

**Twin Cities Development  
Rental Housing Application  
Northfield Apartments**

Today's Date: \_\_\_\_\_ Unit Size: 1BR 2BR Move in date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Marital Status (Applicant): Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Current Marital Status (Co-Applicant): Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Co-Applicant Phone: \_\_\_\_\_

Current Landlord (Applicant): \_\_\_\_\_

Address : \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Applicant Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Part I – Family Composition**

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive. By definition, all tenants of elementary or high school age are considered full time students.)

Names of ALL people to Occupy Unit:

Name	Date of Birth	Gender (MF)	Relationship
1. _____	_____	_____	APPLICANT
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

## Part II – Household Income

For questions (3) through (22), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance. If no income is received, put 0.

- |  |                 |
|--|-----------------|
| (1.) Gross Annual Wages- Applicant (include overtime, tips, bonuses, commissions, and payments received in cash)   | \$ _____        |
| (2.) Gross Annual Wages-Co-applicant (include overtime, tips, bonuses, commissions, and payments received in cash) | \$ _____        |
| (3.) Child Support (include child support you are entitled to but may not be receiving)                            | \$ _____        |
| (4.) Alimony (include alimony you are entitled to but may not be receiving)  | \$ _____        |
| (5.) Social Security or Supplemental Security Income (SSI)   | \$ _____        |
| (6.) Public Assistance – ADC, TANF, and/or Aid to Families w/Dependent Children (AFDC)                             | \$ _____        |
| (7.) Veterans Administration Benefits  | \$ _____        |
| (8.) Pensions and/or Annuities   | \$ _____        |
| (9.) Unemployment Compensation   | \$ _____        |
| (10.) Disability, Death Benefits and/or Life Insurance Dividends   | \$ _____        |
| (11.) Workers' Compensation  | \$ _____        |
| (12.) Severance Pay  | \$ _____        |
| (13.) Net Income from a Business (Self employment, inc rental prop., land contracts or other forms of real estate) | \$ _____        |
| (14.) Income from Assets   | \$ _____        |
| (15.) Regular Contributions and/or Gifts from Person not residing at unit  | \$ _____        |
| (16.) Lottery Winnings or Inheritances (Paid as an annuity)  | \$ _____        |
| (17.) All regular pay paid to members of the Armed Forces (Military Pay)   | \$ _____        |
| (18.) Education Grants, Scholarships, or Other Student Benefits  | \$ _____        |
| (19.) Long Term Medical Care Insurance Payments in excess of \$180/day   | \$ _____        |
| (20.) Other Income _____   | \$ _____        |
| <b>TOTAL</b>   | <b>\$ _____</b> |

- |  |  |                          |
|--|--|--------------------------|
| (21.) Total Gross Annual Income from Previous Year |  |                          |
| Applicant  |  | \$ _____                 |
|  |  | <i>(From Tax Return)</i> |
| Co-Applicant                                       |  | \$ _____                 |
|  |  | <i>(From Tax Return)</i> |

**Part III – Employment History**

- (22.) Applicant's Current Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
*City State Zip*  
Length of Employment? \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Select One: Annually Weekly Bi-weekly Monthly
- (23.) Applicant's Previous Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
*City State Zip*  
Length of Employment? \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly
- (24.) Co-Applicant's Current Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
*City State Zip*  
Length of Employment? \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Select One: Annually Weekly Bi-weekly Monthly
- (25.) Co-Applicant's Previous Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
*City State Zip*  
Length of Employment? \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

**Part IV – Credit References**

	<u>Name</u>	<u>Address / Phone</u>	<u>Monthly Payment</u>
(26.)	_____	_____	\$ _____
(27.)	_____	_____	\$ _____

**Part V – Other**

- (29.) Would you or any members of your household benefit from a handicapped-accessible unit?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_
- (30.) Will this be your only place of residence? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain: \_\_\_\_\_
- (31.) What is the condition of your current housing?  
\_\_\_\_\_ Standard  
\_\_\_\_\_ Unsafe or Unhealthy  
\_\_\_\_\_ Living with Parents  
\_\_\_\_\_ No indoor Plumbing/Kitchen  
\_\_\_\_\_ Currently without Housing

**Part VI – Special Needs**

(32.) Does anyone in your household have special needs?  Yes  No If yes, explain: \_\_\_\_\_

(33.) Are special living accommodations required?  Yes  No If yes, explain: \_\_\_\_\_

**Part VII – In Case of Emergency, Notify: To be completed by applicant**

Name/Relationship		Address		Phone

**Part VIII – Resident’s Statement**

(34.) Do you have a legal right to be in the United States: (Check one that applies)

Yes, because I am a United States Citizen

Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service)

No

*If you answered “YES” because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a non-citizen with eligible immigration status.*

**Part IX – Applicant’s Signatures**

I /We certify that the application contained herein is true and correct. Falsification of information will constitute the breach of all contracts. I/We hereby acknowledge and agree that the Program Administrator may contact all persons listed on this application, and I/we have no objections in checking my/our application for the purposes of verification and credit-processing. I understand that this application is for purposes of consideration for the Twin Cities Development Rental Housing Program and the Program Administrator shall have absolute discretion to accept or reject my/our application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Applicant

Twin Cities Development

Scottsbluff, NE 69361  
308-632-2833

**Twin Cities Development**  
1620 Broadway  
Scottsbluff Nebraska 69361  
308-632-2833 (phone)  
308-633-8254 (fax)

***AUTHORIZATION FOR RELEASE OF INFORMATION***

*I authorize the above named organizations to obtain information pertinent to my eligibility and income qualification for participation in affordable housing programs as administered by Twin Cities Development & Western Nebraska Housing Opportunities. I also understand that this information will be shared with the United States Department of Agriculture Rural Development Division to further ascertain my credit worthiness and income eligibility for participation in these programs. Furthermore, I realize that pertinent information pertaining to my credit worthiness and eligibility for this program submitted to the United States Department of Agriculture will be shared with Twin Cities Development and Western Nebraska Housing Opportunities.*

***I authorize Twin Cities Development to obtain information on the following:***

- *Employment History.*
- *Employer Verification.*
- *Military Pay Verification.*
- *Verification of income received by any of the residents (pension, workers compensation, unemployment, etc.).*
- *Prior tax returns.*
- *6 consecutives pay check stubs.*
- *Information on all bank and/or savings accounts.*
- *Bank and/or savings account verifications.*
- *Student and status history.*
- *School transcripts.*
- *Independent valuation of any assets held in Resident's name.*
- *Divorce decree.*
- *Court orders (child support, alimony etc.).*
- *Payment history from Social Services (including payments SSI, AFDC, etc.).*
- *Section 8 rental assistance agreement.*
- *Drivers license, social security card and/or birth certificate.*
- *Live in care attendant affidavit; and*
- *Obtain information regarding previous rental history.*
- *Any other reasonable information needed to properly verify applicant's income for ability to pay rent.*
- *Landlord reference information.*
- *Background checks*

\_\_\_\_\_  
*Signature*

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

\_\_\_\_\_  
*Print Name*

