

RENTAL APPLICATION

Property Name: The Lakes at San Marcos

Address: 4768 Woodville Highway

Tallahassee, FL 32305

Telephone/TTY: 850-942-1002 FAX: 850-942-4002

Instructions to Applicant

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

*** For Management Use Only ***

Date Received: _____

Time Received: _____

Bedroom Size Needed: _____

- Each household member 18 years of age or older must complete a separate application.
- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
- After we receive your completed application, we will make a determination of eligibility. If your household is eligible for housing, you will be notified and further documentation will be required. If further processing establishes that your household is not actually eligible, or does not meet our Tenant Selection Criteria, your application will be declined.
- We will process your application according to our standard procedures which are summarized in the Tenant Selection Plan posted on-site in the Leasing Office. If application is approved and accepted then the unit for which the household is applying for must be their only place of residence.

Household Information

Full Name of Household Members as listed with SS Administration	Relationship	*Marital Status	Sex		** Student Y/N	Date of Birth (mm/dd/yyyy)	Birth-place City	Social Security # or Alien Registration #
			M	F				
1.	Head of Household							
2.								
3.								
4.								
5.								
6.								
7.								
8.								

* Marital Status: **S** = Single, **M** = Married, **P** = Separated, **L** = Legally Separated, **W** = Widowed, **D** = Divorced

** Adult household members listed above should complete the Section 8 Student Eligibility Form.



This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



Household Information (continued)

- Are you currently receiving Section 8? YES NO
- Are you seeking housing due to displacement by gov't action or a presidentially declared disaster? YES NO
- Do you have any pets? YES NO *(Please see the leasing office for more information regarding our pet policy)*
- Will any of the household members live anywhere except in your apartments? YES NO
- Are there any other persons who will live in your apartment on a less than full-time basis? YES NO
- Do you expect any additions to the household within the next twelve months and/or are there any absent household members who under normal conditions would live with you? *(For example, a spouse away in the military.)* YES NO
- Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using? YES NO
- Do you or anyone in your household plan to attend an institution of higher education full or part-time? YES NO
- If you answered "YES" to any question above, please explain: *(If additional space is required, use the back of this page.)*

-
- Do you have full custody of your child(ren)? *(If no, obtain proof of amount of time child(ren) will be living in unit.)* YES NO N/A
 - Do you currently own a renters insurance policy? YES NO **We strongly recommend that you carry renter's insurance. Your personal belongings and personal liability for damage(s) to person(s) and/or property and more are not covered by our insurance.**
 - Do you have a need for an Accessible Unit? *(This applies **ONLY** to persons with a disability or to persons with a particular type of disability; please see our Reasonable Accommodation / Modification policy for further details.)* YES NO
 - Do you have a need for Accessible Features? *(Accessible features are requested as an accommodation to disability)*
 YES NO

Residential History

You must report **ALL** places you have lived for the **past five (5) years**. *(If additional space is required, use the back of this page.)*

Present Address	Street Address:				From:	Landlord Name:		
	City:	County:	State:	Zip:	To:	Landlord Phone:		
	Reason for Moving:				Street Address:			
	Is this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent:	City:	State:	Zip:
Previous Address	Street Address:				From:	Landlord Name:		
	City:	County:	State:	Zip:	To:	Landlord Phone:		
	Reason for Moving:				Street Address:			
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent:	City:	State:	Zip:
Previous Address	Street Address:				From:	Landlord Name:		
	City:	County:	State:	Zip:	To:	Landlord Phone:		
	Reason for Moving:				Street Address:			
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent:	City:	State:	Zip:



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Residential History (continued)

You must report **ALL** places you have lived for the **past five (5) years**. (If additional space is required, use the back of this page.)

Previous Address	Street Address:				From: _____/_____/_____	Landlord Name:			
	City:	County:	State:	Zip: _____	To: _____/_____/_____	Landlord Phone:			
	Reason for Moving:					Street Address:			
	Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$ _____	City:	State:	Zip:	

You must report **ALL** states you have resided in since the age of 18. All applicants 18 and older are required to report this information.

State:	From: _____/_____/_____	To: _____/_____/_____	Last Street Address in that State:	City:	County:
State:	From: _____/_____/_____	To: _____/_____/_____	Last Street Address in that State:	City:	County:
State:	From: _____/_____/_____	To: _____/_____/_____	Last Street Address in that State:	City:	County:
State:	From: _____/_____/_____	To: _____/_____/_____	Last Street Address in that State:	City:	County:

- | | | | |
|--|--------------------------|--------------------------|---|
| | <u>Yes</u> | <u>No</u> | <u>If "Yes" you must answer the following:</u> |
| • Have you or any member of your household ever been evicted? | <input type="checkbox"/> | <input type="checkbox"/> | From Where? _____
When? _____ Why? _____ |
| • Have you or any member of your household been evicted from federally assisted housing for drug-related criminal activity within the last three (3) years? | <input type="checkbox"/> | <input type="checkbox"/> | From Where? _____
When? _____ |
| • Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord? | <input type="checkbox"/> | <input type="checkbox"/> | To Whom? _____
How Much? \$ _____ |
| • Have you or any member of your household committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs? | <input type="checkbox"/> | <input type="checkbox"/> | Explain: _____

_____ |

Asset Information

You must report **ALL** assets below. (If additional space is required, use the back of this page.)

