

RENTAL APPLICATION

Green National

To the applicant: Please list the community name(s) in which you are applying to live:

For office use only	Date received	
	Time received	
	Received by	
	Apartment size	

Household Summary information *Please print legibly.* List each household member who will be residing in the unit.

First Name	MI	Last Name	DOB MM/DD/YR	Relationship to Head of Household Options: Spouse, Co-Head, Dependent, Other Family Member, Foster Child / Adult, Live-in Aide	Sex Options: M, F, or N/A (Choose not to disclose)	Social Security Number OR Applicable Exemption code from list below
				Head of Household		

Social Security Number Exemption Codes:

- 1 – Ineligible, non-citizen (not contending eligible immigration status)
- 2 – Under 6 years of age and added to household within past 6 months
- 3 – Was 62 or older as of 1/31/10 and was receiving assistance at another subsidized apartment building

Are any household members temporarily absent? No Yes If Yes, please explain below:

Are there any unborn, adopted, or foster children you are in the process of adding to the household within the next 12 months? No Yes If Yes, please explain below:

Are there any household members enrolled in an institute of higher education? No Yes If Yes, list members below:

Head of Household current address and contact information:

Street address, city, state, zip _____

Cell _____ N/A Home _____ N/A



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Head of Household email address _____ N/A

Is any member of the applicant household subject to a State lifetime sex offender registration in any state? Yes No

If yes, list member and state(s): _____

List all states where all members of applicant household have resided: _____

Please list contact information for landlords for past three years:

Landlord #1: _____ Phone Number: _____

Address: _____

Occupied unit from _____ to _____ (list current if still occupying unit)

Landlord #2: N/A _____ Phone Number: _____

Address: _____

Occupied unit from _____ to _____

Landlord #3: _____ Phone Number: _____

Address: _____

Occupied unit from _____ to _____

Is any household member a U.S. Military Veteran? Yes No If yes list, member(s) _____

Do you have any pets? Yes No If yes, what kind? _____ Weight _____ Height _____

Is the household requesting an elderly / disabled deduction? Yes No

If yes, please select type of deduction: Elderly Disabled

If disabled, please list the eligible member, for verification purposes: _____

Is there a need for an accessible unit: Yes No

Does someone in your household require a reasonable accommodation? Yes No If yes, a separate form will be completed.

Income for household

Employment Income	_____	<input type="checkbox"/> N/A		
Social Security Benefits	_____	<input type="checkbox"/> N/A		
SSI - Federal	_____	<input type="checkbox"/> N/A	Child Support	_____ <input type="checkbox"/> N/A
SSI - State	_____	<input type="checkbox"/> N/A	Rental Income	_____ <input type="checkbox"/> N/A
General Assistance / TANF	_____	<input type="checkbox"/> N/A	Business Income	_____ <input type="checkbox"/> N/A
Long / Short Term Disability	_____	<input type="checkbox"/> N/A	Alimony	_____ <input type="checkbox"/> N/A
Pension	_____	<input type="checkbox"/> N/A	Someone outside the household	_____ <input type="checkbox"/> N/A
Periodic Payments from	_____		Other _____	_____ <input type="checkbox"/> N/A
Retirement Accounts	_____	<input type="checkbox"/> N/A		



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Asset(s) for household

Checking Yes No Single Joint
Savings Yes No Single Joint
Direct Express Debit Card Yes No Single Joint
Money Market Yes No Single Joint
CD Yes No Single Joint
Stocks/Bonds/Mutual Funds Yes No Single Joint
Retirement Accounts Yes No Single Joint
Whole Life Insurance Yes No Single Joint
Trusts Yes No Single Joint

Cash on Hand Yes No If Yes, Amount: _____

Real Estate Yes No If you own real estate but are not receiving rental income,
Do you own a collection held as an investment? Yes No please explain: _____

List the Annual Anticipated Income from assets: _____

Have you disposed of an asset for less than fair market value in last 2 years? Yes No

If yes, please list type of asset, market value, and amount of disposal: _____

Expense(s) for household

Medical: Is head, spouse or co-head age 62 or older or disabled?

No If no, go to next section labeled 'Disability Assistance Expense'

Yes If yes, check any out of pocket medical this household has which are not reimbursed.

	Annual Amount			Annual Amount	
Medicare premiums	_____	<input type="checkbox"/> N/A	Prescription Medicare Cost (Part D)	_____	<input type="checkbox"/> N/A
Prescription copay costs	_____	<input type="checkbox"/> N/A	Installment payments on outstanding medical bills	_____	<input type="checkbox"/> N/A
Doctor/Dentists visits	_____	<input type="checkbox"/> N/A	One-time medical expenses paid	_____	<input type="checkbox"/> N/A
Medical Insurance (other than Medicare)	_____	<input type="checkbox"/> N/A	Other	_____	<input type="checkbox"/> N/A

Disability Assistance Expense: Are there unreimbursed, anticipated costs for attendant care and auxiliary apparatus for a family member that is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any family member 18 year of age or older who may or may not be the member who is a person with disabilities to be employed?

No If no, go to next section labeled 'Childcare'

Yes If yes, a separate form will be completed.



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Expense(s) for household (continued)

Childcare

Does a member of this household pay expenses for the care of a child under the age of 13? Yes No

If yes, does it enable him / her to: Work Seek Employment or Further academic or vocational education

Displacement

Have you been displaced by government action or a presidentially declared disaster? Yes No

Certification

I certify that the information submitted is true and accurate to the best of my knowledge.

I understand that by signing this form, I am authorizing Green National to complete landlord verifications and criminal and credit screening, in accordance with the community's Tenant Selection Plan.

Head of Household Signature

Date

Adult Household Member Signature

Date

Adult Household Member Signature

Date

Adult Household Member Signature

Date

Management does not discriminate against applicants based on race, sex, age, religion, national origin, familial status, or disability. Management 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.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, Part 8 dated June 2, 1988).

Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed to the following person, responsible for related policies:

Green National 504 Coordinator
PO Box 1048, Skaneateles, NY 13152
(315) 802-4025 / TTY 711
504Coordinator@GreenNational.com

