APPLICATION FOR OCCUPANCY

**** APPLICATION FEE OF $25.00 IS (NON-REFUNDABLE) ****

PLEASE PRINT – RETURN COMPLETED APPLICATION TO:

Mailing Address: Vitality Center Housing
P.O. Box 2580
Elko, Nevada 89803

Winchester Senior, 1920 Winchester Dr.
High Desert, 1801 Winchester
Chimney Rock Apartments
626 First Street, Wells
(775)738-6102
Fax (775) 738-2625

An applicant may be interviewed only after a completed Application is received. Completed Applications are processed in order of date and time received. You may contact the rental office for assistance in completing the Application.

A. GENERAL INFORMATION

Applicant Name(s):_____
Current Address:_____
Mailing Address:_____
Telephone:_____
Driver's License or ID. No. _____ State Issued: _____

List all persons who will live in the apartment. List head of household first:

Name	Relationship Head	Birthdate	Age	Social Security No.	Sex
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Is anyone in this household a full-time student? Yes_____ No____ Name(s)_____

B. REFERENCE INFORMATION

Current Landlord: Name: _____
Address: _____
Telephone:_____

Previous Landlord(s) Name:_____
Address:_____
Telephone:_____

Non-related Personal References
1. Name_____Address_____Telephone_____
2. Name_____Address_____Telephone_____
3. Name_____Address_____Telephone_____

C. ALL SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS.

NAME	SOURCE OF INCOME	MONTHLY GROSS
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	Social Security Income	$_____
_____	Social Security Income	$_____
_____	Veterans Benefits	$_____
_____	Pension	$_____
	Pension Source(s)_____	
_____	Unemployment Comp.	$_____
_____	TANF	$_____
_____	Alimony	$_____
	Source_____	
_____	Child Support	$_____
	Source_____	
_____	Full Time Student Income	$_____
_____	Income from Family/Friends	$_____
_____	Other	$_____

Total Gross Monthly Income $_____
Total Gross Annual Income (Based on Monthly amount listed above multiplied x12)$_____

Do you anticipate any changes in this income in the next 12 months? Yes__ No ___
If yes explain:_____
_____

D. ASSETS

Checking Account(s) #_____ Bank_____ Balance $_____
#_____ Bank_____ Balance $_____

Savings Account(s) #_____ Bank_____ Balance $_____
#_____ Bank_____ Balance $_____

Money Market Account #_____ Bank_____ Balance $_____
Trust Accounts #_____ Bank_____ Balance $_____
Certificate of Deposit #_____ Bank_____ Balance $_____
IRA #_____ Bank_____ Balance $_____
Savings Bond #_____ Bank_____ Balance $_____
Whole Life Insurance #_____ Bank_____ Balance $_____
Real Property: Do you own any property? Yes____ No ____ If yes, state type of property_____
Location:_____
Current Market Value:_____
Outstanding Mortgage Balance:_____
Have you sold/disposed of any business, property or other asset in the last 2 years? Yes__ No ____
If yes, state type of business property asset_____
Date of Sale/Dispostion:_____
Market Value When Sold/Disposed of:_____
Amount Sold/Disposed for:_____

Do you have any other asset not listed above (i.e. recreational vehicle or mobile home; do not include personal property)? Yes_____ No_____ if yes, please list _____

_____

E. MEDICAL HANDICAP ASSISTANCE EXPENSES

Medical Expenses: Complete this part ONLY if head of household or spouse is 62 or older, handicapped or disabled.

Medicare Premiums: Monthly Premium Amount $_____
Medical Insurance Coverage: Monthly Premium Amount $_____
Name of Insurance Company:_____
Address:_____
Anticipated Medical Expenses **NOT** covered by insurance **NO**R Reimbursed: $_____
Medical bills or outstanding costs you are making monthly payments: $_____
Medical related travel costs: $_____
Any other medical expenses: List type and amounts $_____

List your Dr's Name and Address for Verification.

1._____
2._____

Handicapped Assistance Expenses: Complete this part ONLY for expenses to the extent needed to enable any family member to be employed. _____

Specialized Medical Attendant Care: state name of care giver and cost:
Caregiver Name: _____
Cost: _____

F. CHILD CARE EXPENSES

Complete this part for household minors under 13 years of age ONLY

Name(s) of children cared for:_____ Age_____
_____Age_____
_____Age_____
_____Age_____

Name of person/agency caring for children:_____
Address:_____
Telephone: _____

Weekly cost of child care due to employment: $_____
Weekly cost of child care due to education: $_____

G. PROGRAM INFORMATION

What size of unit are you requesting _____1 Bedroom_____2 Bedroom_____ 3 Bedroom
Do you wish to claim a $400 deduction from your household income based on an "Elderly Household" status, where the tenant or co-tenant is 62 or older, handicapped or disabled? Yes_____ No_____
Have you ever been evicted from any type of housing? Yes _____ No_____
Have you ever been convicted of a felony? Yes_____ No_____
Are you currently a user of illegal controlled substance? Yes_____ No_____

Have you ever been convicted of a drug violation (use, attempted use, possession, manufacture, sale or distribution)? Yes_____ No_____
Have you successfully completed a controlled substance abuse recovery program or presently enrolled in such a program? Yes_____ No_____
Are you now or will you become a part time or full time student prior to move in? Yes___ No____
How did you hear about this housing?_____

H. List all cars., trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle).

Type of Vehicle_____Year/Make_____Color_____
License Plate No._____Registered To_____
Type of Vehicle_____Year/Make_____Color_____
License Plate No._____Registered To_____

Do you own any pets? Yes_____No_____ If yes, describe_____
Note: Pets are not allowed except in designated elderly projects.

In case of emergency notify:_____
Address: _____
_____
Telephone: _____

I. CERTIFICATION

I/We hereby certify that the unit applied for will be the household's permanent residence.
I/We further certify that I/We will not maintain a separate subsidized rental unit in another location.
I/We understand that I/We must pay a security deposit for this unit.
I/We certify that all information in this Application is true to the best of my/our knowledge and 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

_____ _____
Tenant Co-Tenant

_____ _____
Date Date

J. AUTHORIZATION

I/We do hereby authorize_____ and its staff or authorized representative to contact any agencies, law enforcement offices, companies, groups or organizations to verify any information contained in this Application or to obtain and verify any additional information or materials which are deemed necessary to complete my/our Application.

_____ _____
Tenant Co-Tenant

_____ _____
Date Date

The information regarding race, national origin and sex designation solicited on the Application is requested in order to assure the Federal Government, acting through the USDA-Rural Development, Rural Housing Service, that Federal laws prohibiting discrimination against tenant applications on the basis or race, color, national origin, religion, sex, familial status, age and disability and 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 the discriminate against you in any way

Ethnicity:

Hispanic or Latino_____

Not Hispanic or Latino___

Race: (Mark one or more)

1. American Indian/Alaska Native_____
2. Asian_____
3. Black or African American____
4. Native Hawaiian or Other Pacific Islander _____
5. White_____

Gender: Male_____ Female_____

****

WAIVER based on information regarding Ethnicity, Race and Gender.

I choose not to furnish this information based on my Ethnicity, Race and Gender.

_____ _____
Tenant Date

_____ _____
Co-Tenant Date