

APPLICATION FOR HOUSING & URBAN DEVELOPMENT (HUD) PROPERTY

Property Name:	Bedroom Size Requested:
Applicant Phone Number:	Applicant Email Address(es):
Applicant Current Address:	
For Office Use Only: Date/Time Received:	Agent Signature:
PRIOR TO FINAL ACCEPTANCE, ALL APPLICANTS MUST SUBMIT COPIES OF SOCIAL SECURITY CARDS AND BIRTH CERTIFICATES FOR EACH HOUSEHOLD MEMBER.	

****PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS. Do not leave any space or blanks. Write "NO or N/A" where appropriate**** Directions to Applicant: Please complete the table below for each member of your household, whether those members are related. A separate application is required for each adult with the exception of head and spouse. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. If you are handicapped or disabled, or have difficulty completing this application, please advise us of your needs when you receive the application or call to schedule assistance. Applications must be filled completely to be accepted for processing. Incomplete applications will be returned. (A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

Last Name, First, MI	Relationship	Date of Birth	Age	Sex (Optional)	Student: (Y or N)	Social Security #
1.	HEAD					
2.						
3.						
4.						
5.						
6.						

If Divorced or Separated within the last five years, please list the year(s) (Also attach copy of divorce decree): _____

If any member of the household has used another name, please list this below (maiden name, former name, etc)

Former Names Used: _____

1. Are all members of the household U.S. Citizens? (This information is being requested for statistical purposes and to comply with equal opportunity & fair housing legislation)	Yes No
2. Race of Head of Household: _____ Hispanic or Latino: Yes ___ No ___	
3. Are you a veteran? (Applicable for Texas properties only) Important information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at https://veterans.portal.texas.gov/ ;	Yes No
4. Do you expect any changes in the household composition in the next 12 months (expecting a child)? If Yes, please explain:	Yes No
5. Do all of the above household members reside in the household 100% of the time? If No, please list household members and why:	Yes No



We are an equal opportunity provider and employer. We do not discriminate against any person because of race, color, national origin, religion, sex, disability, age, citizenship status, genetic information, creed, ancestry, marital status, sexual orientation, gender identity, familial status, public assistance, or human rights commission activity as provided under applicable State laws and Section 504 of the Rehabilitation Act of 1978. TDD 711

PART II - STUDENT QUESTIONS - TO BE COMPLETED BY APPLICANT

<p>6. I certify, under penalty of perjury, that I am NOT a full-time or part-time student and have not been a full-time or part-time student in the last calendar year. I will notify management if I become a full-time or part-time student in the future and understand that my student status could affect my eligibility to live in this complex.</p> <p>I AM a full-time or part-time student. (Student eligibility requirements apply to applicants enrolled at an institution of higher education who are under 24 years of age, unless the applicant is a student who is living with his/her parents who are applying for Section 8 assistance.)</p>	
(a) Did your parents or guardian claim you as a dependent on their last tax return?	Yes No
(b) Are you of Legal age under state law (18)?	Yes No
(c) Have you established a separate household from your parents or legal guardian for at least one (1) year prior to filling out the application?	Yes No
(d) Will you be at least 24 years old by December 31st of the current year?	Yes No
(e) Were you an orphan or a ward of the court through the age of 18?	Yes No
(f) Are you a veteran of the U.S. Armed Forces?	Yes No
(g) Do you have any legal dependents other than a spouse?	Yes No
(h) Are you a graduate or professional student?	Yes No
(i) Are the students married and entitled to file a joint tax return? (Attach marriage certificate or tax return)	Yes No
7. Are the adult household members (over the age of 18) currently students? Name of School(s): _____ Location: _____	Yes No
8. Has any adult household member been a full-time student 5 months or more out of the current calendar year (months need not be consecutive)? If yes, who: Name of household member: _____ Name of School(s) _____ Location _____	Yes No

