



APPLICATION FOR AN APARTMENT

Lenox Acres
Hopkinton, 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			
③			
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? _____

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).