

NOTICE TO APPLICANTS

THIS APPLICATION IS FOR RIDGE MANOR APARTMENTS

2104 Wolf Ridge Road

or

3326 Anton Street

(251) 452-2615 or 456-3324

****PLEASE NOTE****

**YOU MUST BE ELDERLY OR DISABLED TO
APPLY. THE COMPLEX CONSIST OF
(1) ONE OR (2) TWO BEDROOM UNITS.**

- COPY OF BIRTH CERTIFICATE**
- COPY OF SOCIAL SECURITY CARD**
- COPY OF PICTURE I D**



REVISED 8/06

HOUSING AUTHORITY OF THE CITY OF PRICHARD, ALABAMA

RENTAL APPLICATION

DATE: _____

TIME: _____

PROPERTY NAME: _____

A. APPLICANT

NAME: _____ SOCIAL SECURITY # _____

CURRENT ADDRESS _____ APT. NO. _____

CITY, STATE, ZIP: _____ CURRENT RENTS _____

HOME PHONE# _____ WORK PHONE# _____

DO YOU PAY THE UTILITIES? _____ AVERAGE PER MONTH \$ _____

B. FAMILY OR HOUSEHOLD COMPOSITION

(LIST HEAD OF HOUSEHOLD AND ALL OTHER MEMBERS, WHICH WILL OCCUPY THE APARTMENT YOU, ARE APPLYING FOR.)

	MEMBERS FULL NAME				
	AGE	SEX	SOCIAL SECURITY#	RELATIONSHIP	DOB
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

IS THERE ANY MEMBER 18 OR OLDER THAT IS A FULL TIME STUDENT? _____ YES
_____ NO IF YES, WHO _____
SCHOOL ATTENDING _____

DOES ANYONE CURRENTLY LIVE WITH YOU NOT LISTED ABOVE? _____ YES _____ NO
IF YES, EXPLAIN _____

DO YOU PLAN TO HAVE ANYONE LIVING WITH YOU IN THE FUTURE WHO IS NOT LISTED
ABOVE: _____ YES _____ NO. IF YES, EXPLAIN _____

IS ANY MEMBER OF YOUR HOUSEHOLD HANDICAPPED/DISABLED? _____ YES _____ NO
IF YES, EXPLAIN _____

DOES THIS PERSON/PERSONS REQUIRE SPECIAL HOUSING NEEDS? _____ YES _____ NO
IF YES, EXPLAIN _____

FORMER LANDLORD NAME: _____ PHONE# _____
ADDRESS: _____
FROM: _____ TO _____ AMOUNT OF RENTAL PAYMENT _____
YOUR PREVIOUS ADDRESS _____

D. REFERENCES (CHARACTER: NOT RELATED, MUST BE ABLE TO CONTACT DURING BUSINESS HOURS)

1) NAME: _____ 2) _____ 3) _____
ADDRESS: _____
PHONE: _____

E. CREDIT INFORMATION (INCLUDE CREDIT CARD ACCOUNTS, BANKS, FINANCE COMPANIES. ETC.)

	(1)	(2)	(3)
NAME:	_____	_____	_____
ADDRESS:	_____	_____	_____
PHONE:	_____	_____	_____
ACCT. NO.	_____	_____	_____

DO YOU OWN A CAR?

MAKE _____ MODEL _____ YEAR _____
IS CAR FINANCED? _____ IF SO, INDICATE AMOUNT FINANCED\$ _____
BANK NAME/FINANCE COMPANY: _____
BANK/FINANCE COMPANY ADDRESS: _____

ACCOUNT NUMBER _____ AMOUNT OF MONTHLY PAYMENTS\$ _____
DRIVERS LICENSE NO.: _____ STATE _____ EXPIRATIONDATE _____

F. SOURCE (S) OF INCOME

LIST ALL INCOME SOURCES. THIS INCLUDES, BUT IS NOT LIMITEDS TO, FULL AND/OR PART-TIME EMPLOYMENT. ALL INCOME FROM WELFARE AGENCIES, SOCIAL SECURITY, PENSION, SSI, DISABILITY, ARMED FORCES RESERVES, UNEMPLOYMENT COMPENSATION, CHILD CARE, ALIMONY, CHILD SUPPORT, SCHOLARSHIPS AND GRANTS, CONTRACT FOR DEED, INTEREST ON ASSETS, DIVIDENDS, ANNUITIES, AND REGULAR CONTRIBUTIONS FROM PEOPLE NOT RESIDING WITH YOU.

PLEASE CHECK THE APPLICABLE INCOME SOURCE (S) AND INDICATE NAME, ADDRESS, TELEPHONE NUMBER:

_____ EMPLOYMENT: NAME _____ TELEPHONE NO. _____
ADDRESS _____
ANNUAL GROSS INCOME TO YOU _____

_____ EMPLOYMENT: NAME _____ TELEPHONE NO. _____
ADDRESS _____
ANNUAL GROSS INCOME TO YOU _____

_____ MILITARY: NAME _____ TELEPHONE NO. _____
ADDRESS _____
ANNUAL GROSS INCOME TO YOU _____

_____ PENSION/
ASSISTANCE NAME _____ TELEPHONE NO. _____
ADDRESS _____
ANNUAL GROSS INCOME TO YOU _____

_____ UNEMPLOYMENT: NAME _____ TELEPHONE NO. _____
ADDRESS _____

_____ VETERANS DISABILITY	ANNUAL GROSS INCOME TO YOU _____ NAME _____ TELEPHONE NO. _____ ADDRESS _____ ANNUAL GROSS INCOME TO YOU _____
_____ SOCIAL SECURITY	NAME _____ TELEPHONE NO. _____ ADDRESS _____ ANNUAL GROSS INCOME TO YOU _____
_____ OTHER	NAME _____ TELEPHONE NO. _____ ADDRESS _____ ANNUAL GROSS INCOME TO YOU _____
_____ OTHER	NAME _____ TELEPHONE NO. _____ ADDRESS _____ ANNUAL GROSS INCOME TO YOU _____

