



Dear Applicant,

Thank you for considering an Investors Management Company property, for your home. Our team strives to make your future housing decisions as easy as possible.

Returning your application in person is preferred as it can be reviewed with you to ensure that it is complete. However, we are practicing social distancing for the safety of our applicants, residents, and staff. Please return your application using one of the following methods:

- Our Office Drop Box at \_\_\_\_\_
- USPS Mail To: \_\_\_\_\_  
(Street address) (City, State, Zip Code)

All members of the household, including minors, must be listed on the application. If you have any further questions or comments, please feel free to contact us.

Please provide the following:

Application- every question must be answered or indicated N/A (not applicable) and submitted with a \$\_\_\_\_\_ application fee in check or money order dropped through the office drop box or submitted by USPS mail.  
**The Application Fee is per adult. No Cash accepted.**

Social Security card for each household member- \* please provide copies\*

Birth certificate for each household member- \* please provide copies\*

\*If you are unable to make copies of the above items, please take a picture of them and send them to the email below prior to submitting your application. Enter applicant's name in subject line of email. Please do not put any original copies of your social security cards or birth certificates in the mail or through the drop box. We cannot be responsible for your original documents.

Upon receipt of the application and the above items. We will process and evaluate your application through our acceptance criteria which are designed to be a fair and reasonable way to provide equality to all applicants. Part of this process includes verifying your income and assets in compliance with federal and state program regulations governing the property. This specific information is found in our Resident selection Plan which will be provided to you as requested. Thank you for your consideration of our community.

### APARTMENTS

Office Address \_\_\_\_\_  
(Street Address) (City, State, Zip Code)

Office hours for phone and email contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Investors Management Company Corporate Office Number: 229-247-9956

*Investors Management company is an Equal Housing Opportunity company and manages apartment complexes in compliance with 504 and Fair Housing Regulations.*



## Investors Management Company Rental Application



Property Name \_\_\_\_\_  
 Property Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone/Fax \_\_\_\_\_  
 Email address \_\_\_\_\_

IMC Staff to Check Appropriate Designation  
 Program Type      Property Type  
 USDA RD                       FAMILY  
 TCC – 9%                       HFOP- HEAD OF HOUSEHOLD 55+  
 HUD                                       ELDERLY -62+ AND/OR DISABLED

APPROVED PETS ARE ALLOWED AT THIS PROPERTY  YES  NO  
 A SERVICE ANIMAL OR A SUPPORT ANIMAL IS **NOT** A PET AND IS ALLOWED WHEN APPROVED AS A REASONABLE ACCOMODATION.

### HEAD OF HOUSEHOLD (HOH) INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	SOCIAL SECURITY #	BIRTH DATE	DRIVERS LICENSE#/STATE ISSUED ID

CURRENT MARITAL STATUS (CHECK ONLY ONE)     NEVER MARRIED     MARRIED     DIVORCE     SEPARATED     WIDOWED     ESTRANGED

LIST BELOW ANY OTHER NAMES YOU HAVE USED IN THE PAST	CELL PHONE	HOME ALTERNATE PHONE

CURRENT MAILING ADDRESS	
-------------------------	--

EMAIL ADDRESS	ARE YOU A FULL TIME STUDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
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MOVE IN DATE NEEDED	TOTAL # OF PERSONS IN HOUSEHOLD	SIZE OF DESIRED APT
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Do you current hold a Housing Voucher?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Name of Housing Agency
--	--	--------------------------------

List All Additional Household Members	Social Security #	Birth Date	Relationship to applicant	Current Full Time Student
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Do you anticipate a change in household size or composition in the next 12 months?  YES  NO If YES, please explain:

### STUDENT INFORMATION- APPLIES TO ALL HOUSEHOLD MEMBERS

1. Is /Was any Member of your Household a full or part time student, this includes K-12 & higher, within the current Jan- Dec Calendar year?  
 YES  NO If Yes, please list all that apply below:

NAME		SCHOOL/LOCATION	
NAME		SCHOOL/LOCATION	
NAME		SCHOOL/LOCATION	

2. Do you or any household member who lives with you and is not currently a student intend to become a full/part time student during the next 12 months? (Includes grades K through-12<sup>th</sup> grades and higher)  YES  NO If Yes, please list all that apply below:

Name of Household Member	
Date Expected to become a Student	
Name & location of School	
Name of Household Member	
Date Expected to become a Student	
Name & location of School	
Name of Household Member	
Date Expected to become a Student	
Name & location of School	

### DO YOU NEED ANY ACCOMMODATIONS? SEE BELOW:

Both the owner and agent are committed to the letter and spirit of Fair Housing Act, which, among other things, prohibits the discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations when they may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing community. Please check the following statement(s) that applies to your household:

- Yes, I/we are requesting reasonable accommodations for one or more members of our household based on a disability and I/we understand this request may be verified.
- Yes, I/we are requesting a unit with accessible (handicap) features.

