



The Morrow Companies

MULTI-FAMILY, COMMERCIAL AND INVESTMENT PROPERTIES

Application for Tenancy - HUD

Date Received:		Time:		Signature of Manager:	
All portions of this application must be completed. Fill in each blank. If the blank is not applicable, please put N/A. Please write legibly. HUD Properties, TDD # 1-800-548-2547 (Voice) 1-800-548-2546 (T/A) For the Deaf & Hearing Impaired ONLY					
Applicant's Name		City		Email	
Current Address			State & Zip		
Home #		Work #		Cell #	
Do you Currently <input type="checkbox"/> Rent or <input type="checkbox"/> Own?			Amount of Mortgage/Rent?		
Employer		Self Employed? <input type="checkbox"/> Yes or <input type="checkbox"/> No		Position	
Address of Employer			Employer Telephone #		

Co - Applicant's Name		City		Email	
Current Address			State & Zip		
Home #		Work #		Cell #	
Do you Currently <input type="checkbox"/> Rent or <input type="checkbox"/> Own?			Amount of Mortgage/Rent?		
Employer		Self Employed? <input type="checkbox"/> Yes or <input type="checkbox"/> No		Position	
Address of Employer			Employer Telephone #		

Household Composition

List all members who will reside in the dwelling.

	<u>Full Name</u>	<u>Relation-ship to Head</u>	<u>Marital Status</u> Married Single Legal Sep.	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Student Status</u> Full-Time Part-Time None	<u>Em-ployed</u> Yes or No	<u>SEX</u> M/ F	List all states HH member has lived in
1		Head							
2									
3									
4									
5									
6									
7									
8									



Do you anticipate any changes to the household in the next twelve months? Yes or No
 If Yes, explain:

Does anyone live with you who is not listed above? Yes or No If yes, explain:

Does the applicant or co – applicant hereby certify that he/she has legal custody of the minor children listed in the household for at least 6 months of the year? Yes or No
 If no, please explain.

Will the household above be comprised of students during any five calendar months of this year or plan to be in the next calendar year at an educational institution with regular faculty and students? Please put anticipated status (PT or FT) for fall, spring and summer sessions.
 Yes or No

HH Member Name	Name of School	School Contact	Phone # of School	Current Status	Fall	Spring	Summer

Do you require any special services/reasonable accommodations due to a disability? Yes or No
 Do you require a dwelling that is designed with accessible features? Yes or No
 If yes, please indicate which features you require.

Have you been displaced? Yes or No
 If yes, explain.

Have you or any member of your household ever been evicted, breached or violated your contract while leasing any type of housing? Yes or No
 If Yes, explain.

Have you or any member of your household ever applied at this housing community? Yes or No
 If yes, when?

Does the applicant or any member of the household have a lifetime state sex offender registration in any state? Yes or No Note: Failure to respond may jeopardize approval of application.
 If yes, who and what state?

Have you or any members of your household ever been convicted of a Felony/crime? Yes or No
 If yes, explain.

Currently do you or any members of your household use, manufacture, possess, sale or distribute a controlled substance? Yes or No
 Have you or any members of your household ever been convicted of the same? Yes or No
 If yes, explain.



List any substance abuse programs that you or any household members have successfully completed or are currently enrolled in:

How did you hear about our community?

When do you wish to move in?

Why are you currently looking for housing?

Disabled/Elderly Deduction

Persons which meet the definition of disabled qualify for a \$400.00 deduction and certain other deductions to their annual income when determining Tenant Rent Contribution. If you feel that you qualify and would like to request this adjustment to your income, please indicate in the space provided. Yes or No

If you have indicated your desire to request this adjustment, then we will need only sufficient information (documentation) to confirm your qualification for this status. Failure to provide this documentation may result in the denial of some or all of these deductions.

Child Care Deduction

If there are minor children in the household, a child care deduction to your annual income may be available if it allows the parent to go to school or be employed. If you feel your household may qualify for this adjustment to your income, please indicate in the space provided. Yes or No

If you have indicated your desire to request this adjustment, then we will need only sufficient information (documentation) to confirm your qualification for this status. Failure to provide this documentation may result in the denial of some or all of these deductions.



Monthly Household Income

List **ALL** income sources. Do **NOT** leave any blanks. If a section does not apply use N/A for the section. Use Gross income before any deductions.

	Applicant			Co-Applicant			Monthly Total (Combined)
	Source (name of employer, etc)	Contact #	Monthly Amount	Source (name of employer, etc)	Contact #	Monthly Amount	
Employment							
Commissions							
Tips, Bonuses							
Income from Self Employment							
Net Rental Income							
Social Security							
Supp. Sec Income							
Unemployment							
Alimony							
Child Support							
VA Benefits							
Welfare or Public Assistance							
Recurring Gifts							
Lottery paid periodically							
Interest and/or dividends							
Severance Pay							
Pension/annuity							
Worker's Comp Disability Compensation							
Military Pay							
Other Income:							
Other Income:							

Total Gross Annual Income based on the monthly amounts listed above times 12	\$
Do you anticipate any changes in this income in the next 12 months? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
If yes, please explain:	

Rental History

Current Landlord	Address
Landlord's Phone #	Amount of Rent \$

Previous Landlord	Address
Previous Landlord's Phone #	Amount of Rent \$



Household Assets

Please indicate whether you or a member of your household has any of the assets listed below. Do NOT leave any blanks. If a section does not apply use N/A for the section. If you require additional forms because your assets exceed the space provided, please ask for one.

Cash On Hand

Household Member	Balance

Checking Accounts

Household Member	Acct #	Institution	Contact #

Savings Accounts

Household Member	Acct #	Institution	Contact #

Certificates of Deposit/Money Market Acct/Savings Bonds

Household Member	Acct #	Institution	Contact #

Stocks/Bonds/Mutual Funds

Name:	# of Shares	Interest of Dividends Paid	Value \$

IRA/Keogh/401K/ Lump Sum Lottery Winnings/ Life Insurance

Household Member/Acct No.	Cash Value

Do you own any real estate property? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, please explain
Type of Property:
Location of Property:

Have you disposed of any assets in the last 2 years? <input type="checkbox"/> Yes or <input type="checkbox"/> No
--



Credit References

	Name	Address	City, St, Zip	Acct #	Phone #
1					
2					
3					

Personal References (not related or employers)

	Name	Address	City, St, Zip	Relationship	Phone #
1					
2					
3					

Emergency Contacts

	Name	Address	City, St, Zip	Relationship	Phone #
1					
2					
3					

Please note: In the event the complex is designated specifically as housing for the elderly, a pet lease may be executed and an additional Pet Deposit is required.

All persons aged 18 and older must sign and date this document.

I/we hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/we further certify that this will be my/our permanent residence. I/we understand I/we must pay a Security Deposit prior to occupancy. I/we understand that my/our eligibility for housing will be based on applicable income limits and by management’s selections criteria. I/we certify that all information in this application is true and accurate to the best of my/our knowledge and I/we understand that false statements or false information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verifications related to my/our application for tenancy. I/we further certify that only those people listed on this application will occupy the dwelling, unless prior approval by Landlord is given.

Signature of Applicant

Date

Signature of Co - Applicant

Date

Signature of Other Person 18 or older

Date

I certify that I filled this application out for the applicant as a reasonable accommodation for his/her disability.

Signature

Date

Relationship (Friend, Relative, etc)

In accordance with Federal Law and HUD 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: Atlanta Regional Office of FHEO, US Dept of HUD, Five Points Plaza, 40 Marietta St, 16th Floor, Atlanta, GA 30303 or call 1-800-440-8091 or TTY – 404-730-2654

