

APPLICATION FOR HOUSING

| | | | | | | | | | | | |
|--|--|-------------------------------|-----------------------------------|--------------------|--|----------------------------|--|--|---------------------|--------------|--|
| COMMUNITY NAME: | | | | | | | | | | | |
| Bedroom Size: <input type="checkbox"/> Studio, <input type="checkbox"/> 1-BR, <input type="checkbox"/> 2-BR, <input type="checkbox"/> 3-BR | | | | | | Management Representative: | | | | | |
| APPLICANT (Include Jr. or Sr., if applicable) | | | | | | | | | | | |
| Applicant Name (First, MI, Last): | | | | | | | | <input type="checkbox"/> Individual <input type="checkbox"/> Joint | | | |
| Home #: | | | Work #: | | | Cell #: | | | Email: | | |
| Preferred Method of Contact: | | | | | | P.O. Box Address: | | | Social Security No: | | |
| Date of Birth: | | | Driver's License # or State ID #: | | | | | | State of Issue: | | |
| How did you hear about us? | | | | | | Language Preference? | | | | | |
| RESIDENCE INFORMATION | | | | | | | | | | | |
| <input type="checkbox"/> Own | | <input type="checkbox"/> Rent | | Current Residence: | | | | | | | |
| Address: | | | | | | City: | | | | State / ZIP: | |
| Landlord/Mortgage company: | | | | | | | | | | | |
| Monthly Rent/Mortgage | | | | | | | | Move-in Date: | | | |
| Anticipated Move Out Date: | | | | | | | | Reason for Leaving: | | | |
| Manager/Contact: | | | | | | | | Manager/Contact Phone: | | | |
| Manager/Contact E-mail: | | | | | | | | | | | |
| <input type="checkbox"/> Own | | <input type="checkbox"/> Rent | | Previous Residence | | | | | | | |
| Address: | | | | | | City: | | | | State / Zip: | |
| Landlord/mortgage company: | | | | | | | | | | | |
| Manager/Contact: | | | | | | | | Manager/Contact Phone: | | | |
| Manager/Contact E-mail: | | | | | | | | | | | |
| ALTERNATE/EMERGENCY CONTACT: I hereby give consent to contact the individual(s) below: | | | | | | | | | | | |
| Name: | | | | Relationship: | | | | Address: | | | |
| Home Phone #: | | | | Cell Phone #: | | | | City/State/Zip: | | | |
| Work Phone #: | | | | | | Email: | | | | | |
| Name: | | | | Relationship: | | | | Address: | | | |
| Home Phone #: | | | | Cell Phone #: | | | | City/State/Zip: | | | |
| Work Phone #: | | | | | | Email: | | | | | |
| VEHICLE INFORMATION | | | | | | | | | | | |
| Vehicle Type: | | | | Make: | | | | Year: | | | |
| Color: | | | | License Plate #: | | | | State: | | | |
| PET INFORMATION | | | | | | | | | | | |
| Pet Type: | | | | Breed: | | | | Size in Pounds: | | | |
| | | | | | | | | Color: | | | |
| | | | | | | | | Age: | | | |
| Name: | | | | | | | | | | | |
| Pet Type: | | | | Breed: | | | | Size in Pounds: | | | |
| | | | | | | | | Color: | | | |
| | | | | | | | | Age: | | | |
| Name: | | | | | | | | | | | |



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HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the apartment. Indicate the relationship of each household member to the Head of Household.

| *Name Last, First, MI | Relationship to Head of Household | ** Gender | *Date of Birth | Age | *Social Security/Alien Registration # | <u>Race</u> 1=White; 2=African American, 3=American Indian/Alaskan, 4= Asian, 5=Hawaiian/Other Pacific Islander (Optional) | <u>Ethnicity</u> 1=Hispanic 2=Not Hispanic or Latino (Optional) |
|--------------------------|---|--------------|-------------------|-----|---|--|---|
| | Head of Household | | | | | | |
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*Federal Regulations require us to report the name, date of birth, and social security number of all household members.

