

Property Name: _____

RENTAL APPLICATION

NOTE TO TENANT: In order for us to determine your eligibility, you must provide *all* information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal Affordable Housing Program. (Please Print)

Applicant Name:		Home Telephone Number: ()
Date of Application:	Apartment Size (# of Bedrooms):	Alternate Telephone Number: ()

HOUSEHOLD COMPOSITION

Please read each question carefully, answer each question completely and be prepared to verify items checked "yes".

List yourself and anyone who will live with you *within the next 12 months*. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

Please list household members starting with Head of household on line 1, then in order of oldest to youngest.

	Last Name, First Name	Relationship to Head of Household	Birth Date	Sex (M/F)	Social Security Number	Student Status:		
						Full Time	Part Time	N/A
1		Head						
2								
3								
4								
5								
6								

- 1.) Do you anticipate any changes in the size of your household *within the next 12 months*? Yes No
(Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)
 If yes, please describe any changes here: _____

- 2.) Will anyone under age 18 listed above live in the unit *less than* 50% of the next 12 months? N/A Yes No
 If yes, please explain here: _____

- 3.) Does any member in your household have a disability and require a live-in care attendant? Yes No

- 4.) Is any adult member of your household separated, but not divorced? Yes No

- 5.) Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance? Yes No

- 6.) Are you or any member of your household subject to sex offender registration in any state? Yes No

- 7.) Have you or any member of your household been arrested for any misdemeanors/felonies Yes No



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

STUDENT ELIGIBILITY QUESTIONS

- 6.) Are ALL members of your household full-time students? Yes No
- 7.) Will ALL members of your household be full-time students during any 5 months of this year? Yes No
(Example: a student who goes to school full-time in any parts of January, February, April, October and November)
- 8.) Will ALL members of your household be full-time students during any 5 months of next year? Yes No
- 9.) Is ANY ADULT member of your household a part or full time student in an institute of higher education? Yes No

If yes, who is enrolled? _____ Which school are they enrolled in? _____
How do they pay for their education? _____ What is the cost of tuition per semester? \$ _____

- 10.) Does ANY ADULT member of your household intend to become a student *within the next 12 months*? Yes No
If yes, who will be enrolling in school? _____
If yes, will they be enrolling as a full-time or part-time student? _____

ALIMONY / CHILD SUPPORT INFORMATION

- 11.) Has any member of your household ever been COURT ORDERED to receive Child Support or Alimony payments, even if no child support or alimony is being received? (Case id #) _____ Yes No

IF "NO", SKIP TO QUESTION 12

- a.) Name of person with court order: _____ Payment Amount: \$ _____ per _____
b.) Name of person(s) paying support / alimony: _____

Are the FULL court-ordered amount(s) being received? Yes No

If "NO", are you making efforts to collect the amounts due? Yes No

If "YES", please explain the efforts you're making here:

- 12.) Does any member of your household receive Child Support or Alimony payments that are NOT COURT ORDERED? Yes No
(This includes help from children's father or mother for clothes, groceries, etc.)

IF "NO", SKIP TO NEXT SECTION

- a.) Payment Amount: \$ _____ per _____
b.) Name of person(s) paying support / alimony: _____
_____ Phone: _____ for child: _____
_____ Phone: _____ for child: _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

	TYPE OF INCOME	GROSS INCOME
	13.) Is any member of the household employed?	
	Job 1.) Who is employed? What company? Phone: _____	AMT \$ PER MONTH
	Job 2.) Who is employed? What company? Phone: _____	AMT \$ PER MONTH
	Check if there are any additional jobs in the household (attach a separate sheet with contact information)	
YES NO	14.) Are any household members self-employed?	
	Who is self-employed? _____	AMT \$ _____
	What type of work does this person do? _____	
YES NO	15.) Are any adult members of your household unemployed?	
	Which adult members are unemployed? _____	
YES NO	16.) Does any household member receive pay from the military?	
	Who is paid by the military? _____	AMT \$ _____
	Which branch of the military? _____	
	Contact Person: _____ Phone: _____	
YES NO	17.) Does any household member receive any payments from the Social Security Administration? Which type: SS SSI Other	AMT \$ _____
	Who receives payments from the Social Security Office? _____	
YES NO	18.) Does any household member receive severance pay or worker's compensation?	
	Who is receiving severance pay or worker's compensation? _____	AMT \$ _____
	What company pays them? _____	
	Contact Person: _____ Phone: _____	
YES NO	19.) Is any household member unemployed and receiving payments from an Unemployment Agency?	
	Who is receiving unemployment benefits? _____	AMT \$ _____
	Contact Person: _____ Phone: _____	
YES NO	20.) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.)	
	Who is receiving TANF or AFDC benefits? _____	AMT \$ _____
	Caseworker: _____ Phone: _____	



