

CHECK PHOTO ID SOCIAL SECURITY NUMBER VERIFIED

HUD RENTAL APPLICATION

Guardian Real Estate Services, LLC is an equal housing opportunity provider.

PROPERTY NAME _____	STATE OR	PROPERTY NO.
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DATE RECEIVED	TIME RECEIVED	MANAGER INITIAL	BEDROOM SIZE ELIGIBLE FOR <input type="checkbox"/> HUD <input type="checkbox"/> HUD/TAX CREDIT	APT. NO.
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LEASE TERM	APPLICANT TYPE <input type="checkbox"/> APPLICANT <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> FOREIGN APPLICANT <input type="checkbox"/> TRANSFER <input type="checkbox"/> CO-SIGNER
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PLEASE FILL OUT THIS APPLICATION COMPLETELY. ALL BLANKS MUST BE FILLED IN BEFORE THE APPLICATION WILL BE CONSIDERED COMPLETE AND CAN BE PROCESSED FOR ELIGIBILITY. IF THE BLANK DOES NOT APPLY TO YOUR SITUATION PUT N/A IN THE BLANK.

IF BEING ADDED TO A CURRENT HOUSEHOLD, PLEASE LIST CURRENT RESIDENT'S NAME HERE			
HEAD OF HOUSEHOLD LEGAL NAME (Last, First, Middle Initial)		E-MAIL	PHONE NUMBER
PREVIOUS NAMES, ALIASES OR NICKNAMES USED			
STREET ADDRESS		CITY	STATE ZIP
MAILING ADDRESS, IF DIFFERENT		CITY	STATE ZIP
CURRENTLY <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> ON RENTAL AGREEMENT	DATES OF RESIDENCY	REASON FOR MOVING	
CURRENT LANDLORD NAME	CURRENT LANDLORD PHONE #	CURRENT LANDLORD ADDRESS, CITY, STATE, ZIP	

LIST ALL PERSONS WHO WISH TO RESIDE IN YOUR UNIT:

PLEASE PRINT FULL LEGAL NAME (Last, First Middle Initial)				
APPLICANT'S FULL NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	IS HOUSEHOLD MEMBER A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE #	BIRTHDATE
CO-HEAD (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	IS HOUSEHOLD MEMBER A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE #	BIRTHDATE
NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	IS HOUSEHOLD MEMBER A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE #	BIRTHDATE
NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	IS HOUSEHOLD MEMBER A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE #	BIRTHDATE
NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	IS HOUSEHOLD MEMBER A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE #	BIRTHDATE

NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	IS HOUSEHOLD MEMBER A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE #	BIRTHDATE	
NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	IS HOUSEHOLD MEMBER A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE #	BIRTHDATE	
DOES ANYONE IN HOUSEHOLD REQUEST A HANDICAP/DISABILITY ADJUSTMENT TO INCOME? <input type="checkbox"/> YES <input type="checkbox"/> NO					
DOES ANYONE IN HOUSEHOLD, WHO IS NOT APPLICANT OR CO-APPLICANT AND IS 18 YEARS OF AGE OR OLDER REQUEST A FULL-TIME STUDENT ADJUSTMENT TO INCOME? <input type="checkbox"/> YES <input type="checkbox"/> NO					
DOES ANYONE IN HOUSEHOLD REQUEST A SPECIAL HANDICAP ACCESSIBLE UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY UNIT TYPE REQUIRED					
CITIES, COUNTIES & STATES YOU HAVE LIVED IN THE PAST 7 YEARS					
HAS ANYONE LISTED ABOVE EVER BEEN EVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN? WHERE?					
HAS ANYONE LISTED ABOVE EVER BEEN CONVICTED, PLED GUILTY OR NO-CONTEST TO ANY CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN? WHERE? COUNTY/STATE?					
DO YOU HAVE A SECTION 8 VOUCHER OR ARE YOU CURRENTLY OCCUPYING A HUD OR RD ASSISTED UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU EVER LIVED IN HUD OR FmHA PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE?					
DO YOU HAVE ANY PETS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SPECIFY TYPE AND NUMBER?					
DOES ANYONE REQUEST AN ADJUSTMENT TO INCOME DUE TO PAYMENT OF CHILD CARE WHICH ENABLES THEM TO WORK OR FURTHER THEIR EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO					
EXPECTED ANNUAL EXPENSE \$	IF YES, PLEASE GIVE NAME, ADDRESS & PHONE # OF CHILD CARE PROVIDER				
AUTOMOBILE 1:			AUTOMOBILE 2:		
MAKE/MODEL	YEAR	LICENSE #	MAKE/MODEL	YEAR	LICENSE #

PERSONAL REFERENCES:		
(3 PERSONS NOT RELATED OR LIVING WITH YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)		
EMERGENCY CONTACT/PERSON TO CONTACT IN THE EVENT OF MY DEATH	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
MARKET SOURCE:		
<input type="checkbox"/> Rent.com	<input type="checkbox"/> Mynewplace.com	<input type="checkbox"/> Housing Authority Referral
<input type="checkbox"/> Move.com	<input type="checkbox"/> Property website	<input type="checkbox"/> Locater Service
<input type="checkbox"/> Craigslist.org	<input type="checkbox"/> Guardian website	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Oregonlive.com	<input type="checkbox"/> Current Resident referral	<input type="checkbox"/> Banners/Signs/Flyers
<input type="checkbox"/> Housingconnections.org	<input type="checkbox"/> Previous Resident referral	<input type="checkbox"/> Drive by
		<input type="checkbox"/> Apartment Guide/Apartmentguide.com
		<input type="checkbox"/> For Rent/Forrent.com
		<input type="checkbox"/> Apartment Finder/Apartmentfinder.com
		<input type="checkbox"/> Apartments.com