**GENERAL INFORMATION**

- A. Utilities may be the residents' responsibility, and if so, arrangements must be made with the appropriate utility company/companies prior to move in. If a deposit is required by a utility company, the amount could vary widely, as there are no strict regulations on what service providers can charge.
- B. I/We understand that a security deposit for the apartment must be paid prior to move in, and this will hold the selected unit for a two-week period. This deposit becomes non-refundable after a 72-hour waiting period. If you do not move in a two-week period after the deposit is received and when management advises unit is ready for occupancy, your security deposit will be forfeited. The selected unit will go back on the market and offered to the next eligible applicant.
- C. I/We understand that a criminal and residency history will be performed on all adult household members to process the application.
- D. I/We understand that the SS# and verification of citizenship or eligible immigration status must be provided by for each household member.
- E. I/We understand that the management company, acting on behalf of the owner, is required to verify your income and assets in compliance with program regulations governing this property. Information obtained on this application may be used, as well as verification of information from third party sources. You, and all adult members, are required to complete and sign the release form attached to this application. After verifications are received, if the household income exceeds the program qualifying income limit or other eligibility requirements are not met, this application will be denied. Changes in household composition, income, assets, and/or student status changes during this verification period, you should immediately report to the manager and your application may need updating. Approved applicants that remain on the waiting list for a period that exceeds 120 days must have all eligibility requirements re-verified upon notification. Should the re-verification process deem a previously approved applicant now ineligible; the applicant will be denied.
- F. By signing this application, you are stating that should you move into this complex, this unit will become your primary place of residence and you will not maintain a separate place of residence, whether subsidized or not.
- G. Do you anticipate any changes to the household income in the next 12 months?  YES  NO  
If YES, please explain: \_\_\_\_\_

**HEAD OF HOUSEHOLD (HOH) INFORMATION**

**RESIDENCY HISTORY**

(Must show a Minimum of Last 2 Years of Residency, complete All 3 Residency Sections Only if Needed for 2 Years of History)

	CURRENT RESIDENCE	PREVIOUS RESIDENCE	PREVIOUS RESIDENCE
STREET ADDRESS			
CITY, STATE, ZIP CODE			
CHECK WHICH APPLIES	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
If "other" explain			
Owner/Landlord Name			
Owner/Landlord phone #			
Reason for leaving			
Date of Residency	From _____ - To _____	From _____ - To _____	From _____ - To _____

**WAGES**

**INCOME FROM EMPLOYMENT**

**INCOME FROM 2<sup>ND</sup> EMPLOYMENT/SEASONAL JOB, IF APPLICABLE**

Current employer		
Complete Address		
Employers Phone & Fax		
Name of Supervisor		
Gross Pay-Before Taxes	\$ _____	\$ _____
Pay Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____
Date You were Hired		

**BENEFITS AND OTHER INCOME** (This includes Social Security, Retirement/Pension, SSI, Disability, Net Income from operation of a Business, Child Support, Alimony, Unemployment, Regularly Recurring Monetary gifts from Family/Friends, TANF, Etc.)

Answer Each Section	Income Source	Additional Income Source, if applicable	Additional Income Source, if applicable
Source of Income			
Complete Address			
Phone Number			
Gross Amount	\$ _____	\$ _____	\$ _____
Frequency	<input type="checkbox"/> Wkly <input type="checkbox"/> mthly <input type="checkbox"/> other: _____	<input type="checkbox"/> Wkly <input type="checkbox"/> Mthly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wkly <input type="checkbox"/> Mthly <input type="checkbox"/> Other: _____
Is it Court Ordered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ASSETS**

( This includes anything of cash value you have access to. Anything not mentioned below, like 401K, Stocks, bonds, CD's, money markets, list under "Other assets". )

	Answer All	If YES, Name of bank/Card/Asset	Last 4 digits of Account Number
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Checking account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Prepaid or Payroll Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any other assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes Explain:	
Real estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes What type?: <input type="checkbox"/> Land <input type="checkbox"/> Home <input type="checkbox"/> Mobile Home	<input type="checkbox"/> Other: _____
If YES, List Real estate Address			
Life Insurance Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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➤ CHECK HERE IF THIS PAGE IS **NOT APPLICABLE**  N/A