PART III - OTHER - TO BE COMPLETED BY APPLICANT

9. Do you have full custody of your child (ren)? Explain the custody arrangements:	Yes No N/A
10. Would you or any members of your household benefit from a handicapped-accessible unit? If yes, explain:	Yes No
11. Have you ever been evicted? If yes, explain:	Yes No
12. Has your rent been paid on time? If no, explain:	Yes No
13. Have your Security Deposits always been refunded? If no, explain:	Yes No
14. Have you paid in full all utilities for which you have been responsible for? If no, explain:	Yes No
15. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? If yes, please explain:	Yes No
16. Are you now living in a government subsidized development? If yes, name & Address of development:	Yes No
17. Are you currently receiving Subsidy? If Yes, what type:	Yes No
18. Have you ever lived with or applied for housing with MetroPlains Management? If so, where?	Yes No
19. What states have the adults in your household lived in?	
20. Does your household have a pet? If Yes, Explain:	Yes No

PART IV - RENTAL HISTORY - TO BE COMPLETED BY APPLICANT

21. Residence History: Current & Previous Landlords: (Past 3 years' residence including any owned by applicants.)

Current Address	Rent/Month	Utilities/ Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in:		When did you move out:	
Previous Address	Rent/Month	Utilities/ Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in:		When did you move out:	
Previous Address	Rent/Month	Utilities/ Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in:		When did you move out:	

PART V - PERSONAL REFERENCES - ONLY NEEDED IF THERE IS NO LANDLORD HISTORY

22. Personal Reference #1: Name and Address of a Personal Reputable Reference (Ex. Employer, teacher etc.) (No Relatives)

Name	Reference's Phone #
Address	
How many years have you known the applicant(s)?	What is your relationship to the applicant?

Personal Reference #2: Name and Address of a Personal Reputable Reference (Ex. Employer, teacher etc.) (No Relatives)

Name	Reference's Phone #
Address	
How many years have you known the applicant(s)?	What is your relationship to the applicant?

PART VI - HOUSEHOLD INCOME - TO BE COMPLETED BY APPLICANT

Indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12-month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance. Do you or any one in your household have:

INCOME	YES	NO	MEMBER #	GROSS AMOUNT	SOURCE OF INCOME
23. Wages or Salaries (gross income)				\$	
24. Child Support (court ordered amount)				\$	
25. Alimony or Spousal Maintenance				\$	
26. Social Security (gross amount)				\$	
27. Disability, Death Benefits, Adoption Assistance and/or Life Insurance Dividends				\$	
28. Supplemental Security Income (SSI)				\$	
29. Regular Payments from Pensions				\$	
30. Public Assistance – TANF, General Assistance, MFIP. (How are benefits received?)				\$	
31. RMD from Retirement Accounts				\$	
32. IRA, and/or 401 (k) (Keogh Accounts) (regular periodic payments)				\$	
33. Annuities or Life Insurance (regular periodic payments)				\$	
34. Unemployment Compensation				\$	
35. Worker's Compensation				\$	
36. Severance Pay				\$	
37. Net Income from Rental Property Including Land.				\$	
38. Net Income from A Business (Self employment including Uber, Lyft, Door Dash, or any other type of business?)					
39. Long Tern Medical Care Insurance Payments in Excess of \$180.00 per day				\$	
40. Regular Contributions and/or Gifts				\$	
41. Lottery Winnings or Inheritances				\$	
42. All regular pay paid to members of the Armed Forces				\$	
43. Education, Grants, Scholarships or other Student Benefits				\$	
44. Other Income				\$	
45. Are any changes of income expected within the next 12 months? Explain:					Yes No

PART VII - ASSETS - TO BE COMPLETED BY APPLICANT

CURRENT ASSETS – List all assets currently held by all household member and the cash value of each. The cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash. Do you or anyone in your household have:

ASSET	YES	NO	MEMBER #	CASH VALUE	NAME OF BANK OR INSTITUTION PHONE NUMBER & ADDRESS
46. Savings Account				\$	
47. Checking Account or Demand Deposit Account				\$	
48. Certificate of Deposit				\$	
49. Prepaid Debit Card (Direct Express, NetSpend, Citibank, Reloadable Wal-Mart Cards, Red or Green Dot Cards, Etc.)				\$	
50. Trust Account				\$	
51. Real Estate or Contract for Deed (Include Address)				\$	
52. Any Treasury Bills, Stocks, and Securities				\$	
53. Retirement Fund/Annuities (Include 401K, IRA's or Keogh Accounts)(Only if you have access)				\$	
54. Mutal Funds				\$	
55. Saving Bonds				\$	
56. Money Market Account				\$	
57. HSA Accounts (Health Savings Account)				\$	
58. Personal Property Held as Investment (Collector or show car, stamp or coin collection, antiques, etc.)				\$	
59. Whole or Universal Life Insurance				\$	
60. Lump sum payments? (lottery winnings, inheritances, etc.)				\$	
61. Online accounts (GoFundMe, Kickstarter, Fundly, Local Bank, Paypal, Venmo, Square cash app, etc.)				\$	

