

Dear Applicant:

Thank you for your interest in our apartment community. Below please find additional information that is useful in understanding the application process.

NOTE: This property may be a non-smoking facility in accordance with notice H2010-21 issued by the US Department of Housing and Urban Development (HUD) on September 15, 2010. If this property is designated Smoke Free, smoking is not permitted within the premises or in any apartment dwelling at any time. The rules and regulations are amended to reflect this policy.

1. Complete the attached Application, Income and Expense Questionnaire, Contact Information Supplement to Application (HUD-92006), Student Questionnaire and the Special Unit Requirement Questionnaire and Working Preference Rule **in full**. Please complete in ink, not pencil, and do not use correction tape or fluid. If an error is made, please strike through and initial the correction. A complete mailing address and working phone number are required for correspondence. All applicants 18 or older must sign the application and complete the Student Questionnaire. The waiting period varies, however applicants will be contacted periodically to determine if they want to stay on the list. Make sure to report any changes in address, phone number, income or family size to the rental office, if they occur before contact is made for processing the application. **Please make sure that you have completed all sections of the application or write "N/A" in any box that does not pertain to you.**
2. Applicants will be contacted once their name gets to the top of the list. The contact is usually by mail. The contact letter will give a deadline date to respond. **If you do not respond, your application will be removed from the waiting list.** The letter will ask you to call the rental office for an interview date at which time management will process all background checks including credit, criminal, sex offender and landlord. Income, family size, and expenses will also be verified at this time. Prior to move in, all family members must provide documentation of Social Security Number. Documentation can include an original Social Security Card, a valid Driver's License with SSN OR ITIN, an ID card issued by a federal, state, or local agency, a medical insurance provider, or an employer or trade union, earnings statements or payroll stubs, bank statements, Form 1099, Benefit Award letters, Retirement Benefit letters, Life Insurance Policies, or Court Records. **You will need to furnish birth certificates and social security cards for each family member at the interview.**
3. If your application is approved, you will be informed as to the amount of security deposit and rent required. The security deposit and first month's rent are due on move-in day. Utilities must be connected in the applicant's name on or before move-in day. The utility companies will most likely require deposits and the applicant should contact them directly for amounts. **Keys for the apartment will not be issued without proof of utilities in your name.**

Westminster Company appreciates your interest in our community and look forward to receiving your application. This institution is an equal opportunity provider and employer.

IMPORTANT – Please visit our website at www.westminstercompany.com and navigate to apartments search. This will show a complete list of properties. The website will provide general information about the property, contact information for site staff, and how to apply for an apartment online. If you complete handwritten documents, they **MUST be returned directly to the property (or properties) that you are interested in or you may email, fax or mail.**





Site Name:
Site Address:
City, State, Zip:

Phone Number:

RENTAL APPLICATION-Subsidy Properties Only

PLEASE FILL OUT THIS APPLICATION COMPLETELY. ALL BLANKS MUST BE FILLED IN BEFORE THE APPLICATION WILL BE CONSIDERED COMPLETE AND CAN BE PROCESSED FOR ELIGIBILITY. IF THE BLANK DOES NOT APPLY TO YOUR SITUATION PUT N/A IN THE BLANK.

HEAD OF HOUSEHOLD LEGAL NAME (First, Middle Initial, Last)		E-MAIL		PHONE NUMBER	
STREET ADDRESS			CITY		STATE ZIP
MAILING ADDRESS, IF DIFFERENT			CITY		STATE ZIP
PREFERRED METHOD OF CONTACT:					
CURRENTLY <input type="checkbox"/> RENT <input type="checkbox"/> OWN		DATES OF RESIDENCY		REASON FOR MOVING	
CURRENT LANDLORD NAME		LANDLORD PHONE		CURRENT LANDLORD ADDRESS, CITY, STATE, ZIP	
IF BEING ADDED TO A CURRENT HOUSEHOLD, PLEASE LIST CURRENT RESIDENT'S NAME HERE					
PREVIOUS LANDLORD					
PREVIOUS LANDLORD NAME		PREVIOUS LANDLORD PHONE #		PREVIOUS LANDLORD ADDRESS	
HOUSEHOLD COMPOSITION					
LIST ALL PERSONS WHO WISH TO RESIDE IN YOUR UNIT					
IF YOU HAVE NO SOCIAL SECURITY NUMBER, YOU CLAIM YOU ARE EXEMPT BECAUSE (CHECK ONE):					
<input type="checkbox"/> YOU ARE AN INELIGIBLE NON-CITIZEN <input type="checkbox"/> YOU WERE 62 AS OF 1/31/10 AND RECEIVING HUD HOUSING ASSISTANCE AS OF 1/31/10					
HEAD OF HOUSEHOLD FULL NAME		SOCIAL SECURITY NUMBER		US CITIZEN	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
		SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> WISH TO NOT DISCLOSE		DRIVER'S LICENSE or STATE ID#	
				STATE of ISSUE:	
NAME		SOCIAL SECURITY NUMBER		US CITIZEN	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
		SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> WISH TO NOT DISCLOSE		DRIVER'S LICENSE or STATE ID#	
RELATION:				STATE OF ISSUE:	



NAME	SOCIAL SECURITY NUMBER	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE or STATE ID #	BIRTHDATE
RELATION:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> WISH TO NOT DISCLOSE		STATE OF ISSUE:	
NAME	SOCIAL SECURITY NUMBER	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE or STATE ID #	BIRTHDATE
RELATION:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> WISH TO NOT DISCLOSE		STATE OF ISSUE:	
NAME	SOCIAL SECURITY NUMBER	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE or STATE ID #	BIRTHDATE
RELATION:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> WISH TO NOT DISCLOSE		STATE OF ISSUE:	
NAME	SOCIAL SECURITY NUMBER	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE or STATE ID #	BIRTHDATE
RELATION:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> WISH TO NOT DISCLOSE		STATE OF ISSUE:	
NAME	SOCIAL SECURITY NUMBER	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE or STATE ID #	BIRTHDATE
RELATION:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> WISH TO NOT DISCLOSE		STATE OF ISSUE:	
NAME	SOCIAL SECURITY NUMBER	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE or STATE ID #	BIRTHDATE
RELATION:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> WISH TO NOT DISCLOSE		STATE OF ISSUE:	

SOURCES OF INCOME: Employer or other sources of income (Unemployment, Welfare, General Assistance, Social Security, Pension, Etc.) You must include ALL family members, regardless of age

MEMBER NAME	SOURCE OF INCOME:	ANNUAL GROSS INCOME \$
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MEMBER NAME	SOURCE OF INCOME:	ANNUAL GROSS INCOME \$



ASSET INFORMATION: List all assets (Checking, Savings, IRA, CD, stocks, bonds, real estate, etc.) of ALL family members.

MEMBER NAME	TYPE OF ACCOUNT:	BALANCE \$
MEMBER NAME	TYPE OF ACCOUNT:	BALANCE \$
MEMBER NAME	TYPE OF ACCOUNT:	BALANCE \$
<input type="checkbox"/> WHOLE LIFE INSURANCE <input type="checkbox"/> TERM INSURANCE <input type="checkbox"/> NO LIFE INSURANCE CASH VALUE \$ _____		REAL PROPERTY: DO YOU OWN ANY PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO MARKET VALUE IF YES: IF YES, TYPE OF PROPERTY:
HAVE YOU SOLD/DISPOSED OF ANY PROPERTY/ASSETS IN THE LAST 2 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, TYPE OF PROPERTY/ASSETS:		DATE SOLD/DISPOSED OF:

PREFERENCES: THE QUALITY HOUSING AND WORK RESPONSIBILITY ACT OF 1998 (QHWRA), GIVES ADMISSION PREFERENCES IN CERTAIN CIRCUMSTANCES. PLEASE CHECK ALL OF THE FOLLOWING THAT APPLY TO YOUR HOUSEHOLD:

- WORKING:** HEAD OF HOUSEHOLD, CO-HEAD OR SPOUSE ARE EMPLOYED AT LEAST 25 HOURS PER WEEK, AND HAVE BEEN FOR AT LEAST 6 CONSECUTIVE MONTHS. THERE CAN BE NO MORE THAN A 30-DAY LAPSE BETWEEN EMPLOYERS. IN THE EVENT OF A LAPSE, EMPLOYMENT WILL BE VERIFIED BY BOTH THE CURRENT AND FORMER EMPLOYERS. PROOF IN THE FORM OF CHECK STUBS, LETTER FROM EMPLOYER ON COMPANY LETTERHEAD, INCOME VERIFICATION, OR OTHER REQUESTED AS NEEDED MUST BE RECEIVED PRIOR TO ASSIGNING THE "WORKING FAMILY" PREFERENCE. YOUR PREFERENCE WILL BE UPDATED EFFECTIVE THE DATE VERIFIED PROOF IS RECEIVED.
- ELDERLY:** THE HEAD OF HOUSEHOLD, CO-HEAD OR SPOUSE IS 62 YEARS OF AGE OR OLDER; PROOF OF AGE MUST BE PROVIDED PRIOR TO ASSIGNING PREFERENCE.
- DISABLED:** THE HEAD OF HOUSEHOLD, CO-HEAD OR SPOUSE GET STATE OR FEDERAL BENEFIT PAYMENTS DUE TO BEING UNABLE TO WORK (INCLUDING SOCIAL SECURITY DISABILITY BENEFITS AND SUPPLEMENTAL SECURITY INCOME DISABILITY BENEFITS). PROOF IN THE FORM OF A CURRENT INCOME LETTER FROM THE SOCIAL SECURITY ADMINISTRATION MUST BE RECEIVED PRIOR TO ASSIGNING PREFERENCE;
- I DO NOT QUALIFY FOR ANY OF THE ABOVE PREFERENCES.**

GENERAL INFORMATION

WHEN REQUESTED, MODIFICATIONS TO DWELLING UNITS AND COMMON AREAS MAY BE PROVIDED AS A REASONABLE ACCOMMODATION TO TENANTS OR APPLICANTS WITH A DISABILITY.

