

RENTAL APPLICATION

Alliance Property Management, Inc.
 3 Old Pump Road, Jericho, VT 05465
 Phone: 802-899-3400 Fax: 802-350-9900

Please check which apartments you are applying for;

Jeffersonville

- Brewster River Housing
- Jeffersonville Family Housing
- Jeffersonville Senior Housing (Elderly)

Morrisville

- Cherry, Summer & George
- Congress & Park
- Portland Street (Subsidized)

Stowe

- Little River
- Sylvan Woods

Hardwick

- Bemis Block (Elderly/Disabled/Subsidized)
- Cherry Street HLP (Subsidized)
- Hardwick HLP
- Highland Hill
- Maple St Apts (Elderly/Disabled/Subsidized)

Enosburg Falls

- River Bend (Elderly/Disabled/Subsidized)



Equal Housing Opportunity

INSTRUCTIONS: Please type or print, in ink, the information requested on this form. If you need more space, please attach a separate piece of paper. Please answer all questions carefully and completely since this information will be used to determine your eligibility.

FAMILY COMPOSITION: Complete the following information for each person who will live in your apartment:

NAME	RELATIONSHIP	SOCIAL SECURITY #	SEX	DATE OF BIRTH	AGE
	Head of Household				

1. Is any member of the household a full-time student? _____ Yes _____ No
2. What is your present address? _____
 What is your mailing address? _____
3. What is your telephone number? _____ Is this a message phone? _____ Yes _____ No
4. What is your E-mail Address? _____

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5. If you rent, who is your present landlord? (Name, address and phone number)

6. Do you: (Check those which apply)

Own your home _____ Rent _____ Live with others _____ Who? _____

Other living arrangements _____ Explain: _____

7. Previous Housing - Fill out the information for all places you have lived in the past 5 years, not including your present housing. Attach separate sheet of paper if needed:

ADDRESS	DATES RENTED	LANDLORD'S NAME, PHONE NUMBER & ADDRESS
	TO	
	TO	
	TO	

8. Please list ALL employment of all adult family members:

	OCCUPATION	EMPLOYER NAME & ADDRESS
HEAD OF HOUSEHOLD		
CO-HEAD OF HOUSEHOLD		
OTHER		
OTHER		

9. INCOME: Please list **ALL** sources of gross income for each member of your family. Please list whether these are W(weekly), B (Bi-weekly) or M (Monthly).

	HEAD OF HOUSEHOLD	CO-HEAD OF HOUSEHOLD	OTHER	OTHER	HOW OFTEN (W, B OR M)
EMPLOYMENT	\$				
SELF EMPLOYMENT					
CHILD SUPPORT					
PENSION/ANNUITY					

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SOCIAL SECURITY					
SSI					
ANFC					
OTHER					

10. Have you ever lived in subsidized housing? Yes No
11. Would you or anyone in your household benefit from the features of a handicapped accessible unit?
 Yes No
12. Has anyone in your household ever been convicted of a crime or are there any pending criminal charges against you, including but not limited to illegal manufacture or distribution of a controlled substance? Yes No
 If you answered yes, please explain: _____
13. Have you ever been evicted or have any eviction proceedings ever commenced against you? Yes No
 If yes, please explain: _____
14. Does anyone in your household have any pets? Yes No
 If yes, please describe the pets: _____
 Some properties do not allow pets. Would you be willing to give up your pet if you are offered an apartment?
 Yes No
15. Why do you want to move to this property? _____

16. REFERENCES: Please provide three (3) references (NOT RELATIVES):

NAME	ADDRESS	PHONE NUMBER

17. Do you own real estate? Yes No If yes, please specify and submit verification:
 Address: _____ Value: \$_____ Remaining Mortgage Amount: \$ _____

18. BANKING ACCOUNTS:

FAMILY MEMBER	TYPE OF ACCOUNT	ACCOUNT NUMBER	INTEREST RATE %	BALANCE	BANK NAME
				\$	
				\$	

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19. STOCK/BONDS/SAVINGS BONDS:

FAMILY MEMBER	TYPE OF ACCOUNT	ACCOUNT NUMBER	INTEREST RATE %	BALANCE	BANK NAME
				\$	
				\$	

20. Does anyone in your household own any other assets not already listed (DO NOT INCLUDE FURNITURE AND OR VEHICLES USED FOR PERSONAL TRANSPORTATION)? Yes No

If yes, Please describe: _____
 Value: \$ _____

21. Has anyone in your household disposed, transformed, or given away any assets for less than what they were worth during the past two years? Yes No

If yes, please describe: _____

22. CHILD CARE EXPENSES: List child care expenses for the care of children age 12 and younger. Only list those expenses that enable you or another household member to work or attend school.

Name & Complete Address of Person Providing Care	Amount/Hr.	Amount/Wk.	Annual Total
	\$	\$	\$

23. MEDICAL EXPENSES: List below expenses not covered by your insurance for medical conditions of a continuing nature. These include health insurance premiums, prescriptions, doctors, dentists, eyeglasses, hearing aides, outstanding medical or hospital bills on which you are making regular payments. LIST PRESCRIPTION NUMBERS, COMPLETE NAMES & ADDRESSES OF PHARMACIES, DOCTORS, HOSPITAL, DENTISTS, etc.

Family Member	Name, Address & Phone # (to whom you pay)	Annual Amount
		\$

In order to process your application, please make sure all information is complete.

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GENERAL RELEASE FORM

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS AUTHORIZATION FOR RELEASE OF INFORMATION:

Alliance Property Management, Inc. is required to verify all information pertaining to all members of families applying for admissions as tenants. We are required to re-examine and independently certify this information on an annual basis.

I/WE understand that the information contained in this application will be used to determine my eligibility for housing. I authorize Alliance Property Management, Inc. to make any and all inquiries to verify the information, with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification of other information which may be released to appropriate Federal, State or Local agencies.

I/We authorize Alliance Property Management, Inc. to obtain Credit Report(s) for every adult household member to be used as an aide in determining my/our eligibility status for housing, and for any future reason whatsoever.

I/We hereby authorize any individual, agency, business, financial institution, office, group, or organization to release to Alliance Property Management, Inc. any information or material contained in or derived from this application.

I/We certify that the information given in this application is true and correct to the best of my/our knowledge. I/We understand that any false information is punishable by law and will be grounds for cancellation of this application or termination of residency after occupancy.

All adult members of the household must sign completed application for processing (18 years of age or older)

Date

Head of Household

Date

Co-Head of Household

Date

Adult Member of Household

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“The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, gender identity, gender-related characteristics and disability 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, ethnicity and sex of individual applicants on the basis of visual observation or surname.”

Ethnicity:	Race: (Mark one or more)	
<input type="checkbox"/> Hispanic or Latino	1. American Indian/Alaska Native _____	2. Asian _____
<input type="checkbox"/> Not Hispanic or Latino	3. Black or African American _____	4. White _____
	5. Native Hawaiian or Other Pacific Islander _____	
Gender: Male _____ Female _____		

Control # 2502-0581
Exp. (07/31/2012)

Supplemental and Optional 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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	

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Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> unable to contact you <input type="checkbox"/> termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.	

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

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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.

Form HUD- 92006 (05/09)