** Indicate: M (Male), F (Female), or X (Do not wish to disclose).

| Name Last, First, MI | *Marital Status | Driver's License # or State ID # | State of Issue | Occupation | List all states where member has resided. |
|-------------------------|--------------------|--|-------------------|------------|--|
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*Indicate Single, Married, Separated, Divorced, or Widow/Widower (Optional). This response is **optional**, and your entry will have no bearing on your eligibility for housing.

| Yes | No | COMPLETE EACH ITEM: |
|-----|----|--|
| | | Are any household members a US Military Veteran? If yes, list names and Veteran branch: _____ |
| | | Are any household members living in a unit temporarily as a result of a Presidentially Declared Disaster? If yes, list names: _____ |
| | | Are any household members lacking a fixed night-time address? If yes, list names: _____ |
| | | Are any household members fleeing or attempting to flee violence? If yes, list names: _____ |
| | | Are you disabled? This response is optional . If yes, please check the appropriate box. <input type="checkbox"/> Mobility impaired <input type="checkbox"/> Vision impaired <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Impaired. Would you like to be considered for an ADA unit? |
| | | Do you anticipate adding or removing any household members within the next year? If yes, list names: _____ |
| | | Are any household members temporarily absent? If yes, list names: _____ |
| | | Are any household members permanently absent? If yes, list names: _____ |
| | | Will the household require a live-in aide/care attendant? If yes, list name: _____ |
| | | I/we are a citizen of the United States or a permanent legal resident. |



| Yes | No | COMPLETE EACH ITEM: |
|-----|----|---|
| | | |
| | | Are you or any household members presently a student? Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other |
| | | Were you or any household members a student sometime during the past twelve-month period or anticipate becoming a student sometime during the upcoming twelve-month period? |
| | | If you or a household member answered yes to either of the two previous questions, also answer: Yes No <input type="checkbox"/> <input type="checkbox"/> Is the individual enrolled in a college, university, or other institution of higher education? <input type="checkbox"/> <input type="checkbox"/> Is the individual under age 24? <input type="checkbox"/> <input type="checkbox"/> Is the individual a veteran in the U.S. Military? <input type="checkbox"/> <input type="checkbox"/> Is the individual unmarried? <input type="checkbox"/> <input type="checkbox"/> Is the individual a person with disabilities? <input type="checkbox"/> <input type="checkbox"/> Does the individual have a dependent child or children? |
| | | I have provided proof of Social Security number(s) or other documentation for all household members. |
| | | Are any members of your household currently residing in subsidized housing? If yes, please list names, addresses, and dates: |
| | | Have you or any member of your household ever been evicted or otherwise removed from rental housing? If yes, please list names, addresses, and dates: |
| | | If you were age 62 or older as of January 31, 2010, and did not have a Social Security number. Were you receiving HUD rental assistance at another location on January 31, 2010? |
| | | Have you or any member of your household ever had HUD housing assistance terminated? If yes, please list names, addresses, and dates: |
| | | Have you or any member of your household caused damage to the property of others, including rental housing? If yes, please provide details: |

| EVICTED AND ILLEGAL ACTIVITY | | |
|------------------------------|----|---|
| Yes | No | COMPLETE EACH ITEM: |
| | | Do you or any member of your household currently use any illegal drug or other illegal controlled substance and/or abuse alcohol? |
| | | Were you or any household member evicted from federally assisted or public housing due to drug-related activity? If yes, County: _____, State: _____ |
| | | Have you or any household member been evicted for activity that threatened the health, safety, or right to peaceful enjoyment by other residents or other persons? If yes, County: _____, State: _____ |
| | | Had a conviction for the production of methamphetamine on the premises of federally assisted housing? |
| | | Are you or any household member subject to a lifetime registration requirement under any state's sex offender program? If yes, County: _____, State: _____ |
| | | OPTIONAL: If you answered yes to any questions herein, you may explain the circumstances, outcome, and present status. (ex: completing a supervised drug or alcohol rehabilitation program or the circumstances leading to the eviction no longer exist) |



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PROGRAM ADMISSION QUESTIONS

Note: The availability of housing at certain apartment communities depend on specific housing program requirements. For more information, contact management or request the Resident Selection Plan.

| Yes | No | Check Yes or No for each item applicable. |
|-----|----|---|
| | | The household consist of a head, spouse, or sole member that is at least age 62? |
| | | The household consist of a head, spouse, or sole member which has a person with disabilities under the age of 61? |
| | | A household member is presently serving in the military on active duty? |
| | | Your household is displacement by presidentially declared disaster or government action? |
| | | Your household consist of at least one household member who is employed at least part-time and/or the head, spouse, or sole member is at least age 62 and/or is a person with disabilities? |
| | | |

