Fill out in BLUE ink ONLY!!!

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MACO Management Company, Inc. *Rental Application*

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

	NAME	PHONE NUMBER	RELATIONSHIP
1			
2			
3			

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."

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

MACO MANAGEMENT COMPANY, INC.

Dear Future Resident:

We have employed a credit bureau service agency to track and maintain the records of applicant's and resident's credit history, past conduct and performance as a resident and any criminal background.

A $ 14.50 processing fee is required on each individual over the age of 18 listed on the application for processing. Payment must be in the form of a Money Order made payable to:

_____

Failure to do so will result in your application not being processed. The processing fee of $ 14.50 is Non-Refundable.

We hope to be able to consider you as a resident when we have completed the application process.

Best Regards,

MACO Management Co., Inc.

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MACO MANAGEMENT COMPANY, INC.

LANDLORD REFERENCE CHECK

Tenant must complete this section only.

Landlord's Name_____ Phone Number_____

Landlord's Full Mailing Address_____

_____

APPLICANT'S CURRENT Address _____

_____

I hereby authorize _____ of the _____ to release information below regarding my prior tenancy.

Applicant's Signature_____ Applicant's Printed Name_____

Date_____

This information is necessary to establish the eligibility to live in any complex managed by MACO Management Co., Inc. Your name has been given as a previous landlord of the person listed above who is making application for housing with:

_____ _____

Apartment Complex Management's Representative

Rented/Leased From ___/___/___ to ___/___/___ Amount of rent? $_____

Was rent paid on time? Yes ☐ No ☐ Would you rent to this tenant again? Yes ☐ No ☐

Was lease terminated? Yes ☐ No ☐ If YES, please explain:_____

_____

Were there any damages when the tenant left? Yes ☐ No ☐ If YES, please explain the extent of damages:_____

_____

If there were damages, did the tenant pay for the damages? Yes ☐ No ☐

Please furnish any other additional information, which may be helpful in making our determination regarding this individual's eligibility._____

_____

_____ _____ _____

Landlord's Signature Date Phone Number

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COPIES OF:

CURRENT DRIVERS LICENSE

OR

STATE ISSUED ID

(18 + HOUSEHOLD MEMBERS)

SOCIAL SECURITY CARDS

(ALL HOUSEHOLD MEMBERS)

BIRTH CERTIFICATES

(IF OCCUPANTS LAST NAME DIFFERS
FROM HEAD OF HOUSEHOLD)