

## **Unit size rents and income limits**

### **Rents at 50% (Lower rents)**

- 1 bedroom     \$565/month-    \$565 deposit at move-in
- 2 bedroom     \$649/month-    \$649 deposit at move-in
- 3 bedroom     \$709/month-    \$709 deposit at move-in

### **Income (gross) limits per household size to qualify for the 50% (lower) rent**

- 1 person- \$21,750/year (only would qualify for 1 bedroom)
- 2 persons- \$24,850/year (can apply for 1 or 2 bedroom)
- 3 persons- \$27,950/year (can apply for 1,2, or 3 bedroom)
- 4 persons- \$31,050/year (can apply for 2 or 3 bedroom)
- 5 persons- \$33,550/year (can apply for 2 or 3 bedroom)
- 6 persons- \$36,050/year (can only qualify for 3 bedroom)
- 7 persons- \$38,550/year (can only qualify for 3 bedroom)

### **Rents at 60% (higher rents)**

- 1 bedroom     \$690/month-    \$690 deposit at move-in
- 2 bedroom     \$796/month-    \$796 deposit at move-in
- 3 bedroom     \$871/month-    \$871 deposit at move-in

### **Income (gross) limits per household size to qualify for 60% (higher) rents**

- 1 person- \$26,100/year (only would qualify for 1 bedroom)
- 2 persons- \$29,820/year (can apply for 1 or 2 bedroom)
- 3 persons- \$33,540/year (can apply for 1,2, or 3 bedroom)
- 4 persons- \$37,260/year (can apply for 2 or 3 bedroom)
- 5 persons- \$40,260/year (can apply for 2 or 3 bedroom)
- 6 persons- \$43,260/year (can only qualify for 3 bedroom)
- 7 persons- \$46,260/year (can only qualify for 3 bedroom)

FOR OFFICE USE ONLY	
Date Received _____	Time _____
Household Size _____	Unit Size _____
Reviewed By _____	
Interviewed By _____	Date _____
Assignment: Unit _____	Category _____

**APPLICATION FOR ADMISSION OR RECERTIFICATION**  
**APLICACIÓN PARA ADMISIÓN O RECERTIFICACIÓN**

**NON-DISCRIMINATION STATEMENT:** We are an Equal Housing Opportunity Provider. We provide rental housing without discrimination on the basis of race, color, creed, national origin, religion, sex, marital or familial status, age, orientation, income source, physical or mental handicap, or other protected classes as defined by the laws of the Federal or State government, either now in place or put in place at a later date. **DECLARACIÓN DE NO DISCRIMINACIÓN:** *Nosotros somos proveedores de oportunidad justa de vivienda. Nosotros proveemos viviendas de renta sin discriminación en base a raza, color, origen nacional, sexo, estado marital o familiar, edad, orientación, fuente de ingreso, discapacidad física o mental, o otras clases protegidas como son definidas por las leyes federales o el gobierno del estado establecidas o impuestas mas tarde en otra fecha.*

**IMPORTANT:** I understand that all information given on this application is subject to verification, including a credit report and criminal background report. Any information determined to be false or untrue may result in the permanent cancellation of the application. Any security deposit given will be held until application is processed, but does not indicate that the application is approved and may be returned at any time prior to occupancy. **IMPORTANTE:** *Entiende que toda la información en esta aplicación sera verificada, incluyendo un reporte de credito y reporte de antecedentes criminales. Cualquier información determinada de ser falso o no verdadera resultara en cancelación permanente de su aplicación. Cualquier deposito de seguridad aceptado sera retenido hasta que su aplicación sea procesada, pero no indicara que su aplicación haya sido aprobada y puede ser regresado antes de ocuparse.* **TO THE APPLICANT:** Please fill out this form completely. No application will be accepted unless each question has been answered completely and applicant has provided acceptable I.D. for all household members. All references will be checked and if any information is found to be false or incomplete, the applicant may be rejected. Use additional pages if more space is needed. **PARA EL APLICANTE:** *Favor de llenar esta forma completamente. No será aceptada ninguna aplicación hasta que cada pregunta sea contestada completamente y el aplicante muestre identificación aceptable para todos los miembros de la familia. Todas las referencias serán confirmadas y si se encuentran cualquier información falsa o incompleta, el aplicante puede que sea rechazado. Use paginas adicionales si necesita mas espacio.*