INCOME

| Yes | No | Check Yes or No for each item. If Yes, list all income in the table below. Do you or any household member: |
|-----|----|--|
| | | Have a job and receive money/wages, commissions, fees, tips or bonuses? |
| | | Are self-employed? |
| | | Receive military active-duty allotments? |
| | | Receive unemployment? |
| | | Receive Workers' Compensation benefits? |
| | | Receive Social Security or Railroad Retirement Act or Black Lung income? |
| | | Receive Supplemental Security Income (SSI)? |
| | | Receive Social Security/SSI under another social security number? SS# |
| | | Receive quarterly payments from an agency for the State-paid portion of a SSI grant? |
| | | Receive unearned income for a family member age 17 or under? (e.g. Social Security) |
| | | Receive child support or anticipate receiving it within the next 12 months? |
| | | Were you or any household member awarded a judgment for child support but have not been receiving it? |
| | | Receive alimony or spousal support? |
| | | If child support is awarded but not received, are you taking legal action to enforce? |
| | | Receive TANF or state public assistance benefits? |
| | | Receive periodic payments from retirement funds or pensions? |
| | | Receive periodic payments from an annuity? |
| | | Receive Veteran's Administration benefits? |
| | | Receive periodic payments from insurance policies? |
| | | Receive long term care insurance payments? |
| | | Receive reimbursements for medical procedures/payments? |
| | | Receive payments from a severance package or strike benefits? |
| | | Receive disability or death benefits other than Social Security? |
| | | Receive cash contributions or gifts including rent or utility payments from agencies or persons not living with you? |



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INCOME, continued

| Yes | No | Check Yes or No for each item. If Yes, list all income in the table below. Do you or any household member: |
|-----|----|---|
| | | Are you or any household member a member of an Indian Tribe receiving gaming payments? |
| | | Receive student financial assistance that exceeds tuition? |
| | | Receive periodic payments from lottery winnings? |
| | | Receive adoption assistance payments? |
| | | Receive GI Bill benefits? |
| | | Receive other recurring or periodic income not listed above? If yes, describe _____ |
| | | Do you or any household member anticipate any changes in income in the next 12 months? |
| | | Receive income from rental of real estate or personal property? |

List all sources of income of household members, including the items checked "Yes" above:

| APPLICANT'S NAME | TYPE OF INCOME | EMPLOYER/AGENCY/OTHER SOURCE Name/Address/Phone & Fax Number | GROSS ANNUAL INCOME |
|------------------|----------------|---|---------------------|
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ASSETS AND INCOME FROM ASSETS

| Yes | No | Check Yes or No for each item. If Yes, list all assets in the table below. Do you or any household member have or own: |
|-----|----|---|
| | | Checking account(s)? |
| | | Savings account(s)? |
| | | Money Market account(s)? |
| | | Direct Express Debit card for social security benefits? |
| | | Debit card(s) from employer(s) instead of paychecks? |
| | | Cash held in your home or safety deposit box? |
| | | Certificates of deposit or time certificate(s)? |
| | | Savings bonds or Treasury bills? |
| | | Stocks? |
| | | Bonds? |
| | | Mutual Funds? |
| | | Profit sharing or Stock Bonus Plan? |
| | | Real estate? |
| | | Mobile home? |
| | | Land contract? |
| | | Mortgage deed of trust? |
| | | Revocable or Irrevocable Trust |
| | | Personal property held for investment purposes (gems, collections, etc.)? |
| | | IRA or Keogh account(s)? |
| | | 401k, 403b, or retirement/pension funds while still employed? |
| | | Annuities? |



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ASSETS AND INCOME FROM ASSETS, continued

| Yes | No | Check Yes or No for each item. If Yes, list all assets in the table below. Do you or any household member have or own: |
|-----|----|--|
| | | Receive periodic payments from a trust? |
| | | Whole life or universal life insurance or Endowment policy(ies)? |
| | | Have you or any household member sold, given away or otherwise transferred ownership of assets within the last two (2) years. If yes, list item(s) and dates(s): _____ |
| | | Have you or any household member received lump sum lottery winnings or other lump sum receipts? |
| | | Do you or any household member have a life estate, burial contract, or prepaid funeral contract? |
| | | Do you or any household member have income/assets from sources other than those listed above? (Describe) |

List all assets of all household members, including items checked “Yes” above.

