

Rental Pre-Application for Century III



Century III is a United States Department of Agriculture (USDA) Rural Development "RD" funded multi-family property known as an elderly project. This property serves the elderly/disabled population i.e. HOH age 62+ or disabled.

Unit Size Requested: 1 Bdrm _____ 2 Bdrms _____

Note: The owner/managing agent will make the final decision of the bedroom size you qualify for based on your household composition. Generally, assignment is one bedroom for each two persons within the household (exceptions do exist like i.e. medical need).

Head of Household (HOH) Name _____

Present Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different from street address above) _____

Telephone Number _____ E-Mail _____

Household Member Name(s)	Date of Birth	Social Security Number	U.S. citizen or qualified alien Y or N
1. HOH-			Y or N
2.			Y or N
3.			Y or N
4.			Y or N
5.			Y or N

INCOME: Gross Monthly (list ALL household member(s) by number referenced above receiving income).

Member #	Income Source	Monthly Amount	Member #	Income Source	Monthly Amount
	Soc. Sec.	\$		Employment	\$
	SSI	\$		Self-Employment	\$
	SSDI	\$		Unemployment	\$
	Pension	\$		Workers' Compensation	\$
	Alimony	\$		TANF (temp aid for needy families)	\$
	Veteran Benefits	\$		Child Support	\$
	OAP (old age pension)	\$		Other Income – Type:	\$
	AND (needy & disabled aid)	\$		Other Income – Type:	\$

Note: Selections from the completed application on the waiting list shall be made in the following priority 1) very low-income, low-income and moderate-income applicants.

ASSETS: checking, savings, stocks, bonds, certificates, IRAs, whole life insurance, etc.

Member #	Source	Amount - current
	Checking	
	Savings	
	Other	
	Other	

MEDICAL EXPENSES: not covered by insurance and applicant anticipates incurring over the next 12 months. List Medicare premiums and annual medical estimated expenses using past experience as a guide in excess of 3% of your annual income.

Member #	Source	Amount - current
	Medicare Monthly Premium	
	Other	
	Other	

Y or N

Do you own any real estate? _____ If yes, what is the value _____

Y or N

Have you sold or given away any real estate in the past 2 years? _____ If yes, what was the value? _____

You are applying as an elderly/disabled household. You are entitled to a \$400 deduction. You get medical expense deductions if you qualify for available subsidy (not all units are subsidized). To qualify for "elderly/disabled status", you must meet the following criteria (please check one that applies):

62 years or older _____

Handicap & 18 or older _____

Disabled & 18 or older _____

*I certify that the rental unit I occupy will be my primary residence, and that I will not maintain a separate subsidized rental unit or housing in a different location. I further certify that the above information on household composition and income is accurate and complete to the best of my knowledge and belief. I understand that providing false statements or information is punishable under federal laws and providing false statements or information are grounds for termination of housing assistance and termination of tenancy. I authorize inquiries to be made to verify that the statements above are true. By signing below, I certify I have read and understand the statements above.
All household members over 18 must sign and date.*

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

PLEASE COMPLETE THE BACK OF THIS WHITE PAGE

Race – Ethnicity – Gender

You are NOT required to furnish this information, but are encouraged to do so.

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the 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.

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/managing agent is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.**

Member # (from page one)	Gender Male or Female	Ethnicity a) Hispanic b) Non-Hispanic	Race Codes 1) American Indian or Alaskan Native 2) Asian 3) Black or African American 4) Native Hawaiian or Pacific Islander 5) White
Start Below			
#	M or F	a or b	1 – 2 – 3 – 4 – 5
#	M or F	a or b	1 – 2 – 3 – 4 – 5
#	M or F	a or b	1 – 2 – 3 – 4 – 5
#	M or F	a or b	1 – 2 – 3 – 4 – 5
#	M or F	a or b	1 – 2 – 3 – 4 – 5

Applicant Signature

Applicant Signature

Applicant Signature

Date

Date

Date

STAFF TO COMPLETE BELOW

For office staff to complete. Was the information above

- Provided by applicant, or
 - Observed (staff completed the above)
- (please check one)

Date Received:	Time Received:	Received by Staff Initials:
Received By: ____office ____mail ____fax ____e-mail ____drop box		

Not Complete. Sent back to Applicant date: _____

Date Received:	Time Received:	Received by Staff Initials:
Received By: ____office ____mail ____fax ____e-mail ____drop box		