**PLEASE PRINT (LETRA DE MOLDE POR FAVOR)**

Name \_\_\_\_\_ Name of Co-Tenant (if any) \_\_\_\_\_  
 Nombre \_\_\_\_\_ Nombre de Esposo/a (si hay) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Direccion de correos \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Zona Postal \_\_\_\_\_

Physical Address \_\_\_\_\_ Apt# \_\_\_\_\_  
 Domicilio actual \_\_\_\_\_ #Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Zona Postal \_\_\_\_\_ Teléfono \_\_\_\_\_

Employed By \_\_\_\_\_ How Long? \_\_\_\_\_  
 Empleador \_\_\_\_\_ Cuanto tiempo? \_\_\_\_\_

Address of Employer \_\_\_\_\_  
 Domicilio de Empleado \_\_\_\_\_

City \_\_\_\_\_ Position Held \_\_\_\_\_ Work Phone No. \_\_\_\_\_  
 Ciudad \_\_\_\_\_ Posición \_\_\_\_\_ Teléfono de Trabajo \_\_\_\_\_



**HOUSEHOLD OCCUPANTS:** List below all persons who will be living in the unit, including yourself. **MIEMBROS DEL HOGAR:** Nombre abajo todas las personas que vivirán en la unidad, incluyéndose a sí mismo.

Last Name <i>Apellido</i>	First Name <i>Primer Nombre</i>	Social Security No. <i>Número de Seguro Social</i>	Birth Date <i>Fecha de Nacimiento</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Unit size requested? *Tomano de la unidad que require?* \_\_\_\_\_

Have you or any other adult Household Occupant(s) used or been known by any other name and/or alias? Yes \_\_\_ No \_\_\_  
*Es Usted o cualquier otro ocupante adulto en su hogar conocido o ha sido conocido con otro nombre o apodo? Si \_\_\_ No \_\_\_*

Please Specify who and what other name(s) are/were used:  
*Por favor especifique quien y que otro nombre o nombres han sido usados:*

Current Name <i>Nombre Actual</i>	Other Name Used/Alias <i>Otro Nombre Usado/Apodo</i>
1.	
2.	
3.	
4.	
5.	

Describe any pets you or anyone in your household own? (Cat, Dog, Bird, Snake, Etc.) \_\_\_\_\_  
*Describa cualquier animal doméstico que usted o alguien en su familia tenga (gato, perro, pajar, serpiente, etc.)*

**RESIDENCY STATUS:** Are all household members U.S. Citizens? Yes \_\_\_ No \_\_\_  
**ESTADO DE RESIDENCIA:** Son ciudadanos todos los miembros de su casa? Si \_\_\_ No \_\_\_  
 If NO, are all non-citizen household members legal resident aliens? Yes \_\_\_ No \_\_\_  
*Si es no, son todos los que no son ciudadanos de su casa residentes legales? Si \_\_\_ No \_\_\_*

(Please provide resident alien cards of all resident aliens.) If NO, please explain: *(Favor de mostrar tarjetas de Residencia legal.) Si no hay, favor de explicar:* \_\_\_\_\_

Please list all full-time students and students enrolled in an institute of higher education attach student verification form(s):  
*Enumere por favor a todos los estudiantes a tiempo completo (K-12) y los estudiantes alistados en un instituto de una educación más alta unen por favor formas de la verificación del estudiante:*

\_\_\_\_\_

Anticipated medical expenses not covered by insurance for the next 12 months \$ \_\_\_\_\_ (including doctor, dentist, prescriptions, insurance premiums paid by you, etc.) *Gastos médicos anticipados no cubiertos por a seguridad en los proximos 12 meses \$ \_\_\_\_\_ incluyendo doctor, dentista, recetas, polizas de aseguranza pagadas por usted etc.)*