SOURCES OF INCOME:		
List all income sources. This includes, but is not limited to, full and/or part-time employment, all income from Welfare Agencies, Social Security, Pensions, SSI, Disability, Armed Forces Reserves, Unemployment Compensation, Child Care, Alimony, Child Support, Student Grants, Income from sale of property, Interest on Assets, Dividends, Annuities, and Regular Contributions from people not residing with you.		
FAMILY MEMBER NAME (Last, First, Middle Initial)	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address of sources)	ANNUAL GROSS INCOME \$
FAMILY MEMBER NAME (Last, First, Middle Initial)	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address of sources)	ANNUAL GROSS INCOME \$
FAMILY MEMBER NAME (Last, First, Middle Initial)	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address of sources)	ANNUAL GROSS INCOME \$
FAMILY MEMBER NAME (Last, First, Middle Initial)	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address of sources)	ANNUAL GROSS INCOME \$

ASSET INFORMATION:									
BANK	ACCOUNT #	STOCKS/BONDS	SAVINGS	CHECKING	TRUST	IRA	CA	MONEY MARKET	BALANCE
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
BANK	ACCOUNT #	STOCKS/BONDS	SAVINGS	CHECKING	TRUST	IRA	CA	MONEY MARKET	BALANCE
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> WHOLE LIFE INSURANCE <input type="checkbox"/> TERM INSURANCE <input type="checkbox"/> NO LIFE INSURANCE CASH VALUE \$ _____ POLICY # _____					REAL PROPERTY: DO YOU OWN ANY PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, TYPE OF PROPERTY:				
LOCATION								APP. MKT. VALUE:	
HAVE YOU SOLD/DISPOSED OF ANY PROPERTY/ASSETS IN THE LAST 2 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, TYPE OF PROPERTY/ASSETS:								DATE SOLD/DISPOSED OF:	
DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE (EXCLUDING HOUSEHOLD GOODS)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT?									

PLEASE COMPLETE-ANTICIPATED MEDICAL EXPENSE(S) FOR THE NEXT 12 MONTHS:			
(Doctor, Dentist, Optometrist, Hospital, Prescriptions, Insurance Premiums, OTC Medications or Supplies, etc.)			
TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
	\$		\$
TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
	\$		\$
TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
	\$		\$
TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
	\$		\$

Rent, Deposit and Fees: As required by state law, the market rents charged at the property range from **\$0.00** to **\$0.00**. The portion of the rent to be paid by the resident is determined pursuant to HUD regulations. Security deposits range from **\$0.00** to **\$0.00**, but the actual amount charged may vary depending on the results of your screening. The Landlord may charge the following fees: Late fee of **\$0.00** per day, NSF fee equal to all bank charges related to the NSF check and a non-compliance fee of **\$0.00** for failure to clean up pet waste in areas other than the dwelling unit. This information is subject to change prior to execution of the rental agreement.

Applicant screening entails the checking of your credit, income and other criteria for residency. As part of the application process, Landlord may obtain an Investigative Consumer Report which may include information on your character, general reputation, personal characteristics and mode of living. You have a right to request a written summary of your rights under the

Federal Fair Credit Reporting Act as well as a complete and accurate disclosure of the nature and scope of the investigation requested. The request should be made to the Landlord or the credit reporting firm listed on the Criteria for Residency. You have the right to dispute the accuracy of any information provided to the landlord by the screening service or credit reporting agency. The name and address of the screening company can be obtained from either the Criteria for Residency form or the manager.

I hereby give the owner/owner's representative (the "Landlord") the authority to investigate and obtain my credit rating, my current and past rental records, my employment history, any sources of income to my household, my current/past utility records, and any information necessary to determine my eligibility. The information obtained will be used for management purposes only and will be held in confidence. Due to changes in circumstances additional information may be requested at a later date to complete the processing of this application. The applicant or tenant may not sign the consent if the form does not clearly indicate who will provide the requested information and who will receive the information.

FAILURE TO COMPLETE THIS APPLICATION FULLY OR GIVING FALSE INFORMATION MAY RESULT IN THIS APPLICATION BEING DENIED OR EVICTION AFTER TENANCY. Applicant and/or Co-Applicant hereby certifies that this apartment will be their permanent residence and that they will not maintain a separate subsidized rental unit in a different location.

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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 fined 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. Section **408 (a) (6), (7) and (8).**

I/We acknowledge that I must keep management informed of my continued interest at least every 60 days.

(Applicant's Signature)

Date

(Co-Applicant's Signature)

Date

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. 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, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

ETHNICITY: Hispanic or Latino Not Hispanic or Latino

RACE (mark one or more): White Black or African American American Indian/Alaska Native Asian
 Native Hawaiian or Other Pacific Islander

GENDER: Male Female

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent Assist with Recertification Process Change in lease terms Change in house rules Other: _____	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

(Signature of Applicant)

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