PLEASE CHECK ALL THAT APPLY. DO YOU, OR A HOUSEHOLD MEMBER HAVE A CONDITION THAT REQUIRES:

- | | | | |
|--------------------------|---|--------------------------|---------------------------|
| <input type="checkbox"/> | PHYSICAL MODIFICATIONS TO A TYPICAL APARTMENT | <input type="checkbox"/> | UNIT FOR VISION-IMPAIRED |
| <input type="checkbox"/> | A SEPARATE BEDROOM | <input type="checkbox"/> | UNIT FOR HEARING-IMPAIRED |
| <input type="checkbox"/> | A BARRIER-FREE APARTMENT | <input type="checkbox"/> | BR/BATH ON 1ST FLOOR |
| <input type="checkbox"/> | ONE-LEVEL UNIT | | |

WILL YOU OR A HOUSEHOLD MEMBER REQUIRE A LIVE-IN AIDE TO ASSIST YOU?

- YES NO

HOW DID YOU HEAR ABOUT THIS PROPERTY? _____

PRIMARY LANGUAGE SPOKEN IN HOME: _____



1. YES NO WILL THE UNIT YOU ARE APPLYING FOR BE YOUR PERMANENT RESIDENCE AND DO YOU AGREE NOT TO MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT?
2. YES NO HAVE YOU BEEN DISPLACED BY GOVERNMENT ACTION OR A PRESIDENTIALLY DECLARED DISASTER?
3. YES NO ARE YOU CURRENTLY ENROLLED AS EITHER A PART-TIME OR FULL-TIME STUDENT AT AN INSTITUTION OF HIGHER EDUCATION TO OBTAIN A CERTIFICATE, DEGREE OR OTHER PROGRAM LEADING TO A RECOGNIZED CREDENTIAL?
4. YES NO ARE YOU OR ANY HOUSEHOLD MEMBER A CURRENT OR FORMER MEMBER OF THE UNITED STATES MILITARY?
IF YES, WHICH BRANCH? _____
5. YES NO ARE YOU OR ANY HOUSEHOLD MEMBER SUBJECT TO A LIFETIME STATE SEX OFFENDER REGISTRATION PROGRAM IN ANY STATE?
6. PLEASE LIST ALL STATES THE APPLICANT AND HOUSEHOLD MEMBERS HAVE LIVED IN:

7. YES NO I OR A HOUSEHOLD MEMBER AM RELATED TO OR HAVE A PERSONAL RELATIONSHIP WITH AN EMPLOYEE OF WESTMINSTER COMPANY AND/OR THE SITE AT WHICH I AM APPLYING FOR RESIDENCE. IF YES, PLEASE DISCLOSE RELATIONSHIP BELOW:

EMPLOYEE
NAME: _____

RELATIONSHIP: _____

- ❖ OWNERS SHALL ACCOMMODATE PERSONS WITH DISABILITIES WHO, AS A RESULT OF THEIR DISABILITIES, CANNOT UTILIZE THE OWNER'S PREFERRED APPLICATION PROCESS BY PROVIDING ALTERNATIVE METHODS OF TAKING APPLICATIONS.
- ❖ AN ALLOWANCE FOR DISABLED HOUSEHOLDS IS AVAILABLE UPON REQUEST.

In consideration for being permitted to apply for this apartment, I Applicant do represent all this information in this application to be true and accurate and that the owner/manager/agent may rely on this information when investigating accepting this application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial, and character standing. Applicant authorizes any person, or credit checking agency having information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remise, and forever discharges from any action whatsoever, in law any equity all owners, managers, and employees or agents, both of landlord and their credit checking agencies in connection of processing, investigating, or credit checking this application, and will hold them harmless of any suit or reprisal whatsoever. I understand the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through a bureau contracted with the apartment community.

APPLICANT'S SIGNATURE
CO-APPLICANT'S SIGNATURE
DATE SIGNED

RECEIVING SITE STAFF SIGNATURE:	
DATE SIGNED	
DATE RECEIVED	TIME RECEIVED

IF YOU WOULD LIKE A COPY OF OUR APPLICANT SCREENING GUIDELINES, REQUEST A COPY OF THE RESIDENT SELECTION PLAN AT THE TIME OF SUBMISSION OF YOUR APPLICATION.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.