Do you have child care expenses? \_\_\_\_\_ Name of child care provider \_\_\_\_\_  
*Tiene usted gastos de cuidad de ninos(s)? Nombre del proveedor de cuidado Provider's address (Direccion del proveedor) \_\_\_\_\_ Phone(Teléfono) \_\_\_\_\_*



**INCOME (INGRESO)**

Does any member of this household anticipate receiving or being awarded income from any of the following sources during the next 12 months? **Mark every question yes or no. Complete all of the blanks for any questions answered with yes.** *Anticipa cualquier miembro de esta familia recibir ingreso de cualquier siguiente fuente durante los próximos 12 meses? Marque cada pregunta si o no. Llene todos espacios por cualquier pregunta que conteste con un si.*

	No/Yes No/Si	Amount Received week/month/year (indicate which) <i>Cantidad que recibe por semana/mes/año</i>	Received by which household member <i>Cual miembro de la familia lo recibe?</i>	Source of Income-name/address/phone (use blank page if necessary) <i>Trabajo o Compañia Nombre/Dirección/Teléfono</i>
A. Employment Income 1 <i>Sueldos 1</i>				
B. Employment Income 2 <i>Sueldos 2</i>				
C. Employment Income 3 <i>Sueldos 3</i>				
D. Employment Income 4 <i>Sueldos 4</i>				
E. Social Security 1 <i>Seguro Social 1</i>				
F. Social Security 2 <i>Seguro Social 2</i>				
G. SSI (Supplement) 1 <i>SSI (supplemental) 1</i>				
H. SSI (Supplement) 2 <i>SSI (supplemental) 2</i>				
I. Pension/Retirement 1 <i>Pension/Retiro 1</i>				
J. Pension/Retirement 2 <i>Pension/Retiro 2</i>				
K. Child Support Awarded <i>Mant. Para hijos</i>				
L. Alimony Award <i>Pension para esposa</i>				
M. Veteran's Benefits <i>Benef para veteranos</i>				
N. Welfare/TANF <i>Welfare/A.F.D.C.</i>				
O. Unemployment 1 <i>Desempleo 1</i>				
P. Unemployment 2 <i>Desempleo 2</i>				
Q. Workers Comp. <i>Comp al trabajador</i>				
R. Interest Income <i>Interes</i>				
S. Scholarships/Grants <i>Becas/Becas escolares</i>				
T. Monetary Gifts <i>Regalos monetarios</i>				
U. Other Income <i>Otro Ingreso</i>				

**Note: You must list address of income sources. They will be used for verification.** *(Nota: Debe dar lista de domicilios de lugares de ingreso. Serán usados para verificación.)*



**CREDIT REFERENCES** (car or credit card payments, etc.)  
**REFERENCIAS DE CRÉDITO** (Pagos de carro o tarjetas de crédito, etc.)

Payable to: <i>Pagable a:</i>	Company Name & Location <i>Nombre de la Compañia</i>	Amount <i>Cantidad</i>

If additional space is needed, list on additional sheet. **NOTE:** Above must include all monthly obligations, including medical expenses, car payments, child support, loans, etc. *Si necesita espacio adicional, puede usar hojas adicionales. NOTA: Incluya obligaciones mensuales, incluso gastos médicos, pagos del auto, mantenimiento para niños, préstamos, etc.*

**VEHICLES** (Vehículos)

(List any autos, motorcycles, boats, campers, motor homes, trailers, etc. belonging to any one in your household:)  
*(Incluya autos, motos, botes, campers, trailers, etc. que pertenezcan a alguien en su familia)*

MAKE <i>Marca</i>	YEAR <i>Año</i>	COLOR <i>Color</i>	LICENSE PLATE # <i># De Placas</i>	EXPIRATION <i>Expiran en</i>

**INVENTORY OF ASSETS** (INVENTARIO DE BIENES)

List all of the assets owned by members of this household. Complete all of the blanks for any questions answered with yes, or the application will be rejected. *Inventario de bienes que tengan todos los miembros de esta vivienda. Complete todos los espacios en blanco si su respuesta es si.*

