

Randolph County Housing Authority

2280 Randolph Avenue

P.O. Box 1579

Elkins, WV 26241

Phone: (304) 636-6495 Fax: (304) 636-6596 TTY/TTD (304) 637-7604

Email: mteter@rchawv.org



**I would like to apply for residence at:
The Village at Davis
For the Elderly, Disabled and Handicapped**



EQUAL HOUSING OPPORTUNITY	NAME OF TENANT: _____	NAME OF CO-
TENANT: _____		CO-
SOC. SEC. NO.: _____		SOC. SEC. NO.: _____
ADDRESS: _____		ADDRESS: _____
_____		_____
PHONE #: _____		PHONE #: _____
AGE: _____ BIRTHDAY: _____		AGE: _____ BIRTHDAY: _____

LIST BELOW ALL PERSONS TO OCCUPY APARTMENT (OTHER THAN TENANT OR CO-TENANT):

NAME: _____ **SOC. SEC. NO.** _____ **BIRTH DAY:** _____ **AGE:** _____ **RELATIONSHIP:** _____

INCOME: LIST BELOW ALL SOURCES OF INCOME:

<u>TENANT:</u>	<u>CO-TENANT:</u>
EMPLOYER and/or PENSION: _____	EMPLOYER and/or PENSION: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
AMOUNT PER YEAR: _____	AMOUNT PER YEAR: _____
<u>OTHER SOURCE OF INCOME:</u>	<u>OTHER SOURCE OF INCOME:</u>
DESCRIBE: _____	DESCRIBE: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____

“Equal Opportunity Provider”

To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD)

RENTAL HISTORY:

PRESENT LANDLORD: _____

ADDRESS & PHONE: _____

HOW LONG AT PRESENT ADDRESS? _____ CURRENT MONTHLY RENT \$ _____

REASON FOR LEAVING: _____

PREVIOUS ADDRESS: _____

HOW LONG AT PREVIOUS ADDRESS? _____ PREVIOUS MONTHLY RENT \$ _____

REASON FOR LEAVING: _____

IF YOU ARE NOT 62 YEARS OLD, ARE YOU ELIGIBLE FOR OCCUPANCY BASED ON YOUR STATUS AS AN INDIVIDUAL WITH HANDICAPS OR DISABILITIES? _____

HAVE YOU EVER BEEN EVICTED, REPRIMANDED, OR FOREWARNED BY LANDLORD OR OTHER AGENCY FOR CHRONIC NON-PAYMENT OF RENT, FAILURE TO MEET FINANCIAL OBLIGATIONS, LACK OF HOUSEKEEPING, DISTURBANCES, OR OTHER VIOLATIONS OF RENTAL AGREEMENT? EXPLAIN: _____

ARE YOU CURRENTLY LIVING IN A PROJECT FINANCED AND/OR SUBSIDIZED BY THE GOVERNMENT? _____

PLEASE LIST THE FOLLOWING:

TENANT:

SAVINGS ACCOUNT # _____

BANK: _____

BALANCE: \$ _____

CHECKING ACCOUNT # _____

BANK: _____

BALANCE: \$ _____

CERT. OF DEPOSIT/IRA # _____

INSTITUTION: _____

AMOUNT: \$ _____

STOCKS/BONDS

CO-TENANT:

SAVINGS ACCOUNT # _____

BANK: _____

BALANCE \$ _____

CHECKING ACCOUNT # _____

BANK: _____

BALANCE: _____

CERT. OF DEPOSIT/IRA # _____

INSTITUTION: _____

AMOUNT: _____

STOCKS/BONDS

AMOUNT YOU PAY FOR CHILD CARE (i.e., day care, baby sitter) ? \$ _____
DO YOU RECEIVE ALIMONY OR CHILD SUPPORT? _____ AMOUNT PER YEAR: _____

DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD REQUEST EITHER A HANDICAP AND/OR DISABILITY ADJUSTMENT TO YOUR INCOME OR A SPECIAL HANDICAPPED ACCESSIBLE UNIT OR BOTH? _____
PLEASE UNDERSTAND, THESE ITEMS MUST BE VERIFIED.

IF PREVIOUS QUESTION WAS ANSWERED POSITIVELY, IS THERE ANY REASONABLE ACCOMMODATION WE MAY PROVIDE IN YOUR HOUSING UNIT? _____

DO YOU OWN ANY OF THE FOLLOWING:

LAND: _____ CAR: make: _____ model: _____

HOME (OR MOBILE HOME): _____ CAR: make: _____ model: _____

HAVE YOU DISPOSED OF ANY ASSETS WITHIN THE LAST TWO YEARS? _____

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD A CURRENT ILLEGAL USER OR A CONTROLLED SUBSTANCE OR HAVE A PREVIOUS CONVICTION OF THE SAME? _____

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED OF THE ILLEGAL MANUFACTURE OR DISTRIBUTION OF A CONTROLLED SUBSTANCE? _____

IF THE TWO PREVIOUS QUESTIONS WERE ANSWERED POSITIVELY, HAVE YOU OR THE APPROPRIATE MEMBER(S) OF YOUR HOUSEHOLD COMPLETED A CONTROLLED SUBSTANCE ABUSE RECOVERY PROGRAM OR ARE YOU OR THE APPROPRIATE MEMBER(S) OF YOUR HOUSEHOLD PRESENTLY ENROLLED IN SUCH A PROGRAM? _____

CREDIT REFERENCES:

<u>NAME:</u>	<u>ADDRESS:</u>	<u>PHONE NO.</u>	<u>ACCT. NO.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL REFERENCES:

<u>NAME</u>	<u>ADDRESS:</u>	<u>PHONE NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSON(S) TO CONTACT IN CASE OF EMERGENCY:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIAL NOTICE:

"THE INFORMATION REGARDING RACE, ETHNICITY, AND SEX DESIGNATION SOLICITED ON THIS APPLICATION IS REQUESTED IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE RURAL HOUSING SERVICE THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICANTS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE, AND DISABILITY ARE COMPLIED WITH. 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, ETHNICITY AND SEX OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME."

RACE: (MARK ONE OR MORE)

- 1. AMERICAN INDIAN/ALASKA _____
- 2. ASIAN _____
- 3. BLACK OR AFRICAN AMERICAN _____
- 4. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____
- 5. WHITE _____

ETHNICITY: (MARK ONE)

[] HISPANIC OR LATINO [] NOT HISPANIC OR LATINO

GENDER: MALE _____ FEMALE _____

NOTE NUMBER ONE: "BY SIGNING THIS APPLICATION, I HEREBY SPECIFICALLY AUTHORIZE RANDOLPH COUNTY HOUSING AUTHORITY AND/OR REPRESENTATIVES, FOR THE PURPOSES OF THIS APPLICATION, TO CONTACT AND OBTAIN ANY INFORMATION REQUIRED BY THE COMPANY FROM ANY OTHER INDIVIDUALS OR ENTITIES AS MAY BE REQUIRED BY THE COMPANY."

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

NOTE NUMBER TWO: "I UNDERSTAND THAT THIS IS A PRELIMINARY APPLICATION AND GIVES NO LEASE OR RENT RIGHTS. ADDITIONAL INFORMATION AND A DEPOSIT WILL BE REQUIRED AT A LATER DATE IN ORDER TO COMPLETE THE PROCESSING OF MY APPLICATION."

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

NOTE NUMBER THREE: "BY SIGNING THIS APPLICATION, I CERTIFY THAT ANY APARTMENT RENTED WILL BE MY PERMANENT RESIDENT AND THAT I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION."

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY. DO NOT WRITE IN BOX.

TENANTS NAME: _____

CO-TENANT NAME: _____

DATE RECEIVED: _____ TIME RECEIVED: _____

ADJUSTED GROSS INCOME: _____

INCOME CATEGORY: _____

PLACEMENT LETTER DATE: _____

PURGE LETTER DATE: _____ RESPOND BY: _____

COMMENTS: _____

