



# APPLICATION FOR LEASE

For Office Use Only

Date Rec: \_\_\_\_\_

Time Rec: \_\_\_\_\_

Rec. By: \_\_\_\_\_

**DICKINSON PLACE  
911 ST. JOSEPH STREET  
Dallas, TX 75246**

**214-821-5390 214-821-5398 TTY 800-735-2989**

## DICKINSON PLACE IS A NON-SMOKING FACILITY

Please note that all lines, questions or requests for information **MUST** be completed. This requires that you provide the relevant information requested, answer yes or no or where applicable or write "N/A" if the information requested does not apply to anyone in the Applicant Household listed.

### I. APPLICANT

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
FIRST MI LAST

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SSN: \_\_\_\_\_ ALIAS/OTHER NAMES: \_\_\_\_\_

DRIVER'S LICENSE NO. & STATE: \_\_\_\_\_ CAR LICENSE PLATE: \_\_\_\_\_

MAKE OF CAR & YEAR: \_\_\_\_\_ COLOR OF CAR: \_\_\_\_\_

Optional:  Male  Female  Choose not to respond

### I. CO-APPLICANT

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
FIRST MI LAST

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SSN: \_\_\_\_\_ ALIAS/OTHER NAMES: \_\_\_\_\_

DRIVER'S LICENSE NO. & STATE: \_\_\_\_\_ CAR LICENSE PLATE: \_\_\_\_\_

MAKE OF CAR & YEAR: \_\_\_\_\_ COLOR OF CAR: \_\_\_\_\_

Optional:  Male  Female  Choose not to respond

EMERGENCY CONTACT INFORMATION (Contact person in case of a personal emergency – must be someone not living with you):

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

Do you have a pet?  YES  NO If yes, please state: What type \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

How did you hear about Dickinson Place?  Website  Friend  Word of Mouth  
 Listed in \_\_\_\_\_  Referred by \_\_\_\_\_  
 Other \_\_\_\_\_

**II. SOURCE OF INCOME & EMPLOYMENT INFORMATION (Failure to report any income is FRAUD.)**

Name of Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Length of Service: \_\_\_\_\_  
 \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 City State Zip  
 Full Time  Part Time  Unemployed Occupation \_\_\_\_\_  
 \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Present Gross Pay Hour/Week/Month

**OTHER SOURCES OF INCOME:**

SOCIAL SECURITY [ ] YES [ ] NO IF YES, PER MONTH \$ \_\_\_\_\_ ALIMONY [ ] YES [ ] NO AMT \$ \_\_\_\_\_  
 UNEMPLOYMENT [ ] YES [ ] NO IF YES, PER MONTH \$ \_\_\_\_\_ CHILD SUPPORT [ ] YES [ ] NO AMT \$ \_\_\_\_\_  
 DISABILITY [ ] YES [ ] NO IF YES, PER MONTH \$ \_\_\_\_\_ GENERAL ASSISTANCE [ ] YES [ ] NO AMT \$ \_\_\_\_\_  
 RETIREMENT [ ] YES [ ] NO IF YES, PER MONTH \$ \_\_\_\_\_ OTHER: [ ] YES [ ] NO AMT \$ \_\_\_\_\_

**CO-APPLICANT:**

Name of Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Length of Service: \_\_\_\_\_  
 \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 City State Zip  
 Full Time  Part Time  Unemployed Occupation \_\_\_\_\_  
 \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Present Gross Pay Hour/Week/Month

**OTHER SOURCES OF INCOME:**

SOCIAL SECURITY [ ] YES [ ] NO IF YES, PER MONTH \$ \_\_\_\_\_ ALIMONY [ ] YES [ ] NO AMT \$ \_\_\_\_\_  
 UNEMPLOYMENT [ ] YES [ ] NO IF YES, PER MONTH \$ \_\_\_\_\_ CHILD SUPPORT [ ] YES [ ] NO AMT \$ \_\_\_\_\_  
 DISABILITY [ ] YES [ ] NO IF YES, PER MONTH \$ \_\_\_\_\_ GENERAL ASSISTANCE [ ] YES [ ] NO AMT \$ \_\_\_\_\_  
 RETIREMENT [ ] YES [ ] NO IF YES, PER MONTH \$ \_\_\_\_\_ OTHER: [ ] YES [ ] NO AMT \$ \_\_\_\_\_

Is there any additional income being received by anyone in the household applying for housing? **YES / NO** If yes, please list how much and explain: \_\_\_\_\_

Does anyone outside your household pay for any of your bills or give you money? **YES / NO** If yes, please list how much and explain what expense the money is paying for (i.e. internet, cell phone, food, etc.) \_\_\_\_\_

**III. HOUSEHOLD INFORMATION (List each household member who will be residing in the apartment.)**

| First Name | MI | Last Name | Social Security Number | Date of Birth | Relationship to Head | Enrolled as PT or FT Student at an Institute of Higher Education? | List all states in which this member has ever lived |
|------------|----|-----------|------------------------|---------------|----------------------|---|---|
|            |    |           |                        |               |                      |   |   |
|            |    |           |                        |               |                      |   |   |
|            |    |           |                        |               |                      |   |   |