	No/ Yes No/ Sí	Name on Account <i>Nombre en La Cuenta</i>	Account Number <i>Número de Cuenta</i>	Current <i>Actual</i> Balance/Value <i>Balance/Valor</i>	Bank Source <i>Lugar de Banco</i> Name/Address/Phone # <i>Nombre/domicilio/Teléfono</i>
A. Cash or Checking Acct <i>(Dinero en efectivo Cuenta de Cheques)</i>					
B. Savings Account <i>Cuenta de Ahorros</i>					
C. Money Market Acct <i>Cuenta a Plazos</i>					
D. Cert of Deposit <i>Cert de Deposito</i>					
E. A Trust or Trust Accts <i>(Cuenta Fiduciario de deposito)</i>					
F. Treasury Bills, Stocks & Bonds <i>Bonos de Ahorro Bonos y acciones</i>					
G. IRA/Keogh/ Life Insurance <i>IRA/Keogh/Asegu Ranza de vida</i>					



H. Other Retirement or Pension Account <i>Cuenta de pensión Ahorros de jubilación</i>					
I. Capital Investments or Real Property <i>Inversiones de capital</i>					
J. Other <i>Otros Bienes</i>					

Have you or any applicant disposed of any asset(s) for less than fair market value during the last (2) years? (*Durante los últimos (2) años, ha dispuesto usted o alguien en esta familia de bienes por menos de su valor?*) \_\_\_\_\_ If yes explain: (*Si sí, explique:*) \_\_\_\_\_

Are you being displaced by government action? (*Ha sido usted desplazado por una acción de gobierno?*) \_\_\_\_\_

Are you now living in a Government or other type of subsidized unit? (*Esta usted viviendo actualmente en una unidad de gobierno o de otra clase subsidio?*) \_\_\_\_\_

Has any household member ever been evicted from any housing? (*Hay algun miembro de su familia que se le haya pedido desocupar la vivienda?*) \_\_\_\_\_ If yes, please explain (*Si es sí, favor de explicar*) \_\_\_\_\_

Does any household member have any history of criminal activity within the last seven (7) years, including but not limited to, crimes of violence against persons or property, unlawful drug activity of any kind, or other acts adversely affecting the health, safety or welfare of others? If yes, please explain: (*Hay algun miembro de su casa con historia de actividad criminal dentro de los últimos(s) siete(7) años incluyendo pero no limitando a crímenes de violencia contra personas o propiedades, actividad de drogas ilegales, o otros actos adversarios que afecten la salud, seguridad y bienestar de otros? Si es sí, favor de explicar.*) \_\_\_\_\_

Is any household member subject to a lifetime registration requirement under a state sex offender registration program in any state? If yes, please explain: (**Note:** If fail to respond to the question may jeopardize the approval of the application or termination of tenancy or assistance) (*¿Hay Algún miembro del hogar sujeta/o a una obligación de registro de por vida bajo un programa de registro de delincuentes sexuales del estado en cualquier estado? Si es sí, favor de explicar*) **Nota:** Si, no contesta a la pregunta puede poner en peligro la aprobación de la solicitud y la terminación del arrendamiento o la asistencia. \_\_\_\_\_

Why are you moving from your current home? (*Por que se quiere cambiar de su actual residencia?*) \_\_\_\_\_

Has any household member's rental assistance or tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent, or failure to cooperate with the recertification procedures? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain the circumstances: (*Hay algun miembro de su casa al que le hayan terminado su asistencia en renta de subsidio por fraude, no pagar renta, la falta de cooperación con el proceso de recertificación? Si \_\_\_\_\_ No \_\_\_\_\_ Si es sí, favor de explicar circunstancias*) \_\_\_\_\_



**IF YOU ARE A CURRENT TENANT RECERTIFYING  
STOP HERE & CONTINUE TO "REASONABLE ACCOMMODATION"**

*SI ES USTED UN INQUILINO RECERTIFICANDO  
DETÉNGASE AQUÍ Y CONTINUE A "ACOMODACION RAZONABLE"*

Please provide (5) years of Rental History (*Facilita cinco años de historial de renta por favor*):

