



Deer Lick Apartments
 220 Carter
 Licking, MO 65542
 573-674-2455

RENTAL APPLICATION
 Date and Time Received _____



Please do not leave any items blank. If an item does not apply write N/A, None or O.
 All requested information must be provided before we can process your application.

Desired date of occupancy: _____

Number of bedrooms desired: 2 3

Do you request a special handicapped unit? Yes NO

PERSONAL INFORMATION

Applicants name: _____ Phone: _____

List ALL persons who will live in the apartment:

	Name	relationship to head	Marital Status M - married D- divorced S- single L-legal seperation E- estranged	Birth date	Age	S.S.#	student status yes/no
1		head					
2							
3							
4							
5							
6							

Do you anticipate any additions to the household within the next 12 months? Yes No

If yes explain:

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with faculty and students? Yes No

RESIDENCE HISTORY

Present Address: _____

Rent Own Amount of rent \$ _____ Reason for moving: _____
 Length of time at this address: _____

Current Landlord: Name _____ Phone _____
 Address _____

Prior Address: _____

Reason for moving: _____ Length of time at this address: _____
Prior Landlord: Name _____ Phone _____
Address _____

INCOME

List Income of all household members

_____	Employer _____	Phone _____
Household member		
	Position held _____	
	Monthly income \$ _____	
_____	Employer _____	Phone _____
Household member		
	Position held _____	
	Monthly income \$ _____	
_____	Employer _____	Phone _____
Household member		
	Position held _____	
	Monthly income \$ _____	

List any household member 18 years old or older that are non-employed:

1. _____
2. _____
3. _____

List any household member 18 years old or older that currently receives unemployment insurance:

1. _____
2. _____
3. _____

List any household member that is entitled to receive child support and the amount:

	Amount entitled to	Amount received
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____

List any household member that is entitled to receive Alimony and the amount:

	Amount entitled to	Amount received
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____

List any household member that receives Public Assistance, TANF and the amount:

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

List any household member that receives Social Security benefits, SSI, Disability and the amount:

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

List any household member that receives a Pension, Veterans Benefit and the amount:

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

Total gross annual income from previous year. \$ _____.

Do you anticipate any change in your income with in the next 12 months? Yes No

If yes explain:

ASSETS

If your assets are too numerous to list here please request an additional form.

Checking Accounts # _____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

Savings Accounts # _____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

Trust Account # _____ Bank _____ Balance \$ _____

CD's # _____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

Credit Union # _____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

Savings Bonds # _____ Maturity Date _____ Value \$ _____

_____ Maturity Date _____ Value \$ _____

Life Insurance Policy # _____ Cash Value \$ _____

_____ Cash Value \$ _____

Stocks Name: _____ Dividened Paid \$ _____ Value \$ _____

Bonds Name: _____ Dividened Paid \$ _____ Value \$ _____

Do you own any property Yes No

If yes: type of property _____ Appraised value \$ _____

Mortgage or outstanding loan balance due \$ _____

Have you sold / disposed of any property in the last 2 years? Yes No

If yes: type of property _____ Market value when sold \$ _____

Amount sold for \$ _____ Date of transaction _____

Do you have any other assets not listed above? Yes No

If yes please list: _____

Additional Information

Management reserves the right to reject applicants approval based on applicants prior criminal history.

Are you or any member of your household currently using an illegal substance? Yes No

Have you or any member of your household ever been involved in any type of Criminal activity? Yes No

Have you or any member of your household ever been convicted of a felony? Yes No

Is any member of this household required to register as a sex offender? Yes No

Have you or any member of your family ever been evicted from any housing? Yes No

Have you ever filed bankruptcy? Yes No

CERTIFICATION

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 for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

Authorization for the Release of Information/Privacy Act Notice

I/We consent to allow Ozark Properties to request and obtain/or release information pertinent to my/our eligibility for rental housing.

This information can be obtained from employer, law enforcement official (concerning drug and alcohol related activities and/or criminal activity) or any agency deemed necessary to verify housing eligibility information.

Household Member	soc.sec.#	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list your current phone number or a message number where you can be reached

YOUR PHONE _____

MESSAGE NUMBER _____

Please list an emergency contact below:

This should be someone that you would want contacted in the event of an emergency

name _____

address _____

phone _____

LIHTC/HUD - AUTHORIZATION FOR RELEASE OF INFORMATION

Property Name: _____ Property Number: _____
 Applicant/Resident: _____ Unit Number: _____

Please see the attached verification form. The referenced individual is applying/recertifying for residency at a community that is regulated by the LIHTC Tax Credit, HOME, and/or Tax-Exempt Bond Programs, which require that we obtain written confirmation of the projected annual gross earnings for the next twelve (12) months of all applicants/residents.

To comply with this regulation, we ask that you complete and return the attached verification via fax or mail at the shown number or address on the attached form. The information will be used solely for the determination of residency eligibility under the applicable program(s). We appreciate your timely response in completing this verification. If you have any questions regarding the needed information, please do not hesitate to telephone our Leasing Office, at _____.

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to _____, for purposes of verifying information on my/our housing rental application.

TERMS AND CONDITIONS

I/We understand that current or previous information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, assets, student status, medical or child care allowances and utility information. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued residency participation as a Qualified Resident.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Credit Bureaus
- Past and Present Employers
- State Unemployment Agencies
- Current and Previous Landlords
- Public Housing Agencies
- Support and Alimony Providers
- Welfare Agencies
- Educational Institutions
- Social Security Administration
- Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and Financial Institutions
- Utility Provider

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we will review and execute the Tenant Income Certification (Exhibit B) upon completion of qualification or on the initial move in date.

SIGNATURE

____/____/____
DATE

SIGNATURE

____/____/____
DATE

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a)(6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a)(6), (7) and (8).**"