

For office use only  
Date Received: \_\_\_\_\_

Time: \_\_\_\_\_

# APPLICATION FOR OCCUPANCY

## Community Retirement Village

Complete all information for all household members. Attach an additional sheet if more space is needed. All applicants must include a copy of a government-issued photo ID for identification purposes.

### A. APPLICANT INFORMATION

**Applicant Name(s):** \_\_\_\_\_

Present Address \_\_\_\_\_ city/state/zip \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

List all persons who will live in the apartment. List the head of household first.

Name	Relationship	Birth date	Age	SS#	Sex
1. _____	head of household	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Is anyone in this household a full-time student? Yes \_\_\_\_\_ No \_\_\_\_\_ Name(s) \_\_\_\_\_

### B. REFERENCE INFORMATION

Current Landlord/Mortgage Holder Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Monthly rent/payment: \_\_\_\_\_ Number of years at this address: \_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Monthly rent/payment: \_\_\_\_\_ Number of years at this address: \_\_\_\_\_

Non-related Personal References:

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Relationship \_\_\_\_\_

Credit References:

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Account No. \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Account No. \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Account No. \_\_\_\_\_

**C. HOUSEHOLD INCOME**

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

HOUSEHOLD MEMBER	EMPLOYER NAME	EARNINGS
_____	_____	\$ _____ per hr, _____ hrs/wk
_____	_____	\$ _____ per hr, _____ hrs/wk
_____	_____	\$ _____ per hr, _____ hrs/wk

**Rental Income** – Net income from rental of property (Gross amount)

Description \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Description \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

**Social Security/SSI Payments/Veteran's Benefits** – List Gross amounts

HOUSEHOLD MEMBER

\_\_\_\_\_ Social Security \_\_\_\_\_ \$ \_\_\_\_\_ per month

\_\_\_\_\_ Social Security \_\_\_\_\_ \$ \_\_\_\_\_ per month

\_\_\_\_\_ SSI \_\_\_\_\_ \$ \_\_\_\_\_ per month

\_\_\_\_\_ SSI \_\_\_\_\_ \$ \_\_\_\_\_ per month

\_\_\_\_\_ Veteran's Benefits \_\_\_\_\_ \$ \_\_\_\_\_ per month

\_\_\_\_\_ Veteran's Benefits \_\_\_\_\_ \$ \_\_\_\_\_ per month

**Pensions, Annuities, Retirement Funds, IRA Accts** – List Gross amounts

HOUSEHOLD MEMBER

SOURCE & ADDRESS

\_\_\_\_\_ \$ \_\_\_\_\_ per month

\_\_\_\_\_ \$ \_\_\_\_\_ per month

\_\_\_\_\_ \$ \_\_\_\_\_ per month

**All Other Income** – Include Gross Income from ALL OTHER SOURCES, such as: Unemployment, Disability Compensation, Workman's Compensation, allowances for Head of Household in Armed Forces, Public Assistance, Welfare, AFDC, Alimony, Child Support, Student Income, Insurance Settlements, or any other.

HOUSEHOLD MEMBER

SOURCE & ADDRESS

\_\_\_\_\_ \$ \_\_\_\_\_ per month

\_\_\_\_\_ \$ \_\_\_\_\_ per month

**TOTAL GROSS MONTHLY INCOME** \$ \_\_\_\_\_

**TOTAL GROSS ANNUAL INCOME** (multiply previous entry x 12) \$ \_\_\_\_\_

Do you anticipate any changes in this income in the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, explain:

**D. ASSET INFORMATION**

Checking Account(s) # \_\_\_\_\_ Bank \_\_\_\_\_ Bal \$ \_\_\_\_\_  
# \_\_\_\_\_ Bank \_\_\_\_\_ Bal \$ \_\_\_\_\_

Savings Account(s) # \_\_\_\_\_ Bank \_\_\_\_\_ Bal \$ \_\_\_\_\_  
# \_\_\_\_\_ Bank \_\_\_\_\_ Bal \$ \_\_\_\_\_

Money Market Account(s) # \_\_\_\_\_ Bank \_\_\_\_\_ Bal \$ \_\_\_\_\_  
# \_\_\_\_\_ Bank \_\_\_\_\_ Bal \$ \_\_\_\_\_

Trust Account(s) # \_\_\_\_\_ Bank \_\_\_\_\_ Bal \$ \_\_\_\_\_

Certificates of Deposit # \_\_\_\_\_ Bank \_\_\_\_\_ Bal \$ \_\_\_\_\_  
# \_\_\_\_\_ Bank \_\_\_\_\_ Bal \$ \_\_\_\_\_