INCOME INFORMATION CONTINUED

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

	YES	NO	TYPE OF INCOME	GROSS INCOME AMOUNT
			<p>21.) Does any household member receive periodic payments from a pension, annuity or retirement benefit account?</p> <p>Please check one: Pension Annuity Other Retirement</p> <p>Who receives these benefits? _____</p> <p>What company pays this person? _____</p> <p>Contact Person: _____ Phone: _____</p>	<p>AMT \$ _____</p> <p>PER _____</p>
			<p>22.) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries?</p> <p>What is the name of the person that pays you? _____</p> <p>What is their address? _____</p> <p>Phone number? _____</p>	<p>AMT \$ _____</p> <p>PER _____</p>
			<p>23.) Is there any other source of income we haven't already asked about above that you receive?</p> <p>Please Describe: _____</p>	<p>AMT \$ _____</p> <p>PER _____</p>
			<p>24.) Does your household expect any changes in their income <i>within the next 12 months</i>?</p> <p>Please Describe: _____</p>	<p>AMT \$ _____</p> <p>PER _____</p>
			<p>25.) Does your household receive long-term care insurance payments, <i>in excess of \$180 per day</i>, for a family member residing in a long-term care facility?</p> <p>Which household member is in a long-term facility? _____</p> <p>Which household member are the payments made to? _____</p> <p>What company pays this person? _____</p> <p>Contact Person: _____ Phone: _____</p>	<p>AMT \$ _____</p> <p>PER _____</p>
			<p>26.) Do any adult members of your household have zero income?</p> <p>Which adult members have zero income? _____</p>	



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

27.) Does any household member have a Checking, Savings, CD or Money Market account?

Bank 1.) Bank Name: _____ Name(s) on Account: _____
Bank 2.) Bank Name: _____ Name(s) on Account: _____
Account Type: Checking Savings CD Money Market

Check if there are additional accounts of these types belonging to the household. (attach a separate sheet with the bank name, account type and name(s) on the account)

YES NO

28.) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy (life insurance that you can make withdrawals from even if there isn't a death. We do not count TERM insurance)? Institution Name: _____ Name(s) on Account: _____ Contact Phone: _____

YES NO

29.) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?

Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____ Account Type: IRA Keogh 401K Other: _____

YES NO

30.) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K or Annuity accounts)?

Institution Name: _____ Name(s) on Account: _____
Contact/Phone: _____ Account Type: _____

YES NO

31.) Does any household member own any Real Estate? (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by deed of trust or Contracts for Deed)

Property Owner(s): _____ Type of Property: _____
What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)
Contact: _____ Phone: _____

YES NO

32.) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (Examples include: coin or stamp collections, antique cars, jewelry, etc.)

Property Type: _____ Estimated Cash Value: \$ _____

YES NO

33.) Does any household member have a Trust Account?

Institution Name: _____ Name(s) on Account: _____
Is this account a Revocable or Non-Revocable Trust Account? _____ Contact Phone: _____

YES NO

34.) Does any household member have any Treasury Bills or Government Savings Bonds? (www.savingsbonds.gov)

Which household member: _____
Series: _____ Face Value: \$ _____ Serial Number: _____ Issue Date: _____

YES NO

35.) Does any household member have cash on hand or safe deposit boxes?

Which household member? _____ What amount is kept on hand? \$ _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION (CONTINUED)

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

36.) Does any household member have any accounts or assets that were not described above? (Please DO NOT include personal use vehicles, furniture, clothing, etc.)