Does any member of the household work for someone who pays them in cash? **YES / NO**  
 Is there a need for an accessible unit? **YES / NO** If yes, explain: \_\_\_\_\_

Is any member of the applicant a U.S. Military Veteran? **YES / NO** If yes, list the member(s) \_\_\_\_\_  
 Is any member displaced due to a presidentially declared disaster? **YES / NO** If yes, list the member(s): \_\_\_\_\_  
 Has any member of the household's residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, non-compliance with lease terms, or failure to comply with recertification procedures? **YES / NO** If yes, explain: \_\_\_\_\_

**IV. CHILD SUPPORT/CARE EXPENSE INFORMATION (Expense may only be deducted for the care of children under the age of 13 and if the care is necessary to enable a family member to work, seek employment, or further his/her education.)**

Name of dependent child: \_\_\_\_\_ Age \_\_\_\_\_  
 What are the custody arrangements?  Sole Custody  Joint Custody  Other \_\_\_\_\_

Name of dependent child: \_\_\_\_\_ Age \_\_\_\_\_  
 What are the custody arrangements?  Sole Custody  Joint Custody  Other \_\_\_\_\_

Child Care Provider: \_\_\_\_\_ Amt. Paid: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_ Check one:  Weekly  Monthly  
 \_\_\_\_\_

**V. MEDICAL EXPENSES (Households where the Head/Spouse/Co-Head are age 62 +, handicapped or disabled are eligible for medical expense deductions. If this applies to your household, list out-of-pocket expenses for which you are not reimbursed.)**

|                       |          |                            |
|-----------------------|----------|----------------------------|
| Medicare:             | \$ _____ | List amount and frequency. |
| Medical Insurance     | \$ _____ | List amount and frequency. |
| Doctor Bills          | \$ _____ | List amount and frequency. |
| Hospital Bills        | \$ _____ | List amount and frequency. |
| Other Medical Expense | \$ _____ | List amount and frequency. |

**VI. ASSET INFORMATION (Failure to report any asset is FRAUD.)**

Checking: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Name of Bank/Credit Union \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_  
 Single Account  Joint Account  No Checking Account Interest Bearing? **YES / NO**  
 Interest Rate: \_\_\_\_\_

Checking: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Name of Bank/Credit Union \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_  
 Single Account  Joint Account  No Checking Account Interest Bearing? **YES / NO**  
 Interest Rate: \_\_\_\_\_

Savings: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Name of Bank/Credit Union \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_  
 Single Account  Joint Account  No Checking Account Interest Bearing? **YES / NO**  
 Interest Rate: \_\_\_\_\_

Savings: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Name of Bank/Credit Union \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_  
 Single Account  Joint Account  No Checking Account Interest Bearing? **YES / NO**  
 Interest Rate: \_\_\_\_\_

Does any member of the household have a Certificate(s) of Deposit? **YES / NO**

If yes, list institution: \_\_\_\_\_

Does any member of the household have a Money Market Account? **YES / NO**

If yes, list institution: \_\_\_\_\_

Does any member of the household have a Trust Fund? **YES / NO** If yes, value \$ \_\_\_\_\_

Does any member of the household own a home or any other real estate? **YES / NO** If yes, value \$ \_\_\_\_\_

Do you receive income/rent from this property? **YES / NO** If yes, how much \$ \_\_\_\_\_ per \_\_\_\_\_

Does any member of the household own stocks/bonds? **YES / NO** If yes, provide company name & address for each:

Have you or any member of the household disposed of, transferred, given away, or sold for less than the market value, any assets during the last 2 years (i.e. home, land, business, etc.)? **YES / NO** If yes, list asset, date of disposal and amount received: \_\_\_\_\_

**VII. RENTAL HISTORY (Residential history will be verified for each applicant. Applicant's name must have been on the Lease/Mortgage for any reference to be valid. Rental references should reflect applicant's ability and willingness to comply with Lease terms as well as community policies and guidelines. Lack of Rental History will not be considered a negative factor. List rental history for the past 5 years).**

Current Landlord: \_\_\_\_\_ Rent per Month: \_\_\_\_\_  
Address: \_\_\_\_\_ Move-in Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Lease Expires: \_\_\_\_\_  
Notice Given: YES / NO

Previous Landlord: \_\_\_\_\_ Rent per Month: \_\_\_\_\_  
Address: \_\_\_\_\_ Rented from: \_\_\_\_\_ to \_\_\_\_\_  
Proper Notice Given: YES / NO  
Phone: \_\_\_\_\_ Deposit Returned: YES / NO

Previous Landlord: \_\_\_\_\_ Rent per Month: \_\_\_\_\_  
Address: \_\_\_\_\_ Rented from: \_\_\_\_\_ to \_\_\_\_\_  
Proper Notice Given: YES / NO  
Phone: \_\_\_\_\_ Deposit Returned: YES / NO

Does any member of the household currently live in financially assisted housing? YES / NO If yes, property name and address: \_\_\_\_\_

