


# APPLICATION FOR LEASE

Today's Date: _____	 EQUAL HOUSING OPPORTUNITY	<b>FOR OFFICE USE ONLY</b>	
Property Name: Dickinson Place _____		Date Rec'd: _____	_____
Address: 911 Saint Joseph Street _____		Time Rec'd: _____	_____
City/State/Zip: Dallas, TX 75246 _____		Apartment Size: _____	_____
Phone #/Fax #: 214-821-5390      214-821-5398 _____		Received By: _____	_____

**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 where applicable or write "N/A" if the information requested does not apply to anyone in the Applicant Household listed.**

## I. APPLICANT

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
 FIRST MI. LAST

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 FIRST MI. LAST CELL PHONE: \_\_\_\_\_

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

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

## I. CO-APPLICANT

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
 FIRST MI. LAST

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

SPOUSE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 FIRST MI. LAST CELL PHONE: \_\_\_\_\_

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

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

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

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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

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

## II. SOURCE OF INCOME & EMPLOYMENT INFORMATION (Check the box on the left that applies to the status of employment. If currently unemployed, provide the most recent employer information.)

APPLICANT: \_\_\_\_\_

( ) Full Time      Name of Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Employer Phone \_\_\_\_\_

( ) Part Time      Full Street Address \_\_\_\_\_ Occupation \_\_\_\_\_ Length of Service \_\_\_\_\_

( ) Unemployed      \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

City State Zip Present Gross Pay Hour/Week/Month

### OTHER SOURCES OF INCOME:

SOCIAL SECURITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANNUAL AMT: \$ _____	ALIMONY	<input type="checkbox"/> YES <input type="checkbox"/> NO	AMT \$ _____
UNEMPLOYMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANNUAL AMT: \$ _____	CHILD SUPPORT	<input type="checkbox"/> YES <input type="checkbox"/> NO	AMT \$ _____
DISABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANNUAL AMT: \$ _____	GENERAL ASSISTANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	AMT \$ _____
RETIREMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANNUAL AMT: \$ _____	OTHER: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	AMT \$ _____



CO-APPLICANT: \_\_\_\_\_

Name of Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Employer Phone \_\_\_\_\_

( ) Full Time \_\_\_\_\_

( ) Part Time Full Street Address \_\_\_\_\_ Occupation \_\_\_\_\_ Length of Service \_\_\_\_\_

( ) Unemployed \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Present Gross Pay \_\_\_\_\_ Hour/Week/Month \_\_\_\_\_

**OTHER SOURCES OF INCOME:**

SOCIAL SECURITY [ ] YES [ ] NO IF YES, ANNUAL AMT: \$ \_\_\_\_\_ ALIMONY [ ] YES [ ] NO AMT \$ \_\_\_\_\_

UNEMPLOYMENT [ ] YES [ ] NO IF YES, ANNUAL AMT: \$ \_\_\_\_\_ CHILD SUPPORT [ ] YES [ ] NO AMT \$ \_\_\_\_\_

DISABILITY [ ] YES [ ] NO IF YES, ANNUAL AMT: \$ \_\_\_\_\_ GENERAL ASSISTANCE [ ] YES [ ] NO AMT \$ \_\_\_\_\_

RETIREMENT [ ] YES [ ] NO IF YES, ANNUAL AMT: \$ \_\_\_\_\_ OTHER: \_\_\_\_\_ [ ] YES [ ] NO AMT \$ \_\_\_\_\_

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

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP TO HEAD	ENROLLED AS PT OR FT STUDENT AT AN INSTITUTE OF HIGHER EDUCATION?	SEX	LIST ALL STATES IN WHICH THIS MEMBER HAS EVER LIVED

Is there a need for an accessible unit? **YES / NO** If yes, explain: \_\_\_\_\_

Is any member of the applicant household 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): \_\_\_\_\_

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

NAME OF EACH DEPENDENT QUALIFYING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHILD CARE PROVIDER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS (STREET): \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_

[ ] WEEKLY [ ] MONTHLY (CHECK THE ONE THAT APPLIES)

**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 EXPENSES: \$ \_\_\_\_\_ List amount and frequency \_\_\_\_\_

\$ \_\_\_\_\_ List amount and frequency \_\_\_\_\_

\$ \_\_\_\_\_ List amount and frequency \_\_\_\_\_



**VI. ASSET INFORMATION**

**CHECKING:**

<input type="checkbox"/> SINGLE	NAME OF BANK/CREDIT UNION _____	ACCOUNT NUMBER _____
<input type="checkbox"/> JOINT	_____	CURRENT BALANCE _____
<input type="checkbox"/> NO CHECKING ACCT	FULL STREET ADDRESS _____	INTEREST BEARING ? _____
	_____	INTEREST AMOUNT: _____
	CITY/STATE/ZIP _____	

**SAVINGS:**

<input type="checkbox"/> SINGLE	NAME OF BANK/CREDIT UNION _____	ACCOUNT NUMBER _____
<input type="checkbox"/> JOINT	_____	CURRENT BALANCE _____
<input type="checkbox"/> NO SAVINGS ACCT	FULL STREET ADDRESS _____	INTEREST BEARING ? _____
	_____	INTEREST AMOUNT: _____
	CITY/STATE/ZIP _____	

<input type="checkbox"/> SINGLE	NAME OF BANK/CREDIT UNION _____	ACCOUNT NUMBER _____
<input type="checkbox"/> JOINT	_____	CURRENT BALANCE _____
<input type="checkbox"/> NO CERT or Money Market Acct	FULL STREET ADDRESS _____	INTEREST BEARING ? _____
	_____	INTEREST AMOUNT: _____
	CITY/STATE/ZIP _____	

**TRUST FUND?:** PRINCIPAL VALUE: \$ \_\_\_\_\_

No Trust Fund

**REAL ESTATE?:** VALUE: \$ \_\_\_\_\_ JOINTLY OWNED BY: \_\_\_\_\_

No Real Estate

**STOCKS/BONDS:**  YES then provide company name & address for each \_\_\_\_\_

No Stocks/Bonds \_\_\_\_\_

**ASSETS DISPOSED OF:** Have you disposed of any assets (home, land, business, etc.)  NO  YES

IF YES: \_\_\_\_\_ WAS SOLD OR TRANSFERRED ON: \_\_\_\_\_ \$ \_\_\_\_\_

NAME OF ASSET \_\_\_\_\_ DATE OF DISPOSAL \_\_\_\_\_ AMOUNT RECEIVED \_\_\_\_\_

TYPE OF ASSET: \_\_\_\_\_ YOUR ESTIMATE OF THE MARKET VALUE OF THE ASSET: \$ \_\_\_\_\_

**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.): Provide copies of Move Out Inspection Reports**

CURRENT LANDLORD NAME: \_\_\_\_\_ RENT PER MONTH: \$ \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MOVE IN DATE: \_\_\_\_\_

\_\_\_\_\_ LEASE EXPIRES: \_\_\_\_\_

TELEPHONE NUMBER: ( ) \_\_\_\_\_ NOTICE GIVEN: \_\_\_\_\_

DO YOU LIVE IN ASSISTED HOUSING?  YES  NO IF YES, ARE YOU CURRENTLY RECEIVING ASSISTANCE? \_\_\_\_\_

PREVIOUS LANDLORD NAME: \_\_\_\_\_ RENT PER MONTH: \$ \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RENTED FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ PROPER NOTICE GIVEN: \_\_\_\_\_

TELEPHONE NUMBER: ( ) \_\_\_\_\_ DEPOSIT RETURNED: \_\_\_\_\_



**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: _____
NAME: _____	PHONE NUMBER: _____

HAVE YOU EVER FILED BANKRUPTCY?  YES  NO      IF YES, COURT & CASE #: \_\_\_\_\_

ARE YOU PARTY TO ANY LAWSUITS?  YES  NO      IF YES, PLEASE DESCRIBE: \_\_\_\_\_

ARE THERE ANY JUDGMENTS AGAINST YOU?  YES  NO      IF YES, PLEASE DESCRIBE: \_\_\_\_\_

**IX. BACKGROUND AND CRIMINAL HISTORY (A Public Records search will be conducted on each adult applicant/occupant.)**

YES  NO    ARE YOU, OR ANYONE ELSE IN THE HOUSEHOLD, A VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING?

DO YOU, OR ANYONE ELSE IN THE HOUSEHOLD, HAVE ANY FELONIES OR MISDEMEANORS INVOLVING THE BELOW? If yes, identify the year the incident occurred

YES  NO    SEXUAL MISCONDUCT?      YEAR \_\_\_\_\_

YES  NO    ILLEGAL POSSESSION, MANUFACTURE, SALE AND/OR DISTRIBUTION OF A CONTROLLED SUBSTANCE?      YEAR \_\_\_\_\_

YES  NO    PHYSICAL CRIME AGAINST A PERSON OR PERSONS AND/OR ANOTHER PERSON'S PROPERTY?      YEAR \_\_\_\_\_

YES  NO    DO ANY APPLICANT HOUSEHOLD MEMBERS APPEAR ON ANY STATE SEX OFFENDER'S LIFETIME REGISTRY?  
If yes, which state?      State \_\_\_\_\_

YES  NO    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?

**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 "Residential 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 employee of HUD or the 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 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 at 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 not 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.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

Signature of Additional Adult Applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Additional Adult Applicant \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only:**

INCOME LIMIT: \$ \_\_\_\_\_ [ ] LOW [ ] VERY LOW [ ] EXTREMELY LOW

UNIT SIZE NEEDED: \_\_\_\_\_

RENTAL HISTORY: [ ] ACCEPTABLE [ ] NOT ACCEPTABLE

SIZE OF HOUSEHOLD: \_\_\_\_\_

CREDIT CHECK: [ ] ACCEPTABLE [ ] NOT ACCEPTABLE

SECURITY DEPOSIT: \_\_\_\_\_

BACKGROUND: [ ] ACCEPTABLE [ ] NOT ACCEPTABLE

MONTHLY RENT: \_\_\_\_\_

Does household qualify for a preference? If yes, explain \_\_\_\_\_

[ ] APPLICATION ACCEPTED

[ ] APPLICATION REJECTED

[ ] ADDED TO WAITING LIST

REJECTION REASON: \_\_\_\_\_

[ ] UNIT ASSIGNED \_\_\_\_\_

REJECTION LTR SENT: \_\_\_\_\_

NOTES: \_\_\_\_\_

PROPERTY MANAGERS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