<b>CO-TENANT (Co-HOH) INFORMATION</b>				
First name	Middle Name	Last Name	Cell Phone	Alternate Phone
Social Security #	Birth Date	Driver's License #/State Issued ID		
Current Marital Status (check only one) <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Estranged				
List Other Names You Have Used In The Past	Email Address, If available			
<b>RESIDENCY HISTORY</b>				
(Must show a minimum of Last 2 years of residency, complete all 3 Residency Sections if needed for 2 years of history)				
	Current Residence	Previous Residence	Previous Residence	
Street Address				
City, State, Zip Code				
Check Which Applies	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
If "other" explain				
Owner/Landlord Name				
Owner/Landlord Phone #				
Reason for Leaving				
Dates of Residency	From _____ - To _____	From _____ - To _____	From _____ - To _____	
<b>WAGES</b>				
Income from Employment		Income from 2 <sup>nd</sup> employment/seasonal job, if applicable		
Current Employer				
Complete Address				
Employers Phone & Fax				
Name of Supervisor				
Gross Pay- Before Taxes	\$ _____	\$ _____		
Pay Frequency	<input type="checkbox"/> Wkly <input type="checkbox"/> Every Other Wk <input type="checkbox"/> Twice Mthly <input type="checkbox"/> Mthly <input type="checkbox"/> Other	<input type="checkbox"/> Wkly <input type="checkbox"/> Every Other Wk <input type="checkbox"/> Twice Mthly <input type="checkbox"/> Mthly <input type="checkbox"/> Other		
Date You were Hired	mm/dd/yyyy:	mm/dd/yyyy:		
<b>BENEFITS &amp; OTHER INCOME</b> <small>This includes Social Security, Retirement/Pension, SSI, Disability, Net Income from Operation of a Business, Child Support, Alimony, Unemployment, Regularly Recurring Monetary Gifts from Family/Friends, TANF, Etc.</small>				
Answer each section	Income Source	Additional Income Source, if applicable		Additional Income Source, if applicable
Source of Income				
Complete Address				
Phone Number				
Gross Amount	\$ _____	\$ _____	\$ _____	
Frequency	<input type="checkbox"/> Wkly <input type="checkbox"/> Mthly <input type="checkbox"/> Other _____	<input type="checkbox"/> Wkly <input type="checkbox"/> Mthly <input type="checkbox"/> Other _____	<input type="checkbox"/> Wkly <input type="checkbox"/> Mthly <input type="checkbox"/> Other _____	
Is it Court Ordered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>ASSETS</b> (This includes anything of cash value you have access to. Anything not mentioned below, like 401K, stocks, bonds, CD's, money markets, list under "Other Assets".)				
	Answer All	If YES, Name of Bank/Card/Asset		Last 4 of Account Number
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			XXXXXX _____
Checking account	<input type="checkbox"/> Yes <input type="checkbox"/> No			XXXXXX _____
Prepaid or Payroll Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No			XXXXXX _____
Any Other asset?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain		
Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what type? <input type="checkbox"/> LAND <input type="checkbox"/> HOME		<input type="checkbox"/> MOBILE HOME <input type="checkbox"/> OTHER _____
If YES, List Real Estate Address				
Life Insurance Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No			