If applicant was age 62 or over as of January 31, 2010 and did not have a social security number, were you receiving HUD rental assistance at another location on January 31, 2010? YES / NO If yes, property name and address: \_\_\_\_\_

Has applicant or any member of the household had their residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures? YES / NO

Has applicant or any member of the household ever allowed anyone not listed on the lease as a tenant to move into your apartment? YES / NO

N

**VIII. CREDIT REFERENCES (Credit information on each applicant will be obtained through one or more Consumer Reporting Agencies. Credit History should positively reflect the applicant's ability and willingness to make payments as required by the Lease. Lack of credit history will not be considered a negative factor.)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you ever filed for bankruptcy?  YES  NO Are you party to any lawsuit?  YES  NO

Are there any judgements against you?  YES  NO

**IX. BACKGROUND AND CRIMINAL HISTORY**

(A Public Records search will be conducted on each adult applicant/occupant.)

Are you, or anyone else in the household, a victim of domestic violence, dating violence, or stalking?  YES  NO

Do you, or anyone else in the household, have any felonies or misdemeanors involving the below? If yes, identify the year the incident occurred.

Sexual Misconduct?  YES  NO Year \_\_\_\_\_

Illegal possession, manufacture, sale and/or distribution of a controlled substance?  YES  NO Year \_\_\_\_\_

Physical crime against a person or persons and/or another person's property?  YES  NO Year \_\_\_\_\_

Do any applicant household members appear on any state sex offender's lifetime registry?  YES  NO State \_\_\_\_\_

Have any applicant household members been evicted from federally assisted housing in the last 3 years for drug-related criminal activity?  YES  NO

Are any applicant household members currently engaged in illegal drug use?  YES  NO

**X. CERTIFICATION OF APPLICANTS**

**VERY IMPORTANT – READ CAREFULLY**

I/We certify the information given in this application (pages 1 through 5) is accurate and complete, and has been provided based on a complete review and understanding of the "Tenant Selection Plan", the basis for determining eligibility. I/We further understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application by the Owner/Agent. I/We, by signature below, authorize the Owner/Agent to request complete criminal background check as well as a thorough credit investigation through an outside independent background service company to secure a written report of all information pertaining to (but not limited to) employment, landlord/rental history, sex offender records, criminal background, 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 the person's eligibility or level of assistance.

**WARNING**

Title 18, Section 1001 of 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 employees of HUD or the owner) may be subject to penalties for unauthorized disclosures of 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 or discloses 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 of 208 (a), (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

**PLEASE BE FURTHER ADVISED**

The Department of Housing & Urban Development and/or the Contract Administrator will compare the information applicant families supply with information federal, state and/or local agencies have on those same applicant families' income and household composition.

Federal law and HUD regulations prohibit the Landlord from discriminating against any applicant or tenant because of race, color, religion, sex, disability/handicap, familial status, national origin, gender identity, sexual orientation or marital status, with regard to admission or equal access to all programs.

As required by federal law, applicants must produce proof of their social security numbers. Individuals who have not been assigned a social security number are required to sign and date a certification stating that a social security number has been assigned. This certification requires subsequent compliance should this apply.

Applicants on the waiting list will be reviewed and contacted by letter once annually to ensure continued interest to remain on the waiting list and to update any changes to the original information applied at the time of initial application. Failure to respond to this annual review will result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive (including denied applications) will be held for three years as required by federal regulation.

I acknowledge that I am applying for housing at a **NON-SMOKING** building.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

Dickinson Place does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Federal law and HUD regulations prohibit Dickinson Place from discriminating against any applicant or tenant because of race, color, religion, sex, disability/handicap, familial status, national origin, gender identity, sexual orientation or marital status, with regard to admission or equal access to all programs. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (CFR, part 8 dated June 2, 1988): Stephanie Free, Executive Director, 911 St. Joseph Street, Dallas, TX 75246, 214-821-5390 TTY 800-735-2989.



Supplemental and Optional 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.

|  |  |
|--|--|
| <b>Applicant Name:</b>   |  |
| <b>Mailing Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |
| <b>Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>E-Mail Address (if applicable):</b>   |  |
| <b>Relationship to Applicant:</b>  |  |
| <b>Reason for Contact: (Check all that apply)</b>  |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent  |  |
| <b>Commitment of Housing Authority or Owner:</b> 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.   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> 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. |  |

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

|                               |             |
|-------------------------------|-------------|
|                               |             |
| <b>Signature of Applicant</b> | <b>Date</b> |

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**Dickinson Place Non-insured 911 St. Joseph Street**

Name of Property

Project No.

Address of Property

**Dickinson Place Charitable Corp.**

**Section 8**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

| Ethnic Categories*                        | Select One            |
|---|-----------------------|
| Hispanic or Latino                        |                       |
| Not-Hispanic or Latino                    |                       |
| Racial Categories*                        | Select All that Apply |
| American Indian or Alaska Native          |                       |
| Asian                                     |                       |
| Black or African American                 |                       |
| Native Hawaiian or Other Pacific Islander |                       |
| White                                     |                       |
| Other                                     |                       |

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.