ZIP				How Long?		
Emergency Contact						
Name of a person not residing with you:					Relationship	
Address:						
City		State		ZIP	Phone	
Household Composition						
This list should include the Head of Household and all persons that will be living in the unit in the next 12 months and any household member temporarily living away living away from home. Complete this form in your own handwriting. Each household member age 18 years or older and under 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.						
Household Members Full Legal Name (exactly as on driver's license or other govt. document)	Relationship to Head of HH	Marital Status	D.O.B.	Age	Student Status: NO FT = Full-Time PT = Part-Time	Social Security Number or Alien Registration Number
	HEAD					
NOTE: Include public and private elementary, junior and senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.						

CIRCLE ONE

YES	NO	Will all of the household members listed above live in the unit 100% of the time? If no, explain:
YES	NO	Will there be any changes in the household size within the next 12 months? If yes, explain:
YES	NO	Will there be any changes in the number of students within the next 12 months? If yes, explain:
YES	NO	Are any members of the household temporarily absent? If yes, explain who is absent and why.
YES	NO	Do you now or have you ever had bed bugs?
YES	NO	Have you ever been convicted of a felony? If YES, explain:
YES	NO	Is any household member subject to a lifetime sex offender registration requirement in any state in which they have lived? (Any member subject to registration shall not be eligible for residency.)

If every household member listed on page 1 is a full-time student, please answer yes or no to the following questions:

Does the household receive assistance of Title IV of the Social Security Act? (AFDC, TANF)	Yes	No
Are any full-time students enrolled in a training program receiving assistance under the Job Training Partnership Act or similar Federal, State, or local programs?	Yes	No
Are any full-time students married and filing or entitled to file a joint tax return?	Yes	No
Is the household comprised entirely of a single parent and child (ren) and this parent is not a dependent of another individual and the child (ren) is/are not dependents(s) of someone other than a parent?	Yes	No
Was previously under the care and placement responsibility of the state agency responsible for administering foster care?	Yes	No

Household Income Information

**Does anyone in the household receive or expect to receive regular payments from any of the following sources?
Circle YES or NO to each item.**

CIRCLE ONE

SOURCE

YES	NO	
		Employment (include overtime, tips, bonuses, commissions, etc.)
		Self-employment Mgr. Note: Prior 3 year's 1040's also required AND Schedule C (Business), E (rental) or F (farm)
		Does any member work for someone who pays them in cash?
		Public Assistance (TANF, MFIP, GA, etc.)
		Worker's compensation
		Unemployment benefits or severance pay
		Student financial assistance (public or private, not including student loans
		Armed forces pay
		Child support – Monitored (circle YES if you have a court order, even if you are not receiving the full amount awarded)
		Child support – Not Monitored
		Alimony/Spousal Maintenance
		Disability benefits including Social Security disability
		Social Security income (including unearned income of minor children)
		Regular payments from pensions (PERA, railroad, etc.)
		Regular payments from retirement benefits
		Death Benefits
		Veteran's Benefits
		Tribal Income
		Regular payments from annuities or life insurance dividends
		Net income from rental property
		Regular payments from inheritance, insurance settlement, lottery winnings, etc.
		Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)
		Other (list)
		Other (list)

YES NO Do any adult members of the household have zero income? If yes, name (s): _____

YES NO Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.) _____

YES NO Are you receiving the full amount of court ordered child support? If no, is it being pursued by a court or agency? YES or NO List the agency: _____

ANTICIPATED ANNUAL HOUSEHOLD INCOME \$ _____

Household Asset Information

**Does anyone in the household (including children) have money held in any of the following sources?
Circle YES or NO to each item.**

CIRCLE ONE		SOURCE
YES	NO	Checking
YES	NO	Savings
YES	NO	Stocks
YES	NO	Capital Investments
YES	NO	Bonds
YES	NO	Trusts*
YES	NO	Securities
YES	NO	Whole Life Insurance Policy (do not include term life insurance)
YES	NO	401K*
YES	NO	IRA/KEOGH Accounts
YES	NO	Certificates of Deposit
YES	NO	Pension/Retirement/Annuity accounts
YES	NO	Money Market Funds
YES	NO	Treasury Bills
YES	NO	Lump Sum Payment (i.e. inheritance, insurance settlement, lottery winnings, capital gains)
YES	NO	Are any accounts held jointly with someone not in the household? Which account? And with whom?
YES	NO	Other (list)

***Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.**

Circle YES or NO to each item.

