<b>IMPORTANT:</b> Only applications submitted to the	
appropriate address below will be accepted	



For Office Use Only:					
Application #					
Date Received					
Time Received					

## Please read carefully!

All questions must be answered or your application will not be accepted. Incomplete applications will not be considered for occupancy. If something does not apply, write N/A. If more space is required, please attach an additional sheet to the application.

N/A. If r	more space is r	required, plea	ise atta	ch an additional	sheet to the applica	ation.	
		Section	on 1:	Applicant Co	ontact Informa	ition	
1) App	licant Name: _						
2) App	licant Physical	Address:					
3) App	licant Mailing A	Address:					
4) App	licant Telepho	ne Number: (	)		Alternate Teleph	none: ()	
5) If we	e are unable to	reach you o	in cas	e of an emergen	cy who should we	contact?	
6) Add	ress:				Геlephone: (	)	
			\	0. 11	ald Marris and		
			ectic	on 2: Housen	old Members		
7) List	t all household	members be	low beg	ginning with prima	ary applicant. Inclu	de any live-in	care attendants.
Full N	ame	Date of Birth	Sex	Social Security Number	Driver's License Number/ State	Full- Time Student? Yes/No	Relationship to Applicant
							Self/Head Of Household
•	Have any hous to comply with					lsing program	for fraud or failure
2)	Have any hous	sehold memb	ers eve	r been evicted?	Yes No		
3) \	What size apa	rtment are yo	u intere	ested in?			
	Studio	One Bed	room	i Two Bedro	om Three B	edroom [	Four Bedroom

	Vould anyone in your household benefit from a unit modified to accommodate a person with a isability?  Yes No If yes, please make a selection below  Mobility Impaired Visually Impaired Hearing Impaired						
Do you request an adjustment to income for elderly or handicapped/disabled? Yes No							
Does anyone in your household posess a current Seciton 8 Voucher or other rental subsidy?  Yes No If yes, what kind?							
7) Has anyone in your household ever been convicted of a crime and/or subject to lifetime state sex offender registration? Yes No							
List	all States in v	vhich you or	other household m	nembers have lived	d:		
			Section 3: R	ental History			
		all prior resid	dence information	for the past five (5	) years starting with your current		
l	Date To	Residence	e Address	Landlord Name	Landlord Mailing Address & Telephone		
		Section	4: Household	Financial Info	ormation		
care	of dependen	t children ar	nd the source of the		•		
lousehold Member Name			Gross Annual Income		Income Source		
	Do y  Doe:  Has offer  List a  Plea resid	Do you request a  Does anyone in your offender registration  List all States in your residence.  Date To  List below the ground and the care of depender Attach additional	disability? Yes No Mobility Impaired  Do you request an adjustment Does anyone in your household offender registration? Yes List all States in which you or Please list below all prior residence.  Date To Residence  Section  List below the gross (pre-tax) care of dependent children ar Attach additional sheets if necession.	disability? Yes No If yes, please m Visually Impaired  Do you request an adjustment to income for elder to be anyone in your household posess a currer Yes No If yes, what kind?  Has anyone in your household ever been convict offender registration? Yes No  List all States in which you or other household m Section 3: R  Please list below all prior residence information residence.  Date To Residence Address  Section 4: Household  List below the gross (pre-tax) income for each hear of dependent children and the source of the Attach additional sheets if necessary.	disability? Yes No If yes, please make a selection be Visually Impaired Hearing  Do you request an adjustment to income for elderly or handicapper  Does anyone in your household posess a current Seciton 8 Vouch Yes No If yes, what kind?  Has anyone in your household ever been convicted of a crime and offender registration? Yes No  List all States in which you or other household members have lived Section 3: Rental History  Please list below all prior residence information for the past five (5 residence.  Date To Residence Address Landlord Name  Section 4: Household Financial Info Name  List below the gross (pre-tax) income for each household member care of dependent children and the source of the income. Please at Attach additional sheets if necessary.		

11) List below all assets (checking, savings, retirement, etc.) for each household member. Include assets held in trust for dependent children and any cash on hand. Attach additional sheets if necessary.

held in trust for dependen	t children and any cash	on hand. Attach addi	tional sheets if necessary.		
Household Member Name	Type of asset	Value of Asset	Cost to dispose of asset		
12) Has any me nbe of your (2) years? Yes			fair market value in the past two		
	Section 5: Applica	nt Certification	1		
I declare under penalty of perjury application and any information of best of my knowledge. Additional borrower, and all applicable entition rejections of this application and, acknowledge that acceptance of acceptance of my household to the assistance. Furthermore, I agree	or documents offered in solly, I consent the release ies. I acknowledge that farmay constitute a crimination and place the property in which I ha	upport of this application of wage matching dataset information here all offence under the lement on a waiting live applied nor does	ate to RHS, HUD, CTCAC, the ein may constitute grounds for aws of this State. I further st does not guarantee it guarantee availability of rental		
pplicant Signature: Date:					
Co-Applicant Signature:		Dat	e:		
Co-Applicant Signature:		Dat	e:		
Co-Applicant Signature:		Dat	e:		
The information regarding race, ethnithe Federal Government acting throutenant application on the basis of ract with. You are not required to furnish the evaluating your application or to discovered to note the race, ethnicity, a	igh Rural Housing Service to be, color, national origin, relithis information, but are end riminate against you in any	hat the Federal laws pr gion, sex, familial statu couraged to do so. This way. However, if you c	ohibiting discrimination against s, age, and disability are complied information will not be used in hoose not to furnish it, the owner is		
Please make a selection below fr	om the Race and Ethnic	ity categories below:			
(Please select one)					
Ethnicity: Hispanic o	r Latino Not	Hispanic or latino			
(Please select all that apply)					
Race: American	Indian or Alaskan Native	Asian	Black or African American		
Native Hav	vaiian or Other Pacific Is	lander Whi	ite		

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