PART VIII - ASSETS (CONTINUED) - TO BE COMPLETED BY APPLICANT

63. Have you sold or disposed of any assets in the last 2 years for less than fair market value? Type of Asset: _____ Market Value when sold or disposed: _____ Amount sold or disposed for: \$_____ Date of Transaction: ____/____/____	Yes No
64. Are any accounts held jointly with someone not in the unit? If yes, which account: _____ Percentage of ownership: _____	Yes No

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include child care costs, payments on outstanding medical bills, medical insurance premiums, cost of assistive devices, cost of attendant care, and any other medical and dental costs NOT covered by an outside source; e.g. insurance, Medicare, state agency, or charitable organization.

65. An elderly household is one in which the head, co-head, or sole member is 62 or older, handicapped, or disabled. Such households qualify for a \$400 deduction in computing rent. Would you like to apply for this deduction?	Yes	No
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** Before you complete this section of the application, were all questions above completely answered? Are all blanks filled in? If not, please go back through the application and complete the sections that were left blank**

PART IX - MEDICAL/CHILDCARE EXPENSES

Do you expect to incur any of the following expenses:

EXPENSES	YES	NO	MEMBER #	AMOUNT	NAME OF SERVICE PROVIDER
66. Child Care Expenses (Age 12 or under) for care necessary to enable a family member to work, seek employment or further their education.					
67. Disability Assistance				\$	
68. Attendant Care				\$	
69. Medicare Payments				\$	
70. Medical Assistance through Public Aid				\$	
71. Cost of Assistive devices for household members handicap or disability				\$	
72. Drug Cost not covered by insurance				\$	
73. Health/Long Term Care Insurance				\$	

PART X - DRUG & CRIMINAL BACKGROUND - TO BE COMPLETED BY APPLICANT

74. Have you been evicted from a Federally Assisted site for any drug related criminal activity? If yes When ____/____/____ Please Explain:	Yes	No
75. Does any member of your household abuse alcohol or use illegal drugs? If yes Explain:	Yes	No
76. Are you or any member of your household currently subject to a registration requirement under a state sex offender registration program? If yes, explain:	Yes	No
77. Have you been convicted of any drug related crime?	Yes	No
78. Have you been convicted of any felony?	Yes	No
79. Have you been convicted of any crime involving fraud or dishonesty?	Yes	No
80. Have you been convicted of any crime involving violence?	Yes	No
81. Are you currently charged/pending charges with any of the above criminal activities?	Yes	No

PART XI - SPECIAL NEEDS - TO BE COMPLETED BY APPLICANT

82. Does anyone in the household have special needs?	Yes	No
83. Special living accommodations? If yes, please explain:	Yes	No

PART XII - APPLICANT'S STATEMENT - TO BE COMPLETED BY APPLICANT

I/We understand the information in this application will be used to determine eligibility for housing and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application is true, complete and accurate. I/we certify that I/we have revealed all income and assets currently held or previously disposed of and that I/we have no other assets than those listed (other than personal property). I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement.

I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing.

I/We understand that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list of processing of my/our housing application is grounds for management to decline my/our application for housing.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or the sources for credit and verification information which may be released to appropriate Federal, state or local agencies. I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the property, to a public housing authority, or to an agency contracted by the property to conduct criminal background checks.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

The applicant does not have to sign the consent if it is not clear who will provide or who will receive the information.

Applicant Signature (Head): _____ Date: ____/____/____

Applicant Signature (Co-Head): _____ Date: ____/____/____

Other Applicant Signature: _____ Date: ____/____/____

Other Applicant Signature: _____ Date: ____/____/____

Signature of Owner's or Developer's
Authorized Representative: _____ Date: ____/____/____

This applicant required assistance in completing the Application due to:	
Assistance was provided by	Date