

Meadowood Application Rural Housings FMHA 515 Program

This is an application for housing in the Meadowood Apartment Complex, located in Bentonville Arkansas. Please complete this application and return it:

Community Development Corporation
808 N. Main St. Box 1, Bentonville AR, 72712
Phone: 479-273-7344, Fax: 479-464-7169
Email: gerrielynn@cdcbentonville.com

\$20 application fee, per person (18 years and older), payable by check or money order, is due at time of application (no cash).

Completed applications are placed in order of date and time received. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.** Applicant may be interviewed only after verifications are received along with the completed tenant application.

General Information

Applicant(s) Name: _____
Current Address: _____
Telephone Number: _____ **Number of bedrooms in current apartment:** _____
Do you own: _____ Do you rent: _____ If renting amount of rent: _____
What Utilities do you pay for: Heat___ Electricity___ Gas___ Other _____
Average monthly utility cost paid by you (excluding phone & cable) _____
Number of bedrooms you need: One __ Two __ Handicap ____

(One person qualifies for a one-bedroom apartment unless there are no qualified applicants for a two-bedroom apartment)

Meadowood is managed by Community Development Corporation (CDC) which is an Equal Housing Opportunity non-profit company with projects in compliance with 504 and Fair Housing Regulations. CDC accommodates any applicants who need assistance filling out the applications.

TDD # 1-800-285-1131 (TTY)

List **ALL** persons who will live in the apartment with **head of household first.**

	Name	Relationship	Birthdate	Age	SS#
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

4.

Is anyone in the household a full time student? ____ If yes who? _____

Income (Include copies of current benefit letters and/or current pay stubs)

List All Sources Below:

	Social Security	\$
		\$
	Pension _____	\$
		\$
	SSI	\$
	Unemployment	\$
		\$
	AFDC	\$
	Employer Position _____ Length of Employment _____ Wages per hour _____ # of hours _____	\$
	Employer Position _____ Length of Employment _____ Wages per hour _____ # of hours _____	\$
	Full time student Income (only for students over 18 and over)	\$
	Alimony Monthly Gross	\$
	Child Support Monthly Gross	\$
	Interest Income Monthly Gross	\$

	Other Income / Sources Monthly Gross	\$
	Other Income / Sources Monthly Gross	\$
		\$
Total Gross Annual Income	Based on monthly totals above multiplied X 12	\$

Do you anticipate any changes in this income in the next 12 months? _____

If yes, explain: _____

Assets

Asset Type	Name	Current Balance
Checking		\$
Savings		\$
Trust		\$
CD		\$

CD		\$
CD		\$
Savings Bonds		\$
Whole Life Insurance	(Face Value)	\$
		\$
		\$

Real Property

Do you own any property? _____
 If yes, type _____ Location _____

Appraised Market Value \$ _____ Mortgage or outstanding loan balance \$ _____

Amount of annual Insurance Premium \$ _____

Amount of Most Recent Tax Bill \$ _____

Have you disposed of any assets in the last 2 years? (i.e. given away money to relative, set up Irrevocable Trust) _____

If yes, describe asset(s): _____

Date of disposition: _____ Amount disposed \$ _____

Do you have any other assets not listed above (excluding personal property) _____

If yes, List: _____

Medical Expenses:

Medical Cost: Complete this part ONLY if Head or Spouse is 62 or older, disabled or handicapped.

Medical Expenses current or anticipated in next 12 mos.	Answer/ Description	Monthly or annual expense to you
Do you have Medicare or Medicaid?		\$
Do you have other medical insurance?		\$
Are there any prescription costs that we should itemize?		\$
Do you anticipate any health care related expenses for the next 12 months? (out of pocket costs for Dr. visits, clinics, etc.)		\$
Which health care expenses are not covered by health insurance?		\$
Are you making payments on outstanding medical bills (not covered by insurance)?		\$
Dental Treatment expenses?		\$
Eyeglasses, contact lenses?		\$

Hearing Aid, Wheelchair, walker, artificial limbs?		\$
Nursing Services?		\$
Transportation costs from certified medical transportation providers?		\$

Does medical assistance pay your doctor and drug bills? _____
 Are you receiving medical assistance through welfare? _____
 Do you pay any portion of the medical/drug costs? _____

Child Care Cost
Complete ONLY for children 12 or under

Name _____ Age _____

Name _____ Age _____

Name and address of person or agency caring for child _____

Weekly cost for child care due to employment \$ _____ due to Education \$ _____

Handicap Assistance Expenses

Attendant care and/or apparatus expenses that enables handicap applicant or others in the household to work. Complete ONLY if handicap expense allows someone in the household to work

List type of expenses, weekly amount, paid to whom _____

1. Are you displaced? _____ If yes, displacement agency: _____

2. Is your current unit condemned / substandard? _____ If yes, describe _____

3. Are you paying more that 50% of your gross income for rent & utilities? _____

4. Are you applying for status as an "Elderly Household", where the tenant or co-tenant is 62 or older, handicapped, or disabled as defined by FmHA? _____ If so, do you realize you will be eligible for a \$400 and medical deduction. **Please realize that your eligibility must be verified.**

5. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit? _____

If so, would you like to request an adapted unit? _____

What?

6. Are you currently living in Subsidized Housing? _____

7. Have you ever resided in a project financed and/or subsidized by the government? ____ If yes,

Name and Address _____

8. Have you ever been Evicted from public housing or other federal housing programs? ____ If yes,

Name & address _____

Describe reasons: _____

9. Have you been evicted from other housing? ____

10. If yes, Name & address: _____

11. Have you ever been convicted of a felony? _____

12. Are you currently using illegal drugs? _____

13. Are you currently using marijuana? _____

14. Have you ever been convicted for sale, distribution, or possession of illegal drugs? _____

15. Is anyone in the household a sex offender? _____

16. Are you now or will you become a part time or full time student prior to move-in? _____

17. How did you hear about this housing? _____

18. Will you take an Apartment when one is available? _____

19. Briefly describe your reason for applying _____

Reference Information

Current Landlord:

Name _____

Address _____

Phone _____

Previous rental Landlord:

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Credit References

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Personal Non-related references

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

In case of emergency notify

Name: _____ Phone: _____

Address: _____

Other Required Information

Vehicles: list any cars, trucks or other vehicles owned. **Parking will be provided for two vehicles per unit only.**

Type of vehicle: _____ year/make _____ Color _____
Plate # _____ Drivers License # _____
Type of vehicle: _____ year/make _____ Color _____
Plate # _____ Drivers License # _____

Pets: Do you have a pet? _____ If yes, describe: _____

There is a Pet Policy Agreement and Non-refundable Pet Fee required on Pets.

Certification / Authorization

Certification

I/we hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/we further certify that this will be my/our permanent residence. I/we understand I/we must pay a security deposit for this apartment. I/we understand that my eligibility for housing will be based on Farmers Home Administration / Rural Development income limits and by Community Developments selection criteria. I/we certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signatures: _____ Date: _____

Co- Tenant: _____ Date: _____

Authorization

I/we do hereby authorize CDC and its staff or authorized representative to contact any agency, local police departments, offices, groups, or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administrated/managed by CDC. I/we further authorized CDC to verify all information listed on this application.

Signatures: _____ Date: _____

Co- Tenant: _____ Date: _____

Family Household Composition

The information solicited on this application is required by the apartment owner in order to assure the federal government, acting through the Farmers Home/Rural Development Administration.

You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However; if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicant on the basis of visual observation of surname.”

Name _____ DOB _____ Sex _____
(print)

Circle below:

Racial Categories:

American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White
Other

Ethnic Categories:

Hispanic or Latino
Not Hispanic or Latino

Non-Discrimination Statement

“This institution is an equal opportunity provider and employer.”

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.”