



# Rental Application

For Office Use Only:	
Date recvd:	Time Recvd:

Property Name	Property Address	Property Phone	Property Fax Number
Silver Lake Estates	5 Linstone Lane, Office 100 Milford, DE 19963	302-422-0740  <b>or National Relay 711 available</b>	302-422-4957

Property Email Address: silverlake@ownerslive.com; brittanyb@ownerslive.com

### Household Summary Information – List each member applying to reside in the apartment

First Name	MI	Last Name	Relationship to Head of Household Options: Spouse   Co-Head   Dependent   Live-in Aide   Foster   Other Family Member	Are you enrolled as student at an institute of higher education? Y/N	Sex-Optional M/F/blank
			Head of Household		

How did you hear about us? \_\_\_\_\_

Are there any unborn/adopted/foster children in the process of adding to this household within the next year?  Yes  No

I/We certify the information given in this application is accurate and complete. I/We understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application. I/We, by signature below, authorize the Owner/Agent to request and complete a criminal background check, rental history check, and credit check, through an outside independent background service company and secure a written report of all information pertaining to landlord/rental history, sex offender records, criminal background, credit records, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine eligibility or level of assistance.

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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant 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 HUD 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 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Federal law prohibits the Landlord from discriminating against any applicant because of race, color, sex, familial status, religion, handicap, disability, sexual orientation, gender identity, marital status, or national origin. Additional state protections may apply. Applicants on the waiting list may be contacted by management to ensure continued interest to remain on the waiting list and to update any changes to the original information provided at the time of initial application. Failure to respond to this inquiry may result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive and denied applications will be held for three years as required by federal regulation.

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: 504 Coordinator.

\_\_\_\_\_  
Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Signature

\_\_\_\_\_  
Date

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## Rental Application-Member Information

**Do not leave blanks or the form will be considered incomplete.**

**This questionnaire must be completed for each household member, regardless of age**

Member Name: _____		
Date of Birth: _____	SSN: _____	
Are you contending eligible immigration status?	<input type="checkbox"/> Yes <input type="checkbox"/> No, I am not claiming to be an eligible US Citizen/noncitizen	
Were you 62 years old or older as of 1/31/2010?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, were you a part of a HUD Housing Program as of 1/31/2010? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide evidence of program participation with this application (lease or move in 50059).		
Current Full Address: Street Address _____ City, State, Zip: _____		
Cell Phone Number <input type="checkbox"/> NA _____		
Work Phone Number <input type="checkbox"/> NA _____		
Home Phone Number <input type="checkbox"/> NA _____		
Email Address: _____		
List here all states you have ever resided in (regardless of duration): _____		
Are you subject to a state sex offender lifetime registration requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state? _____		
Are you temporarily displaced from your prior home due to a presidentially declared disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require any accessibility features in the unit related to a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a military veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race ( <i>disclosure is optional and only gathered for statistical purposes when updating marketing efforts</i> )	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander	
Ethnicity ( <i>disclosure is again optional here</i> )	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
<b>Criminal History Questions</b>		
Is this member 18 years of age or older	<input type="checkbox"/> Yes <input type="checkbox"/> No, skip to the Income Section	
A public records search will be conducted on each adult member.		
Do you have any felony or misdemeanor convictions involving the following?		
Sexual misconduct	Prior Conviction <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____	Pending Conviction <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____
Illegal possession, manufacturing, sale or distribution of a controlled substance	Prior Conviction <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____	Pending Conviction <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____
Physical crime against a person/persons or another person's property	Prior Conviction <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____	Pending Conviction <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____
Have you been evicted from federally assisted housing in the last 3 years for drug-related criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____	
Are you currently engaged in illegal drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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## Rental Application-Member Information

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Member Name:

Rental History Questions		
Is this member 18 years of age or older	<input type="checkbox"/> Yes <input type="checkbox"/> No, skip to Income Section	
<b>You have rental history if your name was listed on a prior lease as a lease signer. Lack of rental history will not be considered a negative factor.</b>		
Are you homeless or lacking a fixed nighttime residence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Landlord Name		
Rent you pay each month		
Apartment Community Name		
Street Address		
City, State, Zip		
Landlord Phone Number		
Do you currently live in HUD subsidized housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are you currently receiving assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior Landlord Name		
Rent you paid each month		
Apartment Community Name		
Street Address		
City, State, Zip		
Landlord Phone Number		
Income Questions		
Do you have employment income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Start date:	Employer Company Name:	
Employer address:	Estimated weekly gross income:	
Employer Phone Number/ Fax number:		
Do you have additional employment income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Start date:	Employer Company Name:	
Employer address:	Estimated weekly gross income:	
Employer Phone Number/Fax Number:		

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## Rental Application-Member Information

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**This questionnaire must be completed for each household member, regardless of age**

Member Name: \_\_\_\_\_

Are you receiving unemployment benefits  Yes  No.

If yes, provide name of issuing agency \_\_\_\_\_ Start Date: \_\_\_\_\_

Weekly Benefit: \_\_\_\_\_

Other Income Sources:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:
SSI Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:
SSP (State Supplemental Payment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:
Dual Entitlement Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:
VA Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:
Long/Short Term Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:
Court Ordered Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case Number(s): Monthly amount:
Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:
Regular Assistance from friends/family to help with bills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount: Name of individuals providing assistance:
Voluntary Child Support payments (not court ordered)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount: Name of individual providing assistance:
Business Income documented on Schedule C of tax return	<input type="checkbox"/> Yes <input type="checkbox"/> No	Net Annual Income:
Rideshare, delivery App income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:
Periodic Retirement Payments/Pension Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount:

Asset Section		
Checking account(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Single <input type="checkbox"/> Joint <input type="checkbox"/> Financial Institution Name:
Savings Account(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Single <input type="checkbox"/> Joint <input type="checkbox"/> Financial Institution Name:
Direct Express Debit Card/Wage paycard	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Money Market/CD Account(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Single <input type="checkbox"/> Joint <input type="checkbox"/> Financial Institution Name:
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Institution Name:

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## Rental Application-Member Information

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**This questionnaire must be completed for each household member, regardless of age**

Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Institution Name:
Retirement Accounts you are not receiving periodic payments from	<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Institution Name:
Whole Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Institution Name:
Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable  Financial Institution Name:
Cash on hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state amount:
Do you own real estate (home, land, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you own a collection held that has investment value?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you disposed of any assets for less than fair market value within the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide date of disposal: Amount Received: Market Value:

Medical/Disability Expenses: Is the Head, Co-Head or Spouse of your household age 62(or older) or disabled:  Yes  No If no, skip this section.

If Yes, only list below, the out of pocket expenses the member named on the top of this form pays on a regular basis for which he/she/they are not reimbursed.

Medicare Premiums	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prescription copay costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list pharmacy name:
Installment payments on outstanding medical bills	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is name of entity paid:
Medical insurance other than Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list name of company:
Routine doctor visits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s) of Doctors:
One-time medical expenses paid but not previously reported on the last certification completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Only list if date paid was after your move in date.

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**Rental Application-Member Information**

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**This questionnaire must be completed for each household member, regardless of age**

Childcare expenses: Are you paying out of pocket expenses for the care of a child under the age of 13?  Yes  No

If yes, provide name(s) of child(ren):

\_\_\_\_\_

Does this care allow you to  Work  seek employment  go to school?

Name of childcare provider individual or facility name: \_\_\_\_\_

Member Signature or Parent Signature for Minor \_\_\_\_\_

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Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

**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.

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Silverlake Estates

5 Linstone Lane, Ofc. 100, Milford DE 19963

Name of Property

Project No.

Address of Property

Owners Management Company  
Name of Owner/Managing Agent

Section 8  
Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

**1. Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

**2. Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You may mark one or more.

**1. American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**2. Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

**3. Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

**4. Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**5. White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.