**Current Landlord:** (*Manejador actual*) \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Current Address: Street (*Calle*) \_\_\_\_\_ Apt. # (*# de Apt*) \_\_\_\_\_  
*Domicilio del Manejador:* City (*Ciudad*) \_\_\_\_\_ State (*Estado*) \_\_\_\_\_ Zip (*Zona Postal*) \_\_\_\_\_  
 Name of Complex (*Nombre del Proyecto*) \_\_\_\_\_  
 Name of Current Landlord and phone number (*Nombre del Manejador Actual y Teléfono*) \_\_\_\_\_  
 Monthly Rent: (*Renta Mensual*)\$ \_\_\_\_\_ Reason for leaving (*Razon de Cambio*) \_\_\_\_\_

**Previous Landlord:** (*Propietario Anterior*)  
 Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ live there from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Nombre de Propietario* \_\_\_\_\_ *Teléfono* \_\_\_\_\_ *vivio ahí desde* \_\_\_\_\_ *hasta* \_\_\_\_\_  
 Address of Landlord (*Domicilio de Propietario*) \_\_\_\_\_  
 Name of Complex (*Nombre de Proyecto*) \_\_\_\_\_  
 Tenant Name (*Nombre del Inquilino*) \_\_\_\_\_  
 Address at that time? (*Domicilio de ese tiempo?*) \_\_\_\_\_  
 Reason for leaving (*Razón de Cambio*) \_\_\_\_\_

**Previous Landlord:** (*Propietario Anterior*)  
 Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ live there from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Nombre de Propietario* \_\_\_\_\_ *Teléfono* \_\_\_\_\_ *vivio ahí desde* \_\_\_\_\_ *hasta* \_\_\_\_\_  
 Address of Landlord (*Domicilio de Propietario*) \_\_\_\_\_  
 Name of Complex (*Nombre de Proyecto*) \_\_\_\_\_  
 Tenant Name (*Nombre del Inquilino*) \_\_\_\_\_  
 Address at that time? (*Domicilio de ese tiempo?*) \_\_\_\_\_  
 Reason for leaving (*Razón de Cambio*) \_\_\_\_\_

**REASONABLE ACCOMMODATION**

*Acomodacion Razonable*

This apartment community does not discriminate against applicants or residents on the basis of a disability. In addition, we have a policy to provide "reasonable accommodations" to residents where possible. This may include priority for an accessible apartment or modifications to the apartment or premises. *Esta comunidad de apartamentos no discrimina contra los aplicantes o residentes en base a su raza, color, religion, sexo, origen de nacionalidad, estado familiar o discapacidad. En adición, tenemos una poliza que provee "acomodaciones razonables" a residentes donde sea posible si algun miembro de la familia tiene una discapacidad. Esto tal vez incluye prioridad para un apartamento accesible o modificaciones al apartamento o sus alrededores.*

A reasonable accommodation is some modification or adjustment to income that we can make that will afford an otherwise eligible applicant or resident with a disability an equal opportunity to use and enjoy the apartment, including public and common use areas. *Una acomodacion razonable es alguna modificacion o ajuste que podemos hacer que le permitra a un aplicante o residente elegible con discapacidad la justa oportunidad de usar y disfrutar el apartamento incluyendo las areas comunes y publicas ejemplos.*

An applicant household that has a member with a disability must still be able to meet essential obligations of the resident selection criteria. They must be able to pay rent on time. Care for their apartment, report required information to Management, avoid disturbing their neighbors, etc.; however, there is no requirement that they be able to do these things without assistance. *Un hogar aplicante que tiene a un miembro con una discapacidad tiene que ser apto para cumplir con obligaciones esenciales de la criteria para la seleccion de residentes. Tienen que poder pagar la renta a tiempo cuidar de su apartamento, reportar informacion requerida por el manejo. Evitar el disturbar a sus vecinos etc. Sin embargo no hay ningun requerimiento de que puedan hacer estas cosas sin asistencia.*

