



INTEGRAL
ENTERPRISES, LLC



Tenant Application Form

Property/Address: _____

Date: _____

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F/D) M- Male F - Female D - Decline to Disclose	Birth Date (mm, dd, yyyy)	Stud ent Y/N	Social Security Number - Exemption for those who do not contend eligible immigration status

Current Address: _____

Primary Phone: () _____ **Alternate Phone:** () _____

Are you claiming a "Preference"? *Certain preferences are assigned to applicants in order to provide housing opportunities for households with special needs. See Tenant Selection Plan for greater detail.*

Displaced by Government Action or Presidentially Declared Disaster.

Victim of Domestic Violence.

Working, Elderly, or Disabled.

Other or Local Preference: _____

Type: _____

1st Choice: 2 BR 3 BR 4 BR 5 BR Other _____

2nd Choice: 2 BR 3 BR 4 BR 5 BR Other _____

Would you or anyone in your household benefit from a special needs unit?
(Mobility, vision, or hearing impairment) Yes No

Will you or anyone in your household require a live-in care attendant? Yes No

Name of Live-In Care Attendant: _____

Relationship (If any): _____

Housing References:

List the **past 3 years** of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
2.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
3.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____

REASON FOR LEAVING CURRENT RESIDENCE? _____

Current Housing Circumstances

- ***Substandard or Standard Housing*** _____
- ***Conventional or Public Housing*** _____

Are you currently lacking a nighttime residence? _____ **yes** _____ **no**

Household Information (continued)

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? **Yes** **No**

If YES, explain _____

2. List all states all household members including the applicant have resided?

3. Have any of the household members used names or a social security number other than the names and numbers used above? Yes No

If YES, explain _____

4. Is any member of the household a Verteran? _____ YES _____ NO If yes, WHO? _____ Which Branch? _____

5. Are any or ALL members of the household full-time students? Yes No

If YES, explain _____

6. Were any applicants 62 or older as of January 31 2010, that do not have a SSN receiving HUD rental assistance at another location on January 31, 2010? _____

IF YES, please provide the Location _____

7. Have there ever been instances when you have not complied with an occupancy agreement or lease or have had trouble doing so? _____ YES _____ NO ,if YES, Explain _____

8. Has any place where you, your spouse, or your co-applicant is/has lived:

- Been destroyed by fire? _____ Yes _____ No
- Been infested with Bed Bugs? _____ Yes _____ No

If you answered yes to either question above, explain: _____

9. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? Yes No

If YES, provide the nature of the crime(s): _____

Date: _____ State: _____ City _____

County: _____

Are any of the above convictions a felony? Yes No If YES, Please explain _____

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? Yes No If YES, Please explain _____

Are there any criminal charges pending now? Yes No If YES, please explain _____

10. Do you live in subsidized housing now or have you in the past? Yes No

If YES, where? _____ From _____ To _____

Were you evicted? _____ If YES, why? _____

11. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?

Yes No

If YES, explain _____

12. Have you ever lived at any other property managed by _____ *[insert management company name]*? Yes No

If YES, where? _____

13. How did you about this property? _____

14. Do you know anyone currently residing at this complex? Yes No

15. Do you or any household member receive rental assistance or a housing Voucher at your current residence? Yes No

16. Has anyone being listed on this application ever received rental assistance? Yes No

If Yes, List the addresses of such: _____

Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? Yes No
(Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u> <i>(or note if self-employed)</i>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits or worker's compensation? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)? Yes No
 (We must count court ordered support whether or not it is received unless legal action has been taken to remedy.
 We must also count support that is not court-ordered, rather, received directly from the payer.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

5. Social Security, SSI or any other payments from the Social Security Administration? Yes No

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Any other income sources or types not listed above? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Do you or any other household member expect any change in income in the next 12 months? Yes No
 If YES, explain: _____

Zero Income Verification:
 Are YOU or is ANY OTHER ADULT member of your household claiming zero income?
 Yes No If YES, who? _____

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

1. List assets of all household members, including bank accounts stocks, bonds, credit union shares, land and real estate.

<u>Household Member</u>	<u>Description of Asset</u>	<u>EST Current Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? Yes No

Household Member

Description of Asset Disposed

Amount Received

Explanation: _____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the HUD Neighborhood Stabilization Program.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant this property owner and Integral Enterprises, LLC the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined under this title or imprisoned for not more than five years or both."

All household members 18 and over must sign below:

Signature	Date
Signature	Date
Signature	Date

For Office Use Only

Check here if Pre-Application is on file.

Application Date: _____ **Time:** _____ **Desired Move-In Date:** _____
Application Received By: _____ **As Agent for Owner**