| APPLICANT'S NAME | ORGANIZATION NAME/ADDRESS | TYPE OF ACCOUNT | ACCOUNT NUMBER | BALANCE | ANNUAL INCOME FROM ASSET |
|------------------|---------------------------|-----------------|----------------|---------|--------------------------|
| | | | | | |
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EXPENSES AND ALLOWANCES (Complete only if Community is attached to Section 8)

| Yes | No | Check Yes or No for each item. If Yes, list all expenses and allowances in the table below. |
|-----|----|---|
| | | Do you, any household member, or an agency pay childcare expenses for a child age 12 or under in order to be employed or to further your or a household member's education? |
| | | Do you or any household member pay auxiliary apparatus expenses or disability assistance expenses for a family member with disabilities in order to be gainfully employed? |
| | | Are you or any household member age 62 or older and pay Medicare premiums? |
| | | Are you or any household member age 62 or older or a person with disabilities and pay medical insurance premiums (including long term care premiums)? |
| | | Are you or any household member age 62 or older or a person with disabilities and pay doctor, prescription or other medical expenses? |
| | | Do you have outstanding medical bills? If yes, explain: _____ |

List all expenses or allowances of household members, including the items checked “Yes” above:

| APPLICANT'S NAME | TYPE OF EXPENSE | EXPENSE SOURCE Name/Address/Phone Number | GROSS ANNUAL EXPENSE |
|------------------|-----------------|---|----------------------|
| | | | |
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ACKNOWLEDGMENT AND AGREEMENT

If the application is approved and move-in occurs, I/We certify that (1) only those persons listed on this application will occupy the apartment, (2) that those persons will maintain no other place of residence, and (3) no other individuals may reside in my/our apartment without additional household members or occupants being first processed for admission, determined qualified under the federal housing program and Resident Selection Plan, and listed on HUD Form 50059 or a facsimile thereof.

I/We acknowledge receipt of the HUD Fact Sheet "How Your Rent is Determined" under the Housing Assistance Program and the HUD EIV & You brochure, Notice of Occupancy Rights under the Violence Against Women Act, Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation. (If applicable)

I/We understand that if this application is placed on the Property Wait List, we may request sample copies of the Lease Agreement and Resident Handbook (House Rules). If this application is approved and move-in occurs, we certify that we will accept and comply with all conditions of residency.

Applicant agrees that Rose Community Management, LLC (RCM) shall not be liable for any delay in the date said apartment is ready for occupancy. Applicant represents that all the statements herein are true, accurate and complete and authorizes RCM and/or its agents to verify the information contained herein. Applicant acknowledges that false, misleading, or incomplete information herein may constitute grounds for denial of this application, terminating the right of occupancy and may constitute a criminal offense under federal and state laws. Applicant agrees to notify RCM of any material change in the information provided on this application. RCM may obtain investigative consumer reports from employers, landlords, law enforcement agencies, credit reporting agencies or other applicable sources under 15 U.S.C. Sections 1681 et seq. An applicant may be denied for reasons such as, but not limited to, economic criteria, poor credit or check writing history, unfavorable residency history, previous eviction history and/or an unsatisfactory criminal background. RCM will provide applicant, if denied, with information about the nature of such reports. Information related to the applicant's character, general reputation, personal characteristics and mode of living may be included in the report. The consumer reporting agency used to process this application is RealPage, Inc. located at 4000 International Parkway, Carrollton, TX 75007 Phone (866) 934-1124. An investigative consumer reporting agency must supply files and information during normal business hours and on reasonable notice to consumers in California. Those consumers may make a request to review a copy of their file by certified mail, in person, or via telephone with proper identification.

Consumer investigative report results are valid for 60 days according to RCM policy. Additionally, I authorize RCM and/or its agents to obtain additional investigative consumer reports from the sources previously listed if occupancy does not occur within 120 days, when this application reaches the top of the applicable waiting list, and/or at recertification. I further authorize RCM, its agents, and/or its attorneys to obtain additional consumer investigative reports to enforce judgments in favor of RCM.

California applicants are entitled to a free copy of the consumer report. Indicate Yes ☐ No ☐

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). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).

Head of Household's Signature:

Date

Spouse or Co-Applicant's Signature:

Date

Co-Applicant's Signature:

Date

Co-Applicant's Signature:

Date



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For Office Use only:

Applicant's Name: _____

Receipt of **Completed** Application:

Date:

Time Received:

Management Representative Signature:

Applicant Cancellation:

Date:

Time:

Management Representative Signature:



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