



Please list below former rental addresses within the past 5 years:

Rental Address

Name, Address, Telephone Number of Owner/Manager

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list personal and credit references (names, addresses, and telephone numbers)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Complete all applicable information for Applicant, Spouse or Co-Applicant.**

INCOME AND EXPENSE INFORMATION

Salary/Wages – List gross amount (before deductions) of wages and salaries, overtime pay, commissions, tips, fees, and bonuses. Indicate source.

\$ \_\_\_\_\_ Annually from \_\_\_\_\_

\$ \_\_\_\_\_ Annually from \_\_\_\_\_

\$ \_\_\_\_\_ Annually from \_\_\_\_\_

Net Income from Business or Profession or Rental or Real or Personal Property

\$ \_\_\_\_\_ Annually from \_\_\_\_\_

Social Security/SSI Payments

\$ \_\_\_\_\_ Annually from \_\_\_\_\_

\$ \_\_\_\_\_ Annually from \_\_\_\_\_

Pensions, Annuities, Retirement Funds, IRA Accounts, Interests

\$ \_\_\_\_\_ Annually from \_\_\_\_\_

\$ \_\_\_\_\_ Annually from \_\_\_\_\_

\$ \_\_\_\_\_ Annually from \_\_\_\_\_

All Other Income: Include income from all other sources, such as Unemployment, Disability Compensation, Workmans Compensation, Severance Pay, Alimony, Child Support, Regular recurring contributions or gifts of money, Educational Grants, Scholarships, VA Benefits, Regular Pay, special pay and allowances for Head of Household in Armed Forces, Public Assistance or any other source.

\$ \_\_\_\_\_ Annually from \_\_\_\_\_

\$ \_\_\_\_\_ Annually from \_\_\_\_\_

Child Care Expense: List amount paid by family for the care of minor children under 13 years of age when such care is necessary to enable a family member to further education or to be gainfully employed.

\$ \_\_\_\_\_ Annually Paid to \_\_\_\_\_

Medical Expenses: *To be completed for households with persons who are over the age of 62, handicapped, or disabled* – Include total expenses to be incurred over next twelve month period not covered by insurance. May include expenses for dental, prescriptions, medical insurance premiums, eyeglasses, hearing aids/batteries, cost of live-in resident assistant, monthly payments required on accumulated major medical bills, including that portion of spouse’s or child’s nursing home care paid from family income.

\$ \_\_\_\_\_ Annually for \_\_\_\_\_  
\$ \_\_\_\_\_ Annually for \_\_\_\_\_  
\$ \_\_\_\_\_ Annually for \_\_\_\_\_  
\$ \_\_\_\_\_ Annually for \_\_\_\_\_  
\$ \_\_\_\_\_ Annually for \_\_\_\_\_

**STUDENT STATUS**

Are you currently or planning on enrolling at an institution of higher education? [ ] YES\* [ ] NO

\*If yes, please provide

Name & Address of Institution of Higher Education: \_\_\_\_\_  
\_\_\_\_\_

Financial Assistance in excess of amounts received for tuition: \$ \_\_\_\_\_

**ASSET INFORMATION**

Cash on Hand – Amount on hand at present time \$ \_\_\_\_\_

Bank Accounts – checking, savings, IRA’s, etc.

\_\_\_\_\_ \$ \_\_\_\_\_  
*Type Bank Current Balance*

\_\_\_\_\_ \$ \_\_\_\_\_  
*Type Bank Current Balance*

\_\_\_\_\_ \$ \_\_\_\_\_  
*Type Bank Current Balance*

Stocks and/or Bonds

\_\_\_\_\_ \$ \_\_\_\_\_  
*Type # owned Value*

\_\_\_\_\_ \$ \_\_\_\_\_  
*Type # owned Value*

Real Estate Owned At Present or Sold Within Last 2 Years

\$ \_\_\_\_\_  
*Market Value If sold within last 2 years, list amount sold for*

Property Sold Under Land Contract

Original Amount \$ \_\_\_\_\_ Outstanding Balance \$ \_\_\_\_\_  
Terms: \$ \_\_\_\_\_ per month \_\_\_\_\_ or per year \_\_\_\_\_

Persons who meet the definition of disabled or handicapped qualify for a \$400 deduction to their annual income when determining rent contribution and certain other deductions. See the attached addendum which defines disabled or handicapped. If you feel that you qualify and would like to request this adjustment to your income, please check here. \_\_\_\_\_ If you have indicated your desire to request this adjustment, then we will need only sufficient information (documentation) to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.

Do you have any specific housing requirements, such as a special handicapped accessible unit?  
\_\_\_\_\_

What is your present living arrangement? \_\_\_\_\_

Are you without or about to be without housing? \_\_\_\_\_ Are you currently living in substandard housing? \_\_\_\_\_

Do you hold a Letter of Priority Entitlement? \_\_\_\_\_ Issued by FmHA? \_\_\_\_\_

Are you paying more than 50% of income for rent? \_\_\_\_\_

Do you certify that this unit will be your permanent residence and that you do not/will not maintain a separate subsidized unit in a different location? \_\_\_\_\_

"The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age and handicap 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/national origin and sex of individual applicants on the basis of visual observation or surname."

RACE/NATIONAL ORIGIN

WHITE  BLACK  HISPANIC  ASIAN OR PACIFIC ISLANDER  
 AMERICAN NATIVE/ALASKAN NATIVE  OTHER (SPECIFY)

GENDER

MALE  
 FEMALE

**Statement Required by the Privacy Act**

The Farmers Home Administration (FmHA) is authorized by Title V of the Housing Act of 1949 as amended (42 U.S.C. 1471 et. seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that is unlawful for FmHA to deny eligibility because of the refusal to disclose the Social Security Account Number. The principal purposes for collecting the requested information are to determine eligibility of occupancy in the FmHA financed rental project and to determine the amount to appropriate Federal, State, and Local Agencies when relevant to civil, criminal, or regulatory proceedings.

\_\_\_\_\_  
*Applicant's Signature*

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

*This institution is an equal opportunity provider & employer.*

## **Addendum to Application for Occupancy**

### **Definition based upon FmHA Instruction 1930-C, Exhibit B**

What is considered a disability: A person is considered disabled if the person meets the criteria of either of the following:

1. The person has an inability to engage in any substantial gainful activity, but with use of auxiliary apparatus can otherwise participate in gainful activity, by reason of any medically determinable physical or mental impairment, where the disability:

- a. Has lasted or can be expected to last for a continuous period of not less than 12 months, or which can be expected to result in death, and
- b. Substantially impedes the ability to live independently, and
- c. Is of such a nature that such ability could be improved by more suitable housing conditions, or
- d. In the case of a sight impaired person who is at least 55 years old (within the meaning of sight impairment as determined in Section 223 of the Social Security Act), is unable, because of the sight impairment, to engage in substantial gainful activity in which he/she has previously engaged with some regularity over a substantial period of time.
- e. Receipt of veteran's or Social Security Disability payments benefits for disability, whether service-oriented or otherwise does not automatically establish disability.

2. The person has a developmental disability; a severe, chronic disability which;

- a. Is attributable to a mental or physical impairment or combination of mental or physical impairment; and
- b. Was manifested before age 22; and
- c. Is likely to continue indefinitely; and
- d. Results in substantial functional limitations in three or more of the following areas of major life activity:
  - (1) Self care
  - (2) Receptive and expressive language
  - (3) Learning
  - (4) Mobility
  - (5) Self-direction
  - (6) Capacity for independent living
  - (7) Economic self-sufficiency
- e. Reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, or treatment, or for other services which are of lifelong or extended duration and are individually planned and coordinated.

3. Individual with handicap.

A person with a physical or mental impairment, that:

- a. Is expected to be of long-continued and indefinite duration; and
- b. Substantially impedes the person or is of such a nature that the person's ability to live independently could be improved by more suitable housing conditions.

4. The term handicap further means, with respect to a person, a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such as impairment. THIS TERM DOES NOT INCLUDE CURRENT ILLEGAL USE OF OR ADDICTION TO A CONTROLLED SUBSTANCE. As used in this definition:

- a. Physical or mental impairment includes:
  - (1) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic, skin; and endocrine; or
  - (2) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance), and alcoholism.

5. Major life activities means functions such as caring for one's self, performing major tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

6. Has a record of such an impairment means has a history of, or has been misclassified as having a mental or physical impairment that substantially limits on or more major life activities.

7. Is regarded as having an impairment means:

- a. Has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by another person as constituting such a limitation;
- b. Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward such impairment; or
- c. Has one of the impairments defined in paragraph 4 a (1) and 4 a (2) of this definition but is treated by another person as having such an impairment.

LH. Means Farm labor housing loans and/or grants.