



# APPLICATION FOR AN APARTMENT

Chapel View Manor

Mt Vernon, Iowa

**Return to:**

P.O. Box 456, Monticello, IA 52310  
PHONE: 319-465-6171 FAX: 319-465-7058

***For Office Use Only:***

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Income Level: \_\_\_\_\_

List all persons who will occupy the apartment (even part time):

<u>Head of Household Name</u>	<u>Gender</u>	<u>Birth date</u>	<u>Social Sec. Number</u>
①			

<u>Additional Household Members</u>	<u>Gender</u>	<u>Birth date</u>	<u>Social Sec. Number</u>
②			

Present Address: \_\_\_\_\_  
\_\_\_\_\_

How long? \_\_\_\_\_ Phone number \_\_\_\_\_

Bedroom size: One Bedroom Only

Have you disposed of any assets for less than fair market value in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe asset \_\_\_\_\_

Have you ever been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you been or are you presently an illegal abuser of any controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of illegal manufacture/distribution of any controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_

A. List all sources of income for the household: \$ Annual Amount  
(include interest income)

B. List all assets for the household: \$ Current Value  
(include checking, savings, investments, etc.)

C. For elderly/handicap status only: List all Out-of-pocket medical expenses:  
(ie: insurance premiums, prescriptions not paid by insurance)

D. For family status:  
(List Child Care Expenses that enable you to work, attend school, or seek employment)

All reference information must be completed!

**Reference:**

Name: \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**Reference:**

Name: \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**Reference:**

Name: \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**Bank reference:**

Name: \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**Applicant's relative:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Do you have or expect to have pets? \_\_\_\_\_ If so, explain? \_\_\_\_\_

This apartment will serve as my/our primary residence: Yes \_\_\_\_\_ No \_\_\_\_\_

**\*Handicap Status**

Will you need an assessable unit? Yes \_\_\_\_\_ No \_\_\_\_\_  
Mobility Impaired? \_\_\_\_\_ Wheelchair bound? \_\_\_\_\_ Hearing Impaired? \_\_\_\_\_  
Vision Impaired? \_\_\_\_\_ Other? \_\_\_\_\_

\*Completion of this Handicap Section is optional. Completing this section could result in a benefit to you. A \$400 deduction is available to handicap tenants. Complete this section if you feel you meet the qualifications.

I hereby state and represent that the information provided by me in this application is complete and accurate, and I acknowledge and agree that in the event I enter into a lease with the Landlord that the lease may be cancelled by the Landlord in the event any of this information provided by me in this application is materially inaccurate or incomplete. I understand that as a part of the procedure to processing my application, an investigative report may be made whereby information is obtained by contacting the third party(s) listed, sex offender registry, courts online, and the county sheriff. This will include information as to my character, general reputation, personal characteristics, mode of living, and criminal record. I understand I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature (IF ANY)

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 Services 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.

**HEAD OF HOUSEHOLD:**

**Gender:** (check one) \_\_\_\_\_ Male \_\_\_\_\_ Female

**Ethnicity:** (check one)  
\_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

**Race:** (check one): \_\_\_\_\_ American Indian/ Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ White  
\_\_\_\_\_ Black or African American \_\_\_\_\_ Native Hawaiian or Other Pacific Islander

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status."

(Not all prohibited bases apply to all programs).

To file a complaint of discrimination write USDA, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call 800-795-3272(voice) or 202-720-6382(TDD).