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<b>ADDITIONAL ADULT INFORMATION</b>			
FIRST NAME MIDDLE NAME LAST NAME	CELL PHONE		ALTERNATE PHONE
Social Security #	Drivers License #/State Issued ID		Date of Birth
CURRENT MARITAL STATUS (check only one) >>>> <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Estranged			
List Any Other Names You have used in the Past:		Email address, If Available	
<b>RESIDENCY HISTORY</b> (Must show a Minimum of Last 2 Years of Residency; Complete all 3 Residency sections Only if needed for 2 years of History)			
Street Address			
City, State, Zip Code			
Check Which Applies	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
If "other" explain			
Owner/Landlord Name			
Owner/Landlord Phone #			
Reason for Leaving			
Dates of Residency	From _____ - To _____	From _____ - To _____	From _____ - To _____
<b>WAGES</b> INCOME FROM EMPLOYMENT Income from 2 <sup>nd</sup> employment/seasonal job, if applicable			
Current Employer			
Complete Address			
Employers Phone & Fax			
Name of Supervisor			
Gross Pay- Before Taxes	\$ _____	\$ _____	
Pay Frequency	<input type="checkbox"/> Wkly <input type="checkbox"/> Every Other Wk <input type="checkbox"/> Twice Mthly <input type="checkbox"/> Mthly <input type="checkbox"/> Other	<input type="checkbox"/> Wkly <input type="checkbox"/> Every Other Wk <input type="checkbox"/> Twice Mthly <input type="checkbox"/> Mthly <input type="checkbox"/> Other	
Date You were hired	mm/dd/yyyy:	mm/dd/yyyy:	
<b>BENEFITS &amp; OTHER INCOME</b> This includes Social Security, Retirement/Pension, SSI, Disability, Net Income from operation of a Business, Child Support, Alimony, Unemployment, Regularly Recurring Monetary Gifts from Family/Friends, TANF, Etc.			
Answer each section	Income Source	Additional Income Source, if applicable	Additional Income Source, if applicable
Source of Income			
Complete Address			
Phone Number			
Gross Amount	\$ _____	\$ _____	\$ _____
Frequency	<input type="checkbox"/> Wkly <input type="checkbox"/> Mthly <input type="checkbox"/> Other _____	<input type="checkbox"/> Wkly <input type="checkbox"/> Mthly <input type="checkbox"/> Other _____	<input type="checkbox"/> Wkly <input type="checkbox"/> Mthly <input type="checkbox"/> Other _____
Is it Court Ordered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ASSETS</b> (This includes anything of cash value you have access to. Anything not mentioned below, like 401K, stocks, bonds, CD's, money markets, list under "Other Assets".)			
	Answer All	If YES, Name of Bank/Card/Asset	Last 4 of Account Number
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		XXXXXX _____
Checking account	<input type="checkbox"/> Yes <input type="checkbox"/> No		XXXXXX _____
Prepaid or Payroll Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No		XXXXXX _____
Any Other asset?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain	
Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what type? <input type="checkbox"/> LAND <input type="checkbox"/> HOME	<input type="checkbox"/> MOBILE HOME <input type="checkbox"/> OTHER _____
If YES, List Real Estate Address			
Life Insurance Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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Check here if there are no Minor Household Members and this top section does not apply to you: NOT APPLICABLE  N/A

<b>MINORS IN THE HOUSEHOLD</b>				
MINOR MEMBER INFO:	MINOR HH MEMBER #1	MINOR HH MEMBER #2	MINOR HH MEMBER #3	
Name of Minor				
Gender	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DECLINE TO REPORT	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DECLINE TO REPORT	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DECLINE TO REPORT	
Do you receive Child support? Or have you ever filed for it?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>CHILDCARE INFO:</b> Childcare Expenses are considered at RD/HUD properties only- list for each household Member individually (12 years of age and under, only)				
Do you pay for childcare yourself?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Paid to/Name of Childcare				
Phone Number				
Street Address				
City State Zip				
MINOR MEMBER INFO:	MINOR HH MEMBER #1	MINOR HH MEMBER #2	MINOR HH MEMBER #3	
Name of Minor				
Gender	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DECLINE TO REPORT	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DECLINE TO REPORT	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DECLINE TO REPORT	
Do you receive Child support? Or have you ever filed for it?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>CHILDCARE INFO:</b> Childcare Expenses are considered at RD/HUD properties only- list for each household Member individually (12 years of age and under, only)				
Do you pay for childcare yourself?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Paid to/Name of Childcare				
Phone Number				
Street Address				
City State Zip				
<b>ASSETS FOR THE MINORS IN THE HOUSEHOLD</b>				
	ANSWER ALL	If Yes, Name of Bank/Asset	Account holder Name	
SAVINGS ACCOUNT	<input type="checkbox"/> YES <input type="checkbox"/> NO		Last 4 Digits of Account Number	
CHECKING ACCOUNT	<input type="checkbox"/> YES <input type="checkbox"/> NO		XXXXX _____	
OTHER ASSETS (PLEASE EXPLAIN)	<input type="checkbox"/> YES <input type="checkbox"/> NO		XXXXX _____	
<b>****QUESTIONS FOR THE ENTIRE HOUSEHOLD ****</b>				
A. Are you and all members of the household a United States Citizen?..... <input type="checkbox"/> YES <input type="checkbox"/> NO				
B. In specific federally funded properties, there are certain benefits for those who meet the definition of elderly or persons with disabilities. To determine if any member of the household qualifies, answer the following:				
<ul style="list-style-type: none"> <li>• 1. Is at least 62 years old..... <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• 2. Meets the definition of persons with disabilities..... <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• 3. The applicant understands pets are only allowed for qualified households with prior written approval and a signed Pet Regulations/Attachment for Elderly/Disabled and Elderly (all members of household are 62+) designated properties, and that a non-refundable pet fee may apply. <b>Assistance Animals are not considered pets and upon an approved reasonable accommodation request for a disability, they may be allowed on any property and a deposit will not be charged.</b></li> <li>• 4. Do you have a pet? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• 5. Do you have an assistance animal? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>				
<b>MEDICAL EXPENSES FOR ELDERLY/DISABLED AT RD &amp; HUD PROPERTIES</b>				
<ul style="list-style-type: none"> <li>• 6. If you answered YES to #1 or #2 above, and you have applied to a RD or HUD property, you may qualify for a medical expense deduction for the entire household if the head, spouse of the co-head is at least 62 years old or is a person with disabilities or if any member is disabled. Only out-of-pocket expenses that are not reimbursed are considered and they must exceed 3% of the total household income for the deduction. <b>Please answer the following questions regarding medical expenses paid in the past 12 months or anticipated over the next 12 months if you answered Yes to #1 or #2.</b></li> </ul>				
Medical Health Insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO	Medical Expense Deductions are for Elderly & Disabled Households at RD & HUD properties, only!	Vision Care & Eyeglasses	<input type="checkbox"/> YES <input type="checkbox"/> NO
Supplemental Health insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO		Dentist & Dentures	<input type="checkbox"/> YES <input type="checkbox"/> NO
Doctors & Specialists	<input type="checkbox"/> YES <input type="checkbox"/> NO		Medical Equipment & Supplies	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hospitals	<input type="checkbox"/> YES <input type="checkbox"/> NO		Medical Debt Payments	<input type="checkbox"/> YES <input type="checkbox"/> NO
Prescriptions & OTC Medications	<input type="checkbox"/> YES <input type="checkbox"/> NO		Other Medical Expenses	<input type="checkbox"/> YES <input type="checkbox"/> NO