If a member of your household has a disability and you think you might need or want a reasonable accommodation that relates to your disability, please ask the office for our **Special Requirements Questionnaire** form. *Si algun miembro de su hogar tiene discapacidades y usted piensa que tal vez necesite o quiera acomodaciones razonables relacionadas con su discapacidad por favor pida a la oficina un **Questionario Para Requerimientos Especiales**.*

Do you wish to request a handicap/disability adjustment to income (if available) or a special handicapped accessible unit or both? \_\_\_\_\_ (If yes, must be verified. Please complete the Special Requirements Questionnaire) *Desea usted obtener ajuste de ingresos para incapacitados (si hay) o unidad accesible para incapacitados, o las dos cosas? (Si lo desea, verificación es necesaria. Por favor de llenar forma de **Questionario Para Requerimientos Especiales**)*



**CERTIFICATION (CERTIFICACIÓN)**

I certify that the forgoing information is true and complete to the best of my knowledge. I understand that all information given on this application as well as any information or materials deemed necessary to complete the application including credit reports and criminal background reports are subject to verification. Information determined to be false or untrue may result in permanent cancellation of the application, or if applicable, may result in the termination of tenancy. Any security deposit given will be held until application is processed, but does not indicate that the application is approved and may be returned at any time prior to occupancy. I understand that an acceptable government photo identification for all adult household members is required prior to acceptance of my application. Yo certifico que la siguiente información es verdadera y completa para mi conocimiento. Yo entiendo que toda la información dada en esta aplicación así como cualquier información o material que sea necesario para completar la aplicación incluyendo reportes de credito y reporte de antecedentes criminales son sujetos a verificación. La información que sea determinada falsa o no verdadera puede resultar en la cancelación permanente de la aplicación. O si es aplicable puede resultar en la terminación de su contrato. Cualquier deposito de seguridad dado sera retenido hasta que la aplicación sea procesada. Pero esto no indica que la aplicación es aprobada y puede ser regresado en cualquier tiempo antes de la ocupación. Yo entiendo que una identificación aceptabl \_\_\_\_\_ aceptar my aplicación.

# Coral Mountain Apartments

I certify the housing I will occupy at \_\_\_\_\_ will be our permanent residence. I further certify that I will not maintain a separate living unit in a different location. (Yo certifico que la vivienda que ocupare en: \_\_\_\_\_ sera nuestra residencia permanente. Yo ademas certifico que yo no tendre otra vivienda separada en un lugar diferente.

Signature (Firma) _____	Date (Fecha) _____
Signature (Firma) _____	Date (Fecha) _____
Signature (Firma) _____	Date (Fecha) _____
Signature (Firma) _____	Date (Fecha) _____
Signature (Firma) _____	Date (Fecha) _____
Signature (Firma) _____	Date (Fecha) _____

**WARNING STATEMENT:** Section 1001 of Title 18, United States Code provides, "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both". (Declaracion de advertencia: La Seccion 1001 Del Titulo 18,Codigo de Los Estados Unidos Provee, "Quien quiera en cualquier manera dentro de la jurisdiccion de cualquier departamento o agencia de los estados unidos bajo conocimiento y voluntariamente falsifica, esconde o cubre por medio de truco, plan o ardid un hecho material o hace cualquier declaracion falsa, ficticia o fraudulenta o representacion, o hace o usa cualquier escrito falso o documento bajo conocimiento que este contiene cualquier declaracion falsa, ficticia o fraudulenta o anadida, sera multado no menos de \$10,000 o encarcerado por no menos de cinco (5) años o los dos."