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS. FOR EACH (YES) ANSWER, PROVIDE ACCURATE INFORMATION IN SPACE PROVIDED: YES NO

1. DOES ANY MEMBER OF YOUR FAMILY WORK FOR SOMEONE WHO PAYS THEM IN CASH? _____
2. IS ANY MEMBER OF YOUR HOUSEHOLD ON A LEAVE OF ABSENCE FROM WORK DUE TO LAYOFF, MEDICAL, MATERNITY, OR MILITARY LEAVE? _____
3. IS ANY MEMBER OF YOUR FAMILY RESIDING, OR NOT RESIDING IN YOUR HOUSEHOLD, NOW RECEIVING MILITARY PAY AND/OR MILITARY LEAVE? _____
4. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE SUPPORT? _____
5. IS ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO CHILD SUPPORT THAT HE/SHE IS NOT RECEIVING? _____
6. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE ALIMONY? _____
7. IS ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO ALIMONY PAYMENTS THAT HE/SHE IS NOT RECEIVING? _____
8. DOES ANY MEMBER OF YOUR FAMILY/HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE INCOME FROM A PENSION OR ANNUITY? _____
9. DOES ANY MEMBER OF YOUR FAMILY/HOUSEHOLD RECEIVE REGULAR CASH CONTRIBUTIONS FROM INDIVIDUALS NOT LIVING IN THE UNIT, OR FROM AGENCIES? _____

G: NET FAMILY ASSETS

_____ CHECKING ACCOUNT: NAME OF BANK _____
 ADDRESS _____
 ACCOUNT NUMBER _____ IS ACCOUNT INTEREST BEARING? _____
 CURRENT BALANCE: _____

_____ SAVINGS ACCOUNT: NAME OF BANK _____
 ADDRESS _____
 ACCOUNT NUMBER _____ IS ACCOUNT INTEREST BEARING? _____
 CURRENT BALANCE: _____

J. MEDICAL EXPENSES (TO BE COMPLETED ONLY IF HEAD OF HOUSEHOLD OR SPOUSE IS 62 OR OLDER, DISABLED, OR HANDICAPPED.)

DO YOU HAVE MEDICARE? _____ DO YOU HAVE OTHER MEDICAL INSURANCE? _____ IF YES,
INDICATE NAME _____ POLICY NUMBER _____

WHAT IS YOUR DISABILITY OR ILLNESS? _____

DOES MEDICAL ASSISTANCE PAY YOUR DOCTOR AND DRUG BILLS? _____

ARE YOU RECEIVING MEDICAL ASSISTANCE THROUGH WELFARE? _____

IF YOU PAY ANY PORTION OF THE MEDICAL/DRUG COSTS YOU SHOULD SUPPLY US WITH THE BILLS AND THE RECORDS OF WHAT EXPENSES YOU HAVE INCURRED.

IF YOUR MEDICAL CONDITION IS PERMANENT AND YOU WILL ROUTINELY HAVE MEDICAL EXPENSES THAT ARE NOT COVERED BY MEDICARE, MEDICAID OR MEDICAL INSURANCE. PLEASE INDICATE THE TYPE OF MEDICAL EXPENSE, THE FREQUENCY OF THE EXPENSE, AND THE AMOUNT OF THE EXPENSE:

TYPE _____	FREQUENCY _____	AMOUNT _____
TYPE _____	FREQUENCY _____	AMOUNT _____
TYPE _____	FREQUENCY _____	AMOUNT _____

DO YOU UNDERSTAND THAT ALL INCOME ASSETS AND EXPENSES MUST BE VERIFIED?
_____ YES _____ NO

DO YOU UNDERSTAND THAT YOU ARE RESPONSIBLE TO REPORT ALL INCOME OF HOUSEHOLD?
_____ YES _____ NO

DO YOU UNDERSTAND THAT YOU ARE TO REPORT ANY CHANGES IN INCOME OR EXPENSES TO THE OFFICE AS SOON AS THEY OCCUR? _____ YES _____ NO

FOR OFFICE USE ONLY

CREDIT VERIFICATION

CREDIT BUREAU _____ DATE OF FILE _____ CONTACT _____ WRITTEN REPORT REQUESTED
_____ YES _____ NO

KIND OF BUSINESS _____ DATE ACCT _____ DATE OF HIGHEST AMOUNT AMOUNT MANNER OF
OPENED _____ LAST SALE CREDIT OWED PAST DUE PAYMENT

CREDIT APPROVAL: _____ APPROVED _____ DISAPPROVED (ATTACH COPY OF CREDIT REPORT)

IF DISAPPROVED, STATE REASON: _____

PERFORMED BY: _____ DATE _____

EMPLOYMENT VERIFIED? _____ YES _____ NO

CONTACT: _____ DATE _____

SPOUSE EMPLOYMENT VERIFICATION? _____ YES _____ NO

CONTACT: _____ DATE _____

FORMER RESIDENCY VERIFICATION? _____ YES _____ NO

CONTACT: _____ DATE _____

COMMENTS: _____

PENALTIES FOR SUBMITTING FALSE INFORMATION: If the Resident deliberately submits false information regarding income, family composition or other data on which the Resident's eligibility is determined. Management may, with HUD approval require Resident to pay the higher, HUD-approved market rent for as long as Resident remains in the Property. In addition, Resident could become subject to penalties available under Federal law. Those penalties include fines up to 10,000 and imprisonment for up to five years.

HEAD

CO HEAD

APPLICANT

DATE