

Updated 11/16/2018



This institution is an equal opportunity provider and employer

RENTAL APPLICATION – USDA/HUD PROPERTIES ONLY

Instructions for completing the application:

(Please return the application with \$11.50 (per adult person) towards a credit check and background check fee.) If paying by check/money order, please make it payable to “Zin-Co”.

1. Diamond Development Company 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.
2. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the USDA and Department of Housing and Urban Development’s regulations implementing Section 504 (7 CFR, Part 15b dated June 11, 1982, and 24 CFR, part 8 dated June 2, 1988):

Diamond Development Company
John Zink
P.O. Box 250
Louisville, IL 62858

3. Please complete all sections by printing in ink. Please do not leave any section blank, even sections which do not apply to you. For instance, if a section asks for driver’s license number and you do not have a driver’s license, you may write “NONE”. If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
4. This application must be completed by the Head of Household. Each additional member 18 years of age and older who will reside in the apartment must sign the Rental Application.
5. It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household’s application to be declined.
6. 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 and whenever you need to add a person to your application or remove a person from your application.
7. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List; but this does not mean that your household will be offered an apartment. If later processing established that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures which are summarized in the Resident Selection Criteria posted in the Management Office.
8. Rental History must include all places where you/or any adult member lived in the past four years including places where your or their name did not appear on the lease and places where you or they used a different name.

USDA/HUD HOUSING APPLICATION

Date Received: _____

Time Received: _____ (Management use only)

Applying for: _____ mention town(s)

APPLICANT INFORMATION:

Name: _____			
Last	First	Middle Initial	
Current Address: _____			
Street	City	State	Zip Code
Telephone #: _____	SS#: _____	Date of Birth: _____	

HOUSEHOLD INFORMATION: List below information for each additional household member who will occupy the unit.

Name (First, Middle Initial, Last)	Relationship to Head of Household	Optional M/F	Social Security Number	Date of Birth (Mo./Day/Yr.)
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		

Marital Status: Married Separated Divorced Unmarried Widowed

Do you anticipate a change in household composition during the next 12 months? Yes No

Will any of the above household members live anywhere except in the apartment? Yes No

Will any other persons live in the apartment on a less than full-time basis? Yes No

If you answered "Yes to either questions, please explain _____

Are you or anyone in the household disabled? If so, explain _____

Does the household require any accessible accommodations? If yes, please explain: _____

Are you or any household member a full-time or part-time student at an institute of higher learning? If yes, please list the school you/they are attending: _____

How did you hear about our apartments? _____

MISCELLANEOUS INFORMATION:

<p>Are you or any household member currently expecting a child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what is the scheduled due date: _____</p> <p>Have you or any other adult members ever used any name(s) (maiden last name or other) or Social Security number(s) other than the one you are currently using? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____</p>
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USDA/HUD HOUSING APPLICATION

Have you or any member of your household ever committed any fraud in a Federal assistance housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No If yes, explain:

Do you have any pets? Yes No If, yes, what kind and size: _____

Are you or any other household members a current user of illegal drugs? Yes No

Do you or any other household members abuse alcohol to the extent that you/they are a danger to others, health, safety, or right to peaceful enjoyment? Yes No

Have you or any household member ever been convicted of any drug offense? Yes No

If yes, who: _____

Explain: _____

Have you or any household members ever been convicted of a felony? Yes No

If yes, who: _____

Explain: _____

Have you or any household members ever been evicted from a subsidized housing program for drug related or criminal activity in the last 3 years? Yes No If yes, who: _____

Explain: _____

Are you or any household member on the application subject to state lifetime sex offender registration in any state? Yes No

For each household member 18 years or older, please list all states in which you have lived since 1996:

Name: _____ States: _____

Name: _____ States: _____

Were you or any applicant who were age 62 or older as of January 31, 2010, and did not have a SSN, receiving HUD rental assistance at another location on January 31, 2010? Yes No

LANDLORD INFORMATION

Present Housing: Own _____ Rent _____ Other _____ Monthly Amount \$ _____

Landlord's Name: _____

Landlord's Address: _____

Street City State Zip Code

Landlord's Telephone: _____ Dates of Residency: _____

(Mo./Yr.) to (Mo./Yr.)

If related to Landlord, state relationship: _____

Previous Housing: Own _____ Rent _____ Other _____ Monthly Amount \$ _____

Previous Address: _____
Street City State Zip Code

Landlord's Name: _____

Landlord's Address: _____
Street City State Zip Code

Landlord's Telephone: _____ Date of Residency: _____
(Mo./Yr.) to (Mo./Yr.)

If related to Landlord, state relationship: _____

EMPLOYMENT INFORMATION

Present Employer: _____ Telephone # : _____

Employer Address: _____
Street City State Zip Code

Occupation : _____ Dates of Employment: _____
(Mo./Yr.) to (Mo./Yr.)

Salary: \$ _____ per hour _____ Hours per week month other _____

Second Employer, or
 Previous Employer: _____ Telephone #: _____

Employer Address: _____
Street City State Zip Code

Occupation: _____ Dates of Employment: _____
(Mo./Yr.) to (Mo./Yr.)

Salary: \$ _____ per hour _____ Hours per week month other _____

Spouse Employer: _____ Telephone Number: _____

Employer Address: _____
Street City State Zip Code

Occupation: _____ Dates of Employment: _____
(Mo./Yr.) to (Mo./Yr.)

Salary: \$ _____ per hour _____ Hours per week month other _____

BENEFITS:

Please list the total benefit income of all members of the household. If a divorce decree or separation agreement exists but payments are not received, list the amount court ordered by the document.

Benefit Type		Amount Received	Per	Household Member Receiving Benefit
Social Security (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Social Security (Child)	<input type="checkbox"/> Y <input type="checkbox"/> N			
SSI (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N			
SSI (Child)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Disability or Death Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Public Assistance (AFDC, TANF)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Alimony	<input type="checkbox"/> Y <input type="checkbox"/> N			
Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N			

OTHER INCOME:

Does any member of the household have income from any of the following? If yes, state the amount, frequency, and the household member receiving the income.

Income Type		Amount Received	Per	Household Member Receiving Benefit
Income from Self-Owed Business	<input type="checkbox"/> Y <input type="checkbox"/> N			
Recurring Cash Contributions or Gifts including Rent or Utility Payments	<input type="checkbox"/> Y <input type="checkbox"/> N			
Worker's Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N			
Unemployment Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Severance Pay	<input type="checkbox"/> Y <input type="checkbox"/> N			
Payments from Insurance Policies	<input type="checkbox"/> Y <input type="checkbox"/> N			
Retirement Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Pension Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Educational Grants/Scholarships	<input type="checkbox"/> Y <input type="checkbox"/> N			
Veteran's Administration Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Military Reserves/National Guard	<input type="checkbox"/> Y <input type="checkbox"/> N			
GI Bill Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Periodic Payments from Lottery Winnings	<input type="checkbox"/> Y <input type="checkbox"/> N			
Member of Indian Tribe receiving gaming payments	<input type="checkbox"/> Y <input type="checkbox"/> N			
Any Other Income: _____	<input type="checkbox"/> Y <input type="checkbox"/> N			

USDA/HUD HOUSING APPLICATION

Do you have any Rental Property or Business Property income? Y N

If yes, give the name and address of the renter or the business owner:

Name: _____ Amount of rent or income per month: _____

Address: _____

ASSET INFORMATION: Does any member of the household own any of the following types of assets?

Type of Asset		Value or Current Balance	Name of Financial Institution
Checking Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Savings Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Credit Union Shares	<input type="checkbox"/> Y <input type="checkbox"/> N		
Stocks/Bonds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Treasury Bills	<input type="checkbox"/> Y <input type="checkbox"/> N		
Money Market Funds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Certificate of Deposit	<input type="checkbox"/> Y <input type="checkbox"/> N		
Rental Property	<input type="checkbox"/> Y <input type="checkbox"/> N		
Real Estate/Mortgages/ Land Contracts	<input type="checkbox"/> Y <input type="checkbox"/> N		
Safe Deposit Box	<input type="checkbox"/> Y <input type="checkbox"/> N		
Deeds or Trust	<input type="checkbox"/> Y <input type="checkbox"/> N		
Annuities	<input type="checkbox"/> Y <input type="checkbox"/> N		
Own a Mobile Home	<input type="checkbox"/> Y <input type="checkbox"/> N		
IRA or Keogh Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Mutual Funds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Personal Property held for investment	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N		

Has any household member disposed of any assets at less than fair market value during the past two years?

Yes No If yes, explain: _____

MEDICAL AND UNUSUAL EXPENSES: Provide the following information for **ALL** household members.

		Amount	Payee
Do you pay babysitting and/or dependent care while a family member is employed?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Are you receiving Medicare Benefits?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Are you receiving Medical Assistance through the Welfare Department?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you pay any medical insurance/hospitalization?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you have outstanding medical bills, which you are currently paying?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you take prescription drugs on a regular basis?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Do you anticipate any health care related expenses for the next 12 months, which are not covered by health insurance?	<input type="checkbox"/> Y <input type="checkbox"/> N		

EMERGENCY CONTACT INFORMATION:

Please provide the following information for two emergency contacts.

Name of Primary Contact: _____			
Last	First	Middle Initial	
Current Address: _____			
Street	City	State	Zip Code
Daytime Phone Number: _____		Evening Phone Number: _____	
Relationship: _____			
Name of Secondary Contact: _____			
Last	First	Middle Initial	
Current Address: _____			
Street	City	State	Zip Code
Daytime Phone Number: _____		Evening Phone Number: _____	
Relationship: _____			

VEHICLE INFORMATION:

Driver's License Number/State ID# : _____		State Issued: _____		
Spouse Driver's License Number/State ID# : _____		State Issued: _____		
Vehicle #1:	Year _____	Make _____	Model _____	Color _____
	License # _____	State _____		
Vehicle #2:	Year _____	Make _____	Model _____	Color _____
	License # _____	State _____		

RACE AND ETHNICITY DATA COLLECTION

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. 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, we are required to note the race, ethnicity and sex of applicants on the basis of visual observation or surname.

I do not wish to furnish this information.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race: *(Mark all that apply)*

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

Sex: *Optional*

- Male
- Female

Non-Discrimination Statement:

This institution is an equal opportunity provider and employer.

_____ Information provided by Management.

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) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<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	
<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.

USDA/HUD HOUSING APPLICATION

I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/management to verify all information provided on this application and my/our signature is our consent to obtain such verification. I/We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I/We consent to the release of the necessary information to determine my eligibility.

I/We authorize any person, or credit checking agency having any information on me/us to release any and all such information to the owner/management or their agents or credit checking agents. I/we understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through a credit bureau contracted with the apartment community. I/we understand that a check will be made of the sex offender registry in states in which I/we have resided.

WARNING: "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. USDA/HUD, the PHA and any owner (or any employee of USDA/HUD, the PHA 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 the verification forms is restricted to the purposes cited thereon. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an application 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 USDA/HUD, the PHA 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 42 U.S.C. 208 (f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g, and h."

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

SIGNATURES: (All adult household members must sign below.)

Applicant

___/___/___
Date

Additional Household Applicant

___/___/___
Date

Agent for Owner

___/___/___
Date

DO NOT WRITE BELOW THIS LINE. FOR MANAGEMENT USE ONLY

APPLICATION DISPOSITION:

Approved: _____ Approved by: _____
(Date) (Signature)

Title: _____

Disapproved: _____ Disapproved by: _____
(Date) (Signature)

Title: _____

Reason(s) for Disapproval:

Applicant Notified in Writing on: _____

Applicant Appealed Decision on: _____ (Written notification attached)

Applicant Appeal Reviewed by: _____ Date: _____
(Signature) (Title)

Appeal Decision: Approved _____ Disapproved _____

Applicant Notified in Writing on: _____

Driver's License or State-issued ID _____ Social Security Card _____

Birth Certificate _____ Citizenship _____

Credit, Criminal, and Sex Offender Registry Check _____