IRA # \_\_\_\_\_ Company \_\_\_\_\_ Bal \$ \_\_\_\_\_

Savings Bonds # \_\_\_\_\_ Total Cash Value \$ \_\_\_\_\_

Whole Life Insurance Policy # \_\_\_\_\_ Total Cash Value \$ \_\_\_\_\_

Other Stock/Bonds/Investments (Please list and provide current value):

Real Property: Do you own any property/real estate/time share? Yes \_\_\_\_\_ No \_\_\_\_\_

Location: \_\_\_\_\_

Current Market Value: \$ \_\_\_\_\_ Type of property: \_\_\_\_\_

Outstanding Mortgage Balance: \$ \_\_\_\_\_

Location: \_\_\_\_\_

Current Market Value: \$ \_\_\_\_\_ Type of property: \_\_\_\_\_

Outstanding Mortgage Balance: \$ \_\_\_\_\_

Have you sold/dispensed of any business, property or other assets in the past 2 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state type of business/ property or asset: \_\_\_\_\_

Date of Sale/Disposition: \_\_\_\_\_

Market Value when sold/dispensed of: \$ \_\_\_\_\_

Amount sold/dispensed for: \$ \_\_\_\_\_

Have you sold any property on a land contract that is still in effect? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe:

List Information of all other Major Assets not listed above (automobiles, recreational vehicles, mobile homes, boat, motorcycle, aircraft, etc. List make/model/year/current value)

**E. EXPENSE INFORMATION**

Include total medical expenses for the entire household, including anticipated medical expenses to be incurred over the next 12 month period not covered by insurance. May include expenses for: dental, prescription medicines, medical insurance premiums, eyeglasses, hearing aids/batteries, medical equipment, nursing home care, nursing home insurance, cancer insurance (ie: AFLAC), and life-line services.

Medicare Premiums Monthly Amount \$ \_\_\_\_\_

Medical Insurance Coverage Premium Monthly Amount \$ \_\_\_\_\_

Name/Address of Company \_\_\_\_\_

Prescription Insurance Coverage Premium Monthly Amount \$ \_\_\_\_\_

Anticipated Medical Expenses NOT covered by Insurance Monthly Amount \$ \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Old Medical bills/costs on which you are making monthly payments. Monthly Amount \$ \_\_\_\_\_

Medical related travel costs Monthly Amount \$ \_\_\_\_\_

**F. PROGRAM INFORMATION – all questions are applicable to all household members.**

- 1. What size unit are you requesting? 1 Bedroom                      2 Bedroom
- 2. Do you wish to have priority for a handicapped accessible unit with special design features? Yes    No
- 3. Have you ever been evicted from any type of housing? Yes    No
- 4. Have you ever been convicted of a felony? Yes    No
- 5. Are you currently a user of an illegal controlled substance? Yes    No
- 6. Have you ever been convicted of a drug violation (use, attempted use, possession, manufacture, sale, or distribution, other)? Yes    No
- 7. Have you successfully completed a controlled substance abuse recovery program or presently enrolled in such a program? Yes    No

**If you answered “Yes” to any question from 3 through 7, describe the circumstances:**

- 8. Are you now or will you become a part time or full time student prior to move-in? Yes    No
- 9. How did you hear about this housing? \_\_\_\_\_
- 10. Do you own any pets? Yes    No    If yes, describe: \_\_\_\_\_

**G. EMERGENCY CONTACT**

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

**H. CERTIFICATION**

I/We hereby certify that the unit applied for will be the household's permanent residence.

I/We further certify that I/we do/will not maintain a separate subsidized rental unit in another location.

I/We understand that I/we are not allowed to operate a home business from this rental unit.

I/We understand that I/we must pay a security deposit for this unit.

I/We certify that I/we are not presently using or addicted to a controlled substance, nor have I/we ever been convicted of possession, manufacture, or distribution of a controlled substance.

I/We understand that I/we must pay a pet deposit for this unit if we have an allowable pet.

I/We understand that my/our eligibility for housing will be based on USDA-Rural Development income limits and tenant selection criteria.

I/We certify that all information in the Application is true to the best of my/our knowledge and understand that false statements or information are punishable by law and will lead to cancellation of this Application or termination of tenancy after occupancy. Inquiries may be made to verify this information.

**All adults occupying the unit must sign this Certification.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I. AUTHORIZATION**

I/We do hereby authorize Community Retirement Village of Clarksville, Iowa and its staff or authorized representatives to contact any agencies, law enforcement offices, companies, groups, businesses, or organizations to verify any information contained in this Application or to obