INTEGRAL ENTERPRISES, LLC

Tenant Application Form

Application Fee - $20.00 for all applicants 18 years or older

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)	Birth Date *(mm, dd, yyyy)*	Student (Y/N)	Social Security Number

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

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.)*

	Landlord's Name/Address	*Your Address*	*Own/Rent*	*Dates*
1.	_____	_____	Own ☐	From: _____
	_____	_____	Rent ☐	To: _____
	Phone: ( ) _____			
2.	_____	_____	Own ☐	From: _____
	_____	_____	Rent ☐	To: _____
	Phone: ( ) _____			
3.	_____	_____	Own ☐	From: _____
	_____	_____	Rent ☐	To: _____
	Phone: ( ) _____			

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

   If YES, explain _____

5. 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_____

6. 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_____

7. 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:_____

8. 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**_____
   _____

9. 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? _____

10. 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 _____
    _____

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

    If YES, where? _____

12. Do you know anyone currently residing at this complex? ____Yes _____No

13. Do you or any household member receive rental assistance or a housing Voucher at your current residence _____Yes _____No

14. 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.)

Household Member	Name of Company (or note if self-employed)	Amount

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

Household Member	Name of Company	Amount

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

Household Member	Name of Company	Amount

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.)

Household Member	Name of Company	Amount

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

Household Member	SSA Office	Amount

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

Household Member	Source of Benefit	Amount

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

Household Member	Source of Benefit	Amount

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.

Household Member	Description of Asset	EST Current Value

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.

All household members 18 and over must sign below:

Signature	Date
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

PENALTIES FOR MISUSING THIS CONSENT:
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 uses 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 fine 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).

This property will seek to identify and eliminate situations and/or procedures that create a barrier to equal housing opportunity for all. In accordance with the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973, the property will make reasonable accommodation for individuals with handicaps disabilities (be it an Applicant or a resident). Such accommodations may include changes in method of administering policies, procedures, and/or services. In addition, when subject to Section 504 requirements, this property may perform structural modifications to housing and non-housing facilities (common areas) on site when such modifications would be necessary to afford all individuals full access to the housing program for qualified individuals with disabilities.

WAITING LIST ACKNOWLEDGEMENT

By signing below I understand and agree to the following statements:

- I hereby acknowledge that I have been provided a copy of the Resident Selection Criteria, the HUD Rights and Responsibilities Handbook, the HUD Fact Sheet, the EIV and you brochure, and the HUD Fraud Prevention Handout for _____.
- I understand it is my responsibility to read the criteria and to determine if I feel I am eligible for residency at this property. I understand that all information I provide on my application, or in my application packet, will be verified prior to my being offered an apartment at this property.
- I am informed that approved applications expire in 6 months of the approval date and that it is the applicant's responsibility to update the application to avoid expiration and removal from the active waiting list.
- I further acknowledge that I am aware that it is grounds for automatic rejection if I provide false data on my application.

_____ _____
Applicant Date

_____ _____
Applicant Date

_____ _____
Applicant Date

_____ _____
Applicant Date