

APPLICATION FOR AN APARTMENT

Project Name _____

City, State _____

Return to:

Zimmerman Buildings, Inc.
% Donna Zimmerman, Manager
P.O. Box 456, Monticello, IA 52310
PHONE: 319-465-6171 FAX:465-7058

For Office Use Only:

Date: _____

Time: _____

Income Level: _____

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

| <u>Household Member Name</u> | <u>Sex</u> | <u>Birth date</u> | <u>Social Sec. Number</u> |
|------------------------------|------------|-------------------|---------------------------|
|------------------------------|------------|-------------------|---------------------------|

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④

Present Address: _____

How long? _____ Phone number _____

Bedroom size requested (circle one): one bedroom two bedroom

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?

***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 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.

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

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 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.

HEAD OF HOUSEHOLD

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

Gender: (check one) Male Female

EQUAL HOUSING OPPORTUNITY

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER