

**Twin Cities Development  
Rental Housing Application  
Downtown Apartments**

Today's Date: \_\_\_\_\_ Unit Size: 1BR 2BR Move in date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Marital Status (Check one): Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Current Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Current Landlord: \_\_\_\_\_

Address : \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Part I – Family Composition**

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive. By definition, all tenants of elementary or high school age are considered full time students.)

Names of ALL people to Occupy Unit:

Name	Date of Birth	Gender (MF)	Relationship
1. _____	_____	_____	APPLICANT
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**Please complete the following questions:**

(1.) Do you expect any changes in the household composition in the next 12 months? \_\_\_Y \_\_\_N  
If yes, why \_\_\_\_\_

(2.) Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? \_\_\_Y \_\_\_N If yes, please describe \_\_\_\_\_

## Part II – Household Income

For questions (3) through (22), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance. If no income is received, put 0.

- |                                                                                                                    |                          |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|
| (3.) Gross Annual Wages or Salaries (include overtime, tips, bonuses, commissions, and payments received in cash)  | \$ _____                 |
| (4.) Child Support (include child support you are entitled to but may not be receiving)                            | \$ _____                 |
| (5.) Alimony (include alimony you are entitled to but may not be receiving)                                        | \$ _____                 |
| (6.) Social Security                                                                                               | \$ _____                 |
| (7.) Supplemental Security Income (SSI)                                                                            | \$ _____                 |
| (8.) Public Assistance – ADC, TANF, and/or Aid to Families w/Dependent Children (AFDC)                             | \$ _____                 |
| (9.) Veterans Administration Benefits                                                                              | \$ _____                 |
| (10.) Pensions and/or Annuities                                                                                    | \$ _____                 |
| (11.) Unemployment Compensation                                                                                    | \$ _____                 |
| (12.) Disability, Death Benefits and/or Life Insurance Dividends                                                   | \$ _____                 |
| (13.) Workers' Compensation                                                                                        | \$ _____                 |
| (14.) Severance Pay                                                                                                | \$ _____                 |
| (15.) Net Income from a Business (Self employment, inc rental prop., land contracts or other forms of real estate) | \$ _____                 |
| (16.) Income from Assets                                                                                           | \$ _____                 |
| (17.) Regular Contributions and/or Gifts from Person not residing at unit                                          | \$ _____                 |
| (18.) Lottery Winnings or Inheritances (Paid as an annuity)                                                        | \$ _____                 |
| (19.) All regular pay paid to members of the Armed Forces (Military Pay)                                           | \$ _____                 |
| (20.) Education Grants, Scholarships, or Other Student Benefits                                                    | \$ _____                 |
| (21.) Long Term Medical Care Insurance Payments in excess of \$180/day                                             | \$ _____                 |
| (22.) Other Income _____                                                                                           | \$ _____                 |
| <b>TOTAL</b>                                                                                                       | <b>\$ _____</b>          |
|                                                                                                                    |                          |
| (23.) Total Gross Annual Income from Previous Year                                                                 | \$ _____                 |
|                                                                                                                    | <i>(From Tax Return)</i> |

**Part III – Asset Income**

CURRENT ASSETS – List all assets currently held by all household members and the case value of each. The Cash Value is the Market Value of the asset minus reasonable costs incurred, or would be incurred if selling or converting the asset to cash.

YES	NO		INSTITUTION	CASH VALUE
<b>Do You or Anyone in Your Household Have:</b>				
(25.) _____	_____	A Savings Account?	_____	\$ _____
(26.) _____	_____	A Checking Account?	_____	\$ _____
(27.) _____	_____	Certificates of Deposit?	_____	\$ _____
(28.) _____	_____	Money Market Account?	_____	\$ _____
(29.) _____	_____	A Safety Deposit Box?	_____	\$ _____
(30.) _____	_____	Trust Account?	_____	\$ _____
(31.) _____	_____	Any Stocks or Securities?	_____	\$ _____
(32.) _____	_____	Any Treasury Bills?	_____	\$ _____
(33.) _____	_____	A Retirement Fund? <small>(Include IRA's, Keogh accounts)</small>	_____	\$ _____
(34.) _____	_____	Mutual Funds?	_____	\$ _____
(35.) _____	_____	Savings Bonds?	_____	\$ _____
(36.) _____	_____	Have any Whole or Universal Life Insurance Policies?		

If so, who is this listed with?: \_\_\_\_\_  
Cash Value \$ \_\_\_\_\_

(37.) \_\_\_\_\_ Have any Personal Property held as an Investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques etc.)?  
Cash Value \$ \_\_\_\_\_

(38.) \_\_\_\_\_ Own equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)?  
 If yes, Type of Property: \_\_\_\_\_  
 Location of Property: \_\_\_\_\_  
 Appraised Market Value: \_\_\_\_\_  
 Mortgage or Outstanding loans & Balance Due: \_\_\_\_\_

Amount of Annual Insurance Premium: \_\_\_\_\_

Amount of most recent tax bill: \_\_\_\_\_

(39.) \_\_\_\_\_ Have you sold or disposed of any property in the last 2 years?

If yes, type of property: \_\_\_\_\_

Market Value when sold or disposed: \_\_\_\_\_

Amount sold or disposed for: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

(40.) \_\_\_\_\_ Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Where are Funds Held? \_\_\_\_\_

(41.) \_\_\_\_\_ Have you disposed of any other assets in the last 2 years (Example: given money away to relatives, set up Irrevocable Trust Accounts)?

If yes, describe the asset: \_\_\_\_\_

Date of Disposition: \_\_\_\_\_

Amount disposed: \_\_\_\_\_

(42.) \_\_\_\_\_ Do you have any other assets not listed above (excluding personal property)?

If yes, please list: \_\_\_\_\_

<b>Part IV – Employment History</b>
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(43.) Applicant's Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City State Zip

Length of Employment? \_\_\_\_\_ Position/Title: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Select One: Annually Weekly Bi-weekly Monthly

(44.) Applicant's Previous Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City State Zip

Length of Employment? \_\_\_\_\_ Position/Title: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Select One: Annually Weekly Bi-weekly Monthly

(45.) Co-Applicant's Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City State Zip

Length of Employment? \_\_\_\_\_ Position/Title: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Select One: Annually Weekly Bi-weekly Monthly

(46.) Co-Applicant's Previous Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City State Zip

Length of Employment? \_\_\_\_\_ Position/Title: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Select One: Annually Weekly Bi-weekly Monthly

**Part V – Credit References**

	<u>Name</u>	<u>Address / Phone</u>	<u>Monthly Payment</u>
(47.)	_____	_____	\$ _____
(48.)	_____	_____	\$ _____
(49.)	_____	_____	\$ _____

**Part VI – Other**

(50.) Do you have full custody of your child (ren)? Explain the custody arrangements: \_\_\_\_\_  
\_\_\_\_\_

(51.) Would you or any members of your household benefit from a handicapped-accessible unit?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

(52.) Will your household be receiving Section 8 rental assistance at the time of move-in? Yes \_\_\_\_\_ No \_\_\_\_\_

(53.) Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? \_\_\_\_\_ Yes \_\_\_\_\_ No Explain: \_\_\_\_\_

(54.) Will this be your only place of residence? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain: \_\_\_\_\_  
\_\_\_\_\_

(56.) What is the condition of your current housing?  
\_\_\_\_\_ Standard  
\_\_\_\_\_ Unsafe or Unhealthy  
\_\_\_\_\_ Living with Parents  
\_\_\_\_\_ No indoor Plumbing/Kitchen  
\_\_\_\_\_ Currently without Housing

**Part VIII – Special Needs**

(57.) Does anyone in your household have special needs? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

(58.) Are special living accommodations required? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**Part VIII – In Case of Emergency, Notify: To be completed by applicant**

Name/Relationship	Address	Phone

**Part X – Resident’s Statement**

(59.) Do you have a legal right to be in the United States: (Check one that applies)

Yes, because I am a United States Citizen  
 Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service)  
 No

*If you answered “YES” because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a non-citizen with eligible immigration status.*

(60.) The Federal Government requests the following information. You are not required to furnish this information, but are encouraged to do so.

Race/National Origin:

I do not wish to furnish this information.       Hispanic  
 Black, not of Hispanic origin       Asian or Pacific Islander  
 White, not of Hispanic origin       Female       Male

**Part XI – Applicant’s Signatures**

I /We certify that the application contained herein is true and correct. Falsification of information will constitute the breach of all contracts. I/We hereby acknowledge and agree that the Program Administrator may contact all persons listed on this application, and I/we have no objections in checking my/our application for the purposes of verification and credit-processing. I understand that this application is for purposes of consideration for the Twin Cities Development Rental Housing Program and the Program Administrator shall have absolute discretion to accept or reject my/our application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Co-Applicant

**Twin Cities Development**  
  
 Scottsbluff, NE 69361  
 308-632-2833

**Twin Cities Development**  
1620 Broadway  
Scottsbluff Nebraska 69361  
308-632-2833 (phone)  
308-633-8254 (fax)

***AUTHORIZATION FOR RELEASE OF INFORMATION***

*I authorize the above named organizations to obtain information pertinent to my eligibility and income qualification for participation in affordable housing programs as administered by Twin Cities Development & Western Nebraska Housing Opportunities. I also understand that this information will be shared with the United States Department of Agriculture Rural Development Division to further ascertain my credit worthiness and income eligibility for participation in these programs. Furthermore, I realize that pertinent information pertaining to my credit worthiness and eligibility for this program submitted to the United States Department of Agriculture will be shared with Twin Cities Development and Western Nebraska Housing Opportunities.*

***I authorize Twin Cities Development to obtain information on the following:***

- *Employment History.*
- *Employer Verification.*
- *Military Pay Verification.*
- *Verification of income received by any of the residents (pension, workers compensation, unemployment, etc.).*
- *Prior tax returns.*
- *6 consecutives pay check stubs.*
- *Information on all bank and/or savings accounts.*
- *Bank and/or savings account verifications.*
- *Student and status history.*
- *School transcripts.*
- *Independent valuation of any assets held in Resident's name.*
- *Divorce decree.*
- *Court orders (child support, alimony etc.).*
- *Payment history from Social Services (including payments SSI, AFDC, etc.).*
- *Section 8 rental assistance agreement.*
- *Drivers license, social security card and/or birth certificate.*
- *Live in care attendant affidavit; and*
- *Obtain information regarding previous rental history.*
- *Any other reasonable information needed to properly verify applicant's income for ability to pay rent.*
- *Landlord reference information.*
- *Background checks*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