CHECKING	Name of Bank:			Avg. 6 Month Balance:	Current Interest Rate:
Account No:	Address:			Bank Phone Number:	
	City:	State:	Zip:		
SAVINGS	Name of Bank:			Current Balance:	Current Interest Rate:
Account No:	Address:			Bank Phone Number:	
	City:	State:	Zip:		



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Asset Information (continued)

You must report **ALL** assets below. (If additional space is required, use the back of this page.)

Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.	Name of Institution:			Current Value:	Annual Income:
Type of Asset:	Address:				
Account No:	City:	State:	Zip:	Institution Phone Number:	
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.	Name of Institution:			Current Value:	Annual Income:
Type of Asset:	Address:				
Account No:	City:	State:	Zip:	Institution Phone Number:	

Yes No **If "Yes" you must answer the following:**

- Has any household member disposed of any asset for **less than Fair Market Value** during the past two (2) years? Yes No
 Date Disposed of: _____
 Description of Asset: _____
 Cash Value: \$ _____

- Has any household member sold any Real Estate in the last two (2) years? Yes No
 Date Disposed of: _____
 Description of Asset: _____
 Sales Price: \$ _____

- Does any household member have an interest in any Real Estate, Boat or Mobile Home? Yes No
 Description of Asset: _____
 Value: \$ _____
 Annual Income from Asset: \$ _____

Sources of Income

You must report income from **ALL** sources. This includes but is not limited to Employment, Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, etc. **If anyone outside your household gives you money or pays your bills, you must report it as a source of income.** (If additional space is required, use the back of this page.)

Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source: \$ _____
Address:			Phone Number		Occupation: _____
City:	State:	Zip:	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)		Is your income placed in a Direct Deposit account? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source: \$ _____
Address:			Phone Number		Occupation: _____
City:	State:	Zip:	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)		Is your income placed in a Direct Deposit account? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source: \$ _____
Address:			Phone Number		Occupation: _____
City:	State:	Zip:	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)		Is your income placed in a Direct Deposit account? <input type="checkbox"/> YES <input type="checkbox"/> NO



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Automobiles and Other Vehicles

List all motor vehicles, including motorcycles owned by or registered to household members. (If additional space is required, use the back of this page.)

Make and Model Number:		License Plate Number:	State:
Color:	Year:	License Expiration Date:	
Name on Registration:		VIN #	
Make and Model Number:		License Plate Number:	State:
Color:	Year:	License Expiration Date:	
Name on Registration:		VIN #	

Personal References

List two (2) references not related to you.

Name:	Phone:	City/State/Zip:
Name:	Phone:	City/State/Zip:

Criminal History

This property's eligibility criteria excludes housing to individuals and households with specific types of criminal activity in their history. You must answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application may be rejected.

	Yes	No	If "Yes" you must answer the following:
• Have you or any member of your household been convicted of drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household been convicted of violent criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Are you or any member of your household a current, illegal user of or addicted to a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ Details: _____
• Have you or any member of your household been convicted of illegal manufacture or distribution of a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household been evicted from federally assisted housing for drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____
• Is there reasonable cause to believe that the behavior of any member of the household, from abuse or pattern of abuse of alcohol, may interfere with the health, safety and right to peaceful enjoyment by other residents?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever been on parole or are now on parole?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____



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Criminal History (continued)

- | | <u>Yes</u> | <u>No</u> | <u>If "Yes" you must answer the following:</u> |
|--|--------------------------|--------------------------|--|
| • Have you or any member of your household currently or in the past used illegal drugs? | <input type="checkbox"/> | <input type="checkbox"/> | Who? _____
Details: _____ |
| • Are you or any member of your household subject to registration under a State sex offender registration program? | <input type="checkbox"/> | <input type="checkbox"/> | Who? _____
When? _____
Details: _____ |

Applicant Certification

Read each statement below and initial that you understand and agree.

- _____
(Initial) I have read and understand the information in this application, in particular the Instructions to Applicant, and agree to comply with all information and instructions.
- _____
(Initial) I have read and understand the Tenant Selection Plan, which is posted in the on-site Leasing Office and summarizes the procedures for processing applications.
- _____
(Initial) I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.
- _____
(Initial) I understand that **ALL CHANGES in the income** of any member of the household, as well as any **changes in the household composition** must be reported to Management **in writing immediately**.
- _____
(Initial) I understand that if I or any household member needs a reasonable accommodation or reasonable modification, I must inform management of our needs.
- _____
(Initial) If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.
- _____
(Initial) If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent, damages, and security deposits.
- _____
(Initial) I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.
- _____
(Initial) I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy and/or for the purposes of securing a lower rent in a subsidized housing development.
- _____
(Initial) I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a \$10,000 fine upon conviction.

Applicant's Signature

Date

Applicant's Signature

Date

PENALTIES FOR MISUSING THIS CONSENT: 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 uses 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 the 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). Violations of these provisions are cited as violations of 42 USC 408 (a)(6),(7) and (8).



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Emergency Contact

Provide the name of the person and an alternate, we should contact in case of an emergency.

Name:		Address:		
Phone No:	Relationship to you:	City:	State:	Zip:
Name:		Address:		
Phone No:	Relationship to you:	City:	State:	Zip:

It is the policy of HSI MANAGEMENT, INC. to provide housing on an Equal Opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin or handicap.

For Marketing Purposes: How Did You Hear About Us? (Please check all that apply)

Internet _____ Newspaper _____ Drove By _____ Yellow Pages _____ Sign _____ Other _____ (Specify)

Acknowledgement: Receipt of completed application.

Management's Signature

Date



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