

Office use only:
Date: _____
Time: _____
Apt. Size: _____

Tenant Application

Application Fee: \$30.00

Office Use Only

Gross Income: _____ Adj. Income: _____

USDA Income Level:

30% EVL 50%VL 80%L

Nelson Dotson Apartments 2001 Kinlock Road, Indianola, MS 38751

Name: _____ Telephone: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name all persons in your household, starting with yourself.

Number of Patients (%) with $\geq 10\%$ Improvement in GAD-7 Score

Name all persons in your household, starting with yourself.

In case of an emergency, whom can we contact?

Name	Telephone	Address	City/State/Zip Code	Relation

Please note two references that are not relatives:

Name	Telephone	Address	City/State/Zip Code	Relation

Incomplete application will not be processed. Falsification of any information is cause for immediate disqualification. If you have any questions regarding this application, please contact the office manager for assistance.



Rental History: Note your history for the last three (3) years.

Present Address				
City/State/Zip Code				
Dates Renting	From:	To:	Rent:\$	/month
Manager's Name				
Manager's Mailing Address				
City/State/Zip Code				
Manager's Telephone				
Reason for leaving				

Previous Address				
City/State/Zip Code				
Dates Renting	From:	To:	Rent:\$	/month
Manager's Name				
Manager's Mailing Address				
City/State/Zip Code				
Manager's Telephone				
Reason for leaving				

Previous Address				
City/State/Zip Code				
Dates Renting	From:	To:	Rent:\$	/month
Manager's Name				
Manager's Mailing Address				
City/State/Zip Code				
Manager's Telephone				
Reason for leaving				

Use additional pages if necessary

Apartment size that you are applying for? Mark one only

2 Bedrooms _____ 3 Bedrooms _____ 4 Bedrooms _____



Renter / Property Information

Please add additional pages for explanations	Yes	No
Have you been given a thirty (30)/sixty (60) day notice of eviction?		
Have you paid your rent late?		
Have you been charged for apartment/house damages?		
Have you received complaints from a neighbor(s) or manager(s)?		
Have you been given a three (3) day pay or quit notice?		
Do you need an apartment for a handicap/disabled person?		
Does one of the adults in your household have legal resident status/is a USA citizen		
Have you declared bankruptcy within the last three (3) years?		
Have you had an eviction?		

Total Household Income

Does someone in your household receive income from any of the following sources? <i>Use additional pages if necessary.</i>	YES	NO	Monthly Gross Income \$	Name of the person(s) receiving income
Employment				
Employment				
Self-Employment (Business Income)				
TANF				
SSA (Social Security)				
SSI (Supplemental Social Security)				
Unemployment				
Financial Aide/ Student Loans				
Child Support				
Alimony				
Pension(s)				
Other Income not Earned (ex: Death benefits)				

Occupations of All Adults (18 years or older)

Adults Name	Occupation	Name/Mailing Address

Employment Declaration: Note ALL adults (18 years or older) in the household that work or plan on working within the next twelve (12) months.

Adults Name & Social Security	Employers Name & Telephone	Employers Mailing Address	City/State/Zip Code



Asset Information: Please provide the following information regarding your assets. Use an additional page if necessary.

Name(s) of person(s) appearing on the account(s)	
Bank Name	
Local Bank Telephone	
Local Bank Fax	
Bank Mailing Address	
Last 4 Digits Of Savings Account Number	
Savings Account Interest Rate %	
Current Savings Account Balance	
Last 4 Digits of Checking Account Number	
Checking Account % Rate (if applicable)	
Stocks, Bonds, Certificates of Deposit, Money Market Accounts etc...	
Retirement Accounts, IRA's , 401k's etc...	

Please answer the following questions:	YES	NO
Do you or a household member consume illegal substances (drugs)?		
Have you or a household member been convicted of manufacturing or distributing an illegal substance(s) (drugs)?		
If you answered yes to a previous question, Has the offender completed or are currently in a recovery/rehabilitation program?		
Do you or another household member 18 years or older attend school full time?		
Does your household have a waterbed?		

Do you pay for any medical expenses that are not reimbursed for the handicap/disabled person in your household? Yes _____ No _____

Does your household have a pet(s)? Yes _____ No _____

Do you pay for childcare in order to work or attend school? Yes _____ No _____

How much to you pay? \$ _____ weekly or monthly? _____

Information regarding the child care provider:

Name	Telephone	Address	City/State/Zip Code

Warning: Section 1001 of Title 18 Code of The United States dictates "Anyone in any jurisdiction of a department or agency of the United States consciously or voluntarily falsifies, omits or covers an act, or makes a fraudulent information, false or fictitious declaration or representation or uses some writing or false document knowing that such contains false or fictitious or fraudulent information, shall be fined a \$10,000 maximum penalty or jailed no more than 5 years or both things."



I/We certify that the apartments to occupy at _____ Apartments will be our primary residency and that I/we do not maintain another apartment for rent at any other place. I/We certify that the information given is correct and complete and understand that any case of falsification is reason for disqualification of this application.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

VOLUNTARY INFORMATION FOR PURPOSE OF MONITORING

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. 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.

APPLICANT Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

CO-APPLICANT Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

APPLICANT Race: (Mark one or more)

1. American Indian / Alaska Native

2. Asian

3. Black or African American

4. Native Hawaiian or Other Pacific Islander

5. White

CO-APPLICANT Race: (Mark one or more)

1. American Indian / Alaska Native

2. Asian

3. Black or African American

4. Native Hawaiian or Other Pacific Islander

5. White

Applicant Gender: Male Female

Co-Applicant Gender: Male Female

