



**Seminole Apartments**  
 892 S. Thayer Ave  
 West Plains, MO 65775  
 417-256-1595

**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
_____	_____/_____/_____	_____	_____/_____/_____
_____	_____/_____/_____	_____	_____/_____/_____
_____	_____/_____/_____	_____	_____/_____/_____
_____	_____/_____/_____	_____	_____/_____/_____
_____	_____/_____/_____	_____	_____/_____/_____

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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:*

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Credit Bureaus</li> <li>• Past and Present Employers</li> <li>• State Unemployment Agencies</li> <li>• Current and Previous Landlords</li> <li>• Public Housing Agencies</li> <li>• Support and Alimony Providers</li> <li>• Welfare Agencies</li> </ul> | <ul style="list-style-type: none"> <li>• Educational Institutions</li> <li>• Social Security Administration</li> <li>• Child Care Providers</li> <li>• Veterans Administration</li> <li>• Retirement Systems</li> <li>• Banks and Financial Institutions</li> <li>• Utility Provider</li> </ul> |
|---|---|

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).\*\*