



Arzon Apartment Communities
 712 S. Devon. • Stillwater, OK 74074
 Ph: 405-780-7755 • TDD Relay: 7-1-1



For Office Use Only

Date: _____ Time: _____
 Accepted: () Yes () No
 Reason for Rejection: () Credit () Other -
 Describe: _____

**Return
 Completed
 Form To:**

APARTMENT RENTAL PRE-APPLICATION

All blanks must be completed. Additional documentation will be required. The purpose of this application is to allow an initial review of eligibility. Failure to complete any item will cause the application to be rejected. If a specific item does not apply, write NONE or N/A.

1. Applicant's Full Name: _____ Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State of Issue: _____ Gender (M/F): _____ Maiden Name: _____

Address (Street, City, State, Zip): _____ Previous States Lived In _____

2. Co-Applicant's Full Name: _____ SSN: _____ DOB: _____

Driver's License Number: _____ State of Issue: _____ Gender (M/F): _____ Maiden Name: _____

Address (Street, City, State, Zip): _____ Previous States Lived In _____

I. Complete all information on reverse side or attached page for any additional household members.

a. Total number of persons who will occupy the unit, including unborn children: _____ (complete information on next page for all members)

b. Unit size desired: _____ List any other unit sizes which you would consider: _____

c. Total monthly household gross income from all sources: \$ _____ Anticipated gross income for the next 12 months: \$ _____

d. Total cash value of all household assets (cash, bank accts., real estate, etc., except personal autos and furniture): \$ _____

e. Have any assets been disposed of for less than fair market value in the last 24 months? (Y/N): _____ Amount: \$ _____

f. Has any member of the household ever been convicted of a felony? (Y/N) _____ Member(s): _____

g. Is any member of the household a State lifetime registered sex offender? Y/N) _____ Members(s): _____

h. Are ALL members of the household, including the applicant and co-applicant, full-time students? ("yes" if all are full-time students now or if all are anticipated to be full-time students within the next 12 months, including grades K-12 and above) (Yes/No) _____

i. Is ANY member enrolled in an institution of higher education or anticipating enrollment in the next 12 months? (Yes/No) _____

j. To qualify for Woodson Park Elderly communities, both the applicant & co-applicant must be age 62 or older.

k. Would any member of the household benefit from the design features of a handicap accessible unit? (Yes/No) _____

l. Will this apartment serve as the household's primary residence? Yes/No) _____

m. Where did you hear about our property? _____ Is any household member a veteran? (Yes/No) _____

n. If you were 62 or older on 1-31-10, were you receiving HUD rental assistance at another property? (Yes/No) _____

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense punishable by fine and/or imprisonment of up to 5 years to willfully conceal, cover-up, or make false statements or misrepresentations to any Department or Agency of the United States.

I authorize representatives of the apartment community and any state or federal funding agencies to investigate household income, credit history/report, criminal background and rental history for the purpose of determining eligibility. I understand that any determination based on this application is only preliminary and that further documentation will be required. I understand that all information will be relied upon to determine eligibility for state and federal programs and certify under penalty of law that all information provided is true and complete.

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____

Applicant's Race/Ethnicity/Sex Designation (see Required Disclosure Notice on reverse side before completing):

Race: () 1. American Indian/Alaska Native () 2. Asian () 3. Black or African American
 (All that apply) () 4. Native Hawaiian or Other Pacific Islander () 5. White

Ethnicity: () Hispanic or Latino () Not Hispanic or Latino

I choose not to provide the above information regarding Race, National Origin, and/or Gender: ()

SEE REQUIRED DISCLOSURES AND NOTICES ON NEXT PAGE

Complete for any additional Household Members (Provide the following information for ALL household members other than applicant and co-applicant, including those temporarily absent or serving in the military):

No.	Member Name	Social Security Number	Date of Birth	Gender (M/F)	Disability (Y/N)	Previous States Lived In
3.						
4.						
5.						
6.						
7.						
8.						

II. Provide name, phone number and address of last three landlords:

Name	Phone	Address	City	State

III. Emergency Contact Information (provide person to contact in event we cannot reach you):

Name	Phone	Address

This apartment community is an Equal Opportunity Provider and Employer and does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Disabled applicants and tenants have the right to request reasonable modification of facilities or reasonable accommodation in policies.

REQUIRED DISCLOSURE NOTICE

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the U.S. Dept. of HUD or USDA-Rural Housing Service that the 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.

TENANT GRIEVANCE AND APPEAL PROCEDURE

It is your right to submit a full application. Incomplete applications will be rejected unless completed within 10 working days after notice. For developments funded by either HUD or USDA, an appeal procedure may be available, as provided in HUD Handbook 4350.3 or USDA's RD Tenant Grievance Procedures (7 CFR 3560.160). For those programs, applicants rejected for reasons other than an incomplete application may request an informal meeting with management to present additional facts which might have a bearing on the adverse decision. If the adverse action cannot be resolved through the informal meeting, a formal hearing may be requested. All requests for review must be made in writing, to the address provided, within 14 calendar days of receipt of the adverse notice.

FAIR HOUSING DISCLOSURE STATEMENT

The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be filed with the USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410, or call (202) 720-5946 (Voice and TDD), or to the Assistant Secretary for Fair Housing and Equal Opportunity, HUD, Washington, DC 20410. Properties meeting a federal definition of Elderly Housing are permitted by federal law to restrict occupancy to households meeting the qualified elderly definition, which includes disabled applicants under the age of 62.

EQUAL CREDIT OPPORTUNITY ACT (ECOA)

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicants has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency which administers compliance with this law is the Federal Trade Commission, Pennsylvania Avenue at Sixth Street N.W., Washington, DC 20580.

APPLICATION CHANGES

Applications must be updated at least every 6 months to remain active. It is the applicant's responsibility to update this application if their contact information changes. If we cannot contact you using the information you provided, or if we do not hear from you within 5 business days after contact is attempted, your application may be skipped over or removed from further consideration.

Initials: _____

Applicant _____

Co-Applicant _____