YES	NO	Do you have a Safety Deposit Box?
YES	NO	Do you own Real Estate? If YES, list address (es):
YES	NO	Do you hold contract for deed?
YES	NO	Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment? Do not include family cars, personal jewelry or furniture.
YES	NO	Are any assets held jointly with another person? List Person and asset (s):
YES	NO	Is combined cash value of ALL assets over \$5,000? If YES, 3 rd party verification of assets is required.

I/We hereby certify that I/We

HAVE **HAVE NOT** sold or given away any assets for less than Fair Market Value during the last 24 months. Any assets sold or disposed of for less than Fair Market Value must be identified.

Expenses

Does anyone in the household pay child care in order to attend work or school? YES NO

This section is only for the Head or The Co-Head who is Elderly, Disabled or Handicapped

Does anyone in the household make payments for any of the following?

Medical Insurance YES NO Other Medical Expenses YES NO
 Prescription Expenses YES NO Care Attendant Expenses YES NO

To qualify for a deduction of \$400 from annual income, the tenant or co-tenant must be at least 62 years old or disabled. Do you qualify for this deduction? YES NO

Do you request a special handicapped accessible unit? YES NO

ANTICIPATED COST OF ABOVE MENTIONED EXPENSES \$ _____

Current Employment Information

Current employer		
Employer address		Date of Hire
Phone	E-mail	Fax
City	State	ZIP
Title	Monthly Gross Wage	Supervisor

Previous Employment Information

Previous employer		
Employer address		Last Date Worked
Phone	E-mail	Fax
City	State	ZIP
Title	Monthly Gross Wage	Supervisor

Co-applicant Current Employment Information

Current employer		
Employer address		Date of Hire
Phone	E-mail	Fax
City	State	ZIP
Title	Monthly Gross Wage	Supervisor

Co-applicant Previous Employment Information

Previous employer:		
Employer address:		Last Date Worked
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Title	Monthly Gross Wage	Supervisor

Please read and initial each certification:

I Certify the apartment that I will occupy in this project is/will be my permanent residence. _____
 I Certify I do not and will not maintain a separate subsidized rental unit at a different location. _____

List three references not related to you and not living in your unit.

	<u>NAME</u>	<u>PHONE NUMBER</u>	<u>RELATIONSHIP</u>
<u>1</u>			
<u>2</u>			
<u>3</u>			

I acknowledge that I have read and understand all the above information. I hereby make application for an apartment and certify that this information is correct, I authorize you to contact any references herein listed and/or other inquires that management feels necessary in determining eligibility. (I.e. check with credit bureau, inquire with law enforcement, etc....).

APPLICANT'S SIGNATURE _____ DATE _____

CO-APPLICANT'S SIGNATURE _____ DATE _____

CO-APPLICANT'S SIGNATURE _____ DATE _____

This applicant/tenant required assistance in completing the application due to: _____

Assistance in completing this application was provided by: _____ Date: _____

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 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)

American Indian/Alaska Native: _____
 Asian _____
 Black or African American _____
 Native Hawaiian or Other Pacific Islander _____
 White _____
 Other _____

Gender: (Mark one)

Male _____
 Female _____
 Prefer not to disclose _____

Veteran YES NO

WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

“This Institution is an equal opportunity provider.”
 “Esta institución es un proveedor de servicios con igualdad de oportunidades.”

If you wish to file a Civil Rights program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form (PDF)**, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



MACO MANAGEMENT COMPANY, INC.

Applicant Residential History

Pursuant to regulations issued by Congress and guidance issued by the U.S. Department of Housing and Urban Development, all members of the household must list all states in which they have resided during their lifetime.

Applicant Name _____

States of Residence _____

Household Member Name _____

States of Residence _____

Household Member Name _____

States of Residence _____

Household Member Name _____

States of Residence _____

Household Member Name _____

States of Residence _____

Household Member Name _____

States of Residence _____

Household Member Name _____

States of Residence _____

Household Member Name _____

States of Residence _____

Is any member of this household subject to a lifetime sex offender registration requirement in any state in which they have lived? (Any member subject to registration shall not be eligible for residency.) YES or NO

Applicant/Tenant Signature

Date

“This Institution is an equal opportunity provider and employer.” If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov.