

Aspen View Application Only!

Non-Subsidized Housing

\$800.00/Month, All Utilities Included

2Bedroom, 1 Bath, 840 sq. ft.

Vouchers Accepted

PHA Rep. Initials: _____

[illegible]

Part B: Income

List all income expected for next 12 months for everyone in the household.

Income Type	Name	Source of income	Amount \$\$\$ & How Often?
Wage #1			\$
Wage #2			\$
Self-Employment			\$
Unemployment			\$
Workers Compensation			\$
Pension or Retirement			\$
Social Security #1			\$
Social Security #2			\$
SSI or SSDI Disability Comp. #1			\$
SSI or SSDI Disability Comp. #2			\$
State SSI #1 (\$42.00)			\$
State SSI #2 (\$42.00)			\$
Child Support			\$
Alimony			\$
Military Income			\$
Income from Rental Property			\$
Regular Cash Gifts or Contributions			\$
TANF/ FIP Grant			\$
Financial Aid			\$
Other Income			\$

Will you be receiving or using any rental assistance? ☐ Yes ☐ No

Source of Assistance or Program? _____ How much? \$ _____

Part C: Assets

List all assets or income received from assets for everyone living in the household.

Asset Type	Name	Name of Bank or Financial Institution	Market Value
Checking Account #1			\$
Checking Account #2			\$
Savings Account #1			\$
Savings Account #2			\$
Certificate of Deposit			\$
Stocks of Bonds			\$
Trusts			\$
Pension Funds			\$
Real Estate			\$
Insurance Settlements			\$
Other Assets			\$

Part D: Background Information

1. Has any household member been arrested, charged, or convicted for any of the following?

Violent criminal activity? ☐ Yes ☐ No If yes, explain: _____

Alcohol related activity? ☐ Yes ☐ No If yes, explain: _____

Manufacture of Methamphetamines? ☐ Yes ☐ No

If yes, list name/ date/ disposition of case: _____

Possession, sale, or distribution of illegal drugs? ☐ Yes ☐ No

If yes, list name/ date/ disposition of case: _____

2. List all household members that are required to register as a lifetime sex offender.

If required to report, list the Probation/ Parole Officer's name and phone number.

Part E: Rental History

Current Landlord Information

Current Residence/ Rental Unit: _____

Address: _____ City: _____ State: _____ Zip: _____

Household currently: ☐ Owns ☐ Rents ☐ Other

Length of time at this residence: From _____ To _____

Monthly Rental Rate: _____

☐ Were you evicted or asked to move

☐ Were you ever late paying rent

Landlord/ Rental Company Name: _____

Landlord/ Rental Company Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Previous Landlord Information

Previous Residence/ Rental Unit: _____

Address: _____ City: _____ State: _____ Zip: _____

Household previously: ☐ Owns ☐ Rents ☐ Other

Length of time at this residence: From _____ To _____

Monthly Rental Rate: _____

☐ Were you evicted or asked to move

☐ Were you ever late paying rent

Landlord/ Rental Company Name: _____

Landlord/ Rental Company Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Previous Landlord Information

Previous Residence/ Rental Unit: _____

Address: _____ City: _____ State: _____ Zip: _____

Household previously: ☐ Owns ☐ Rents ☐ Other

Length of time at this residence: From _____ To _____

Monthly Rental Rate: _____

☐ Were you evicted or asked to move

☐ Were you ever late paying rent

Landlord/ Rental Company Name: _____

Landlord/ Rental Company Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Part E: Rental History cont.

1. Do you currently own your home? ☐ Yes ☐ No

2. Have you ever been evicted or removed from rental housing? ☐ Yes ☐ No

If yes, please explain: _____

3. If you accept an apartment here, will this be your only residence? ☐ Yes ☐ No

4. Are you or will you be the recipient of a housing voucher? ☐ Yes ☐ No

If yes, provide the agency source: _____

5. Are you currently living with family and do not have any rental history? ☐ Yes ☐ No

6. Has any household member lived in Public Housing or participated in the Section 8 Housing Assistance Program after reaching the age of 18 years old? ☐ Yes ☐ No

Housing agency name: _____

Housing agency address: _____

City: _____ State: _____ Zip: _____

Length of time at this agency: From: _____ To: _____

☐ Were you evicted or asked to move

☐ Were you ever late paying rent

Do you owe money to the Housing Agency?

☐ Yes ☐ No

Comments: _____

Part F: Misc. Information

List two (2) personal references (NOT related to you through blood or marriage) who have knowledge of your ability and willingness to abide by a lease agreement.

Name	Phone #	How long have you know them?
1.		
2.		

List all vehicles that the household members will park on PHA property.

Max one (1) reserved space per household.

Year	Make	Model	Color	License Plate #
1.				
2.				

Part F: Misc. Information cont.

1. Will the number of household members change in the next 12 months? ☐ Yes ☐ No
2. Do you require an apartment with accessibility features? ☐ Yes ☐ No
3. Do you have any pets? ☐ Yes ☐ No

How many? _____ What kind? _____

Acknowledgment and Signatures

I certify that all of the information on this application is true and correct to the best of my knowledge and belief. Inquires may be made to verify this information. Falsification of any information will result in automatic rejection of my application. I understand that a background investigation and a consumer credit report will be ordered and performed using a crime data report issued by Background Screeners of America and by the Mt. Pleasant City Police Department, on all household members that are 18 years of age or older. I understand that this information will be reviewed and used in determining qualification for tenancy initiated by this application. If the application is approved, resident expressly authorizes Owner or Owners Agent (including a collection agency) to obtain resident's consumer credit report, which the Owner or Owner's Agent may use if attempting to collect past due rent payments, late fees, or other charges from resident, both during the term of the lease and thereafter. No tenancy is created by the signing of this application. The Standard lease is required to be executed prior to occupancy.

I certify that the rental unit, which I/ we will occupy, will be my/ our permanent and sole residence and will not sublease without permission from the Owner/ Landlord. I/ we further certify that I/ we do not and will not maintain a sperate subsidized rental unit in a different location.

Applicant: [signature] _____ **Date** _____

[print] _____

Applicant: [signature] _____ **Date** _____

[print] _____

Applicant: [signature] _____ **Date** _____

[print] _____

Applicant: [signature] _____ **Date** _____

[print] _____



Authorization for Release of Information

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Mt. Pleasant Housing Commission any information or materials needed to complete and verify my application for participation, and/or to maintain my residency. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Mt. Pleasant Housing Commission in administering and enforcing leasing rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income, and Assets
Residences and Rental Activity	Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued residency.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on leasing requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administration
Courts and Post Offices	Welfare Agencies	Retirement Systems
Schools and Colleges	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies	Social Security Administration	Credit providers and Credit Bureaus
	Utility Companies	Support and Alimony Providers

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. The Mt. Pleasant Housing Commission may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>	
Head of Household:	_____	_____	Date: _____
Spouse:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____

CRIMINAL HISTORY BACKGROUND CHECK
Mt. Pleasant Housing Commission

Housing Commissions are authorized under Section 9(b) of Public Law 104-120 signed 03/28/1996 to obtain national criminal history records of adult applicants for, or tenant of, public housing for purposes of applicant screening, lease enforcement, and eviction. (24 CFR Part 5, Subpart J)

Criminal history background checks will be run for drug-related activity, violent criminal activity including sex crimes, and alcohol related criminal activity. If any state or national history is revealed in this search, the specific information will be verified for the Mt. Pleasant Housing Commission by the State, the FBI and/or NCIC. If records are revealed, applicant/tenant may be required to submit fingerprints for positive identification of records. Failure to submit fingerprints when a possible match has been made is grounds for immediate termination of the application process or dwelling lease.

Applicant/Tenant authorizes criminal history checks for all adult household members during both the application process and during occupancy by signing the original application for housing or continued occupancy without requirement of future signatures, releases, or additional authorization. Failure to provide authorization is grounds for denial of application. I hereby agree, release, and hold harmless any local law enforcement agency to complete a background check on me.

NAME: _____
Last First Middle

Maiden or other names used

SOCIAL SECURITY NUMBER: _____ - _____ - _____

ID # and State _____

Address: _____
Street Address

City State Zip

Date of Birth: _____ / _____ / _____
mm/dd/yyyy

Race: _____ **Sex:** _____

Signature: _____ **Date:** _____
Applicant/Tenant mm/dd/yyyy

DO NOT WRITE BELOW THIS LINE

For the Above-Named Person:

Criminal Record Yes _____ No _____

City Police Department Representative _____ Date _____

Registered Sex Offender Yes _____ No _____

Occupancy Specialist _____ Date _____

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NAME: _____
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SOCIAL SECURITY NUMBER: _____ - _____ - _____

ID # and State: _____

Address: _____
Street Address

City State Zip

Date of Birth: _____ / _____ / _____
mm/dd/yyyy

Race: _____ **Sex:** _____

Signature: _____ **Date:** _____
Applicant/Tenant mm/dd/yyyy

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