How did you hear about **Coral Mountain** Apartments?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to have a copy of the O/A Tenant Selection Procedures? (Please check box )

YES or  NO, if "YES" you would like a  paper copy or  electronic copy

**EACH PROPERTY'S TENANT SELECTION PROCEDURES ARE POSTED ONSITE AND COPIES WILL BE PROVIDED UPON YOUR REQUEST.**





**EMERGENCY NOTIFICATION (OPTIONAL)**  
**NOTIFICACION DE EMERGENCIA (OPCIONAL)**

Person to notify in case of Emergency: *(Persona a notificar en caso de emergencia)*

Name *(Nombre)* \_\_\_\_\_ Phone *(Teléfono)* \_\_\_\_\_  
Relationship *(Relación)* \_\_\_\_\_ Address *(Dirección)* \_\_\_\_\_  
\_\_\_\_\_

**APPLICATION AMENDMENT (ENMIENDA A LA APLICACION)**

The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through its agencies that Federal Laws prohibiting discrimination against tenant applicants on the grounds of race, color, creed, national origin, religion, sex, marital or familial status, age, or physical or mental 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 requested to note the race/national origin and sex of individual applicants on the basis of visual observation or surname. *(La información solicitada en esta aplicación es requerida por el dueño de los apartamentos con el fin de asegurar al gobierno federal, actuando por medio de sus agencias que las leyes federales prohibiendo la discriminación en contra de inquilinos/aplicantes en base a raza, color, credo, origen nacional, religion, sexo, estado marital o familiar, edad o discapacidad física o mental se estan cumpliendo. No es requerido que usted nos proporcione esta información. Pero se le alienta a hacerlo. Esta información no sera usada en evaluar su aplicación o para discriminar contra usted de ninguna forma. Sin embargo, si usted elije no proporcionarla, al dueño se le requiere que anote la raza/nacionalidad de origen y sexo de los individuos aplicantes en base a observacion visual o apellido.*

1. Sex: *(Sexo)* Male *(Masculino)* \_\_\_\_\_ Female *Femenino* \_\_\_\_\_
2. Ethnicity: Hispanic or Latino (of any race) *(Etnicidad: Hispanico o Latino (cualquier raza))* \_\_\_\_\_  
Non-Hispanic or Latino *(No Hispanico o Latino)* \_\_\_\_\_  
Taken together, these two categories equal 100% of the population. *(Juntandose, estas dos categoria equivalen al 100% de la población.*
3. Race: *(Raza)*
  - White *(Blanco)* \_\_\_\_\_
  - Black or African American *(Negro o Africano Americano)* \_\_\_\_\_
  - Native American or Alaskan Native *(Native American o Nativo de Alaska)* \_\_\_\_\_
  - Asian *(Asiatico)* \_\_\_\_\_
  - Native Hawaiian or Other Pacific Islander *(Native Hawaiiiano o de otras islas del pacifico)* \_\_\_\_\_

**Privacy Act Notice**

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member who is 6 years old or older.

**Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

**Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Penalty:** You must provide all of the information requested by the owner, including all social security numbers you, and all other household members regardless of age, have and use. Giving the social security numbers of all household members regardless of age is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.





**TENANT/APPLICANT RELEASE & CONSENT**  
 (Must include all household members 18 years and older.)

I/We \_\_\_\_\_, the undersigned, hereby authorize  
 \_\_\_\_\_, to release, without liability, all information  
 (employer or other source)  
 needed to:  Coral Mountain Apartments , for purposes of verifying information  
 (owner or agent)  
 provided as part of my/our apartment rental application.

**INFORMATION COVERED:** I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: immigration status; personal identity; employment, income and assets; rental history, criminal history, and medical or child care information. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information include, but are not limited to:

- |  |                                |                                      |
|--|--------------------------------|--------------------------------------|
| Past & Present Employers                               | Welfare Agencies               | Veterans Administration              |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies    | Retirement Systems                   |
| Support & Alimony Providers                            | Social Security Administration | Banks & Other Financial Institutions |
| Law Enforcement Agencies                               | Medical & Child Care Providers | Dept. of Homeland Security           |
| Credit Reporting Agencies                              | Court Records                  | Immigration & Naturalization Service |

**CONDITIONS:** I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that I/we can prove is incorrect.

**SIGNATURES:**

_____	_____	_____	_____
Head of Household	(Print Name)	Social Security #	Date
_____	_____	_____	_____
Spouse	(Print Name)	Social Security #	Date
_____	_____	_____	_____
Adult Member	(Print Name)	Social Security #	Date
_____	_____	_____	_____
Adult Member	(Print Name)	Social Security #	Date

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**

See Back for Additional Signatures