What type of account or asset is this? _____

What is the estimated value of this asset if you were to sell it today? \$ _____

YES NO

37.) In the past two years, has any household member given away any asset(s) for less than they were worth? (Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)

What was the estimated value of this asset? \$ _____

RESIDENCE HISTORY OF CURRENT & PREVIOUS LANDLORD

PRESENT ADDRESS: _____ PHONE: _____

LANDLORD'S NAME: _____ PHONE: _____

HOW LONG AT PRESENT ADDRESS? _____ OWN RENT

AMOUNT OF MONTHLY RENT/MORTGAGE: \$ _____ UTILITIES: \$ _____

REASON FOR MOVING: _____

PREVIOUS ADDRESS: _____ PHONE: _____

LANDLORD'S NAME: _____ PHONE: _____

HOW LONG AT PREVIOUS ADDRESS? _____ OWN RENT

AMOUNT OF MONTHLY RENT/MORTGAGE: \$ _____ UTILITIES: \$ _____

REASON FOR MOVING: _____

VEHICLE INFORMATION

List any cars, trucks or other vehicles owned.

Type of Vehicle _____ Year/Make _____ Color _____

License Plate # _____

Type of Vehicle _____ Year/Make _____ Color _____

License Plate # _____



SPECIAL NEEDS

Does anyone in your family have special needs? Yes No

Are special living accommodations required? Yes No

Please explain: _____

MARKETING/ADVERTISING

How did you hear about us? Resident Referral Name of Resident: _____

Newspaper Flyer Apartment Guide Other: _____

HOUSEHOLD CERTIFICATION

I understand that the information provided on this questionnaire will be used to determine my eligibility for Section 42 compliant properties. Under penalties of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in the loss of my housing at this property. I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility in the Section 42 housing program.

CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.

Signature of Head of Household

Date

Signature of Co-Head of Household

Date

Signature of Other Adult Member

Date

Signature of Other Adult Member

Date

MANAGEMENT SIGNATURE:

This application/questionnaire accepted by:

Signature of Apartment Management / Owner's Agent

Date Time

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion or National Origin.



Apartment Building	City	Bedroom Size	Type of Unit	Restrictions	Appling for
Woodlands Development Group - Owner					Yes
Azalea Place	Mill Creek	2	Single Story	55 or Older/Handicapped	
Mill Pond	Mill Creek	2	2 story		
Mill Creek Sr. 1	Mill Creek	1	Single Story	55 or Older/Handicapped	
Mill Creek Sr. 1	Mill Creek	2	Single Story	55 or Older/Handicapped	
Mill creek Sr. 2	Mill Creek	1	Single Story	55 or Older/Handicapped	
Mill creek Sr. 2	Mill Creek	2	Single Story	55 or Older/Handicapped	
Hillside Terrace	Elkins	2	2 story		
Porter Apartments	Elkins	2	2 story		
Wayne Ave Apts.	Elkins	2	2 story		
Wimoth Street Apts	Elkins	2	2 story		
Woodlands Lane	Elkins	1	Single Story	55 or Older/Handicapped	
Woodlands Lane	Elkins	2	Single Story	55 or Older/Handicapped	
Hice Street	Belington	2	Single Story	55 or Older/Handicapped	
Bradshaw Apts	Belington	2	Single Story	55 or Older/Handicapped	
3rd Street Apts	Davis	2	2 story		
Randolph County Housing Authority - Owner					
4th Street Apts	Elkins	4	2 story		
Highland Park Apts	Elkins	2	2 story		
Highland Park Apts	Elkins	2	Single Story	55 or Older/Handicapped	
Highland Park Apts	Elkins	3	2 story		
Pleasant Ave Apts	Elkins	2	2 story		
Pleasant Ave Apts	Elkins	3	2 story		
First Ward Delmonte LLC - Owner					
1st Ward School	Elkins	1	3 story	55 or Older	
1st Ward School	Elkins	2	3 story	55 or Older	



Randolph County Housing Authority

1404 North Randolph Avenue, P.O. Box 1579, Elkins WV 26241
(304) 636-6495x18, FAX (304) 636-6596

Karen Jacobson, Executive Director

BLANKET AUTHORIZATION

I/We, _____, do
Hereby authorize the Randolph County Housing Authority to contact any agency,
office, financial institution, legal institution, landlord, credit bureau, group or
organization regarding my income or assets or other information, which may be
necessary to complete my application for rental consideration. I also authorize
the release of information to the RCHA by any agency, office, financial institution,
legal institution, landlord, credit bureau, group or organization having such
information.

A photocopy of this authorization shall be considered as effective and valid as
the original.

Signature of Head of Household Date

Spouse Date

Other family member over 18 Date

Other family member over 18 Date

Other family member over 18 Date

Other family member over 18 Date