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**QUESTIONS FOR THE ENTIRE HOUSEHOLD, CONTINUED**

C. Are you or any member of the household registered as a sex offender?.....  YES  NO

D. 1. Do you or any member of the household have a pending criminal charge?.....  YES  NO  
 2. Have you or any member of your household been convicted of a crime?.....  YES  NO  
 If YES to either question above, please explain: \_\_\_\_\_

E. Certify/answer if any member of the household:

1. Are a current illegal user of a controlled substance.....  YES  NO

2. Have a previous conviction for illegal use of a controlled substances.....  YES  NO

3. Have been convicted of the illegal manufacturing or distribution of a controlled substance.....  YES  NO

If you answered YES to any of the above three statements, please answer the statements below:

4. Have successfully completed a controlled substance abuse recovery program and provided proof.....  YES  NO

5. Are presently enrolled in a controlled substance abuse program and provided the proof.....  YES  NO


**Signature/acknowledgement- Must be signed and dated by all members of the household age 18 & older:**

**TENANT AND ALL ADULT HOUSEHOLD MEMBERS CERTIFY THAT ALL THE INFORMATION ABOVE IS TRUE AND CORRECT AND UNDERSTAND THAT PROVIDING FALSE STATEMENTS OR INFORMATION IS PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY.**

Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	

Self- Identify Information:  
 "The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, sexual orientation, reprisal 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 the individual applicants on the basis of visual observation or surname."

<b>RACE: (check all that apply)</b>	Applicant	Co-Applicant	<b>Ethnicity:</b>	Applicant	Co-Applicant
1. American Indian/Alaska native	<input type="checkbox"/>	<input type="checkbox"/>	A. Hispanic	<input type="checkbox"/>	<input type="checkbox"/>
2. Asian	<input type="checkbox"/>	<input type="checkbox"/>	B. Non-Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>
3. Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<b>Gender:</b>	Applicant	Co-Applicant
4. Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	Male	<input type="checkbox"/>	<input type="checkbox"/>
5. White	<input type="checkbox"/>	<input type="checkbox"/>	Female	<input type="checkbox"/>	<input type="checkbox"/>

 If this is your first time submitting this application, please stop, do not go any further. You have already given your signature and acknowledgment when you signed above. The section below is for updates only.

**THE SECTION BELOW IS FOR UPDATED APPLICATIONS THAT ARE OVER 120 DAYS OLD, ONLY!**

**Updated signature/acknowledgment for updated applications, only- Must be signed and dated by all adult applicants.**

Applicant and all adult household members certify that all information on this application has been updated to be true and correct and understand that providing false statements or information is punishable by law and will lead to cancelation of this application or termination of tenancy.

Updated Signature		Updated On	
Updated Signature		Updated On	
Updated Signature		Updated On	
Updated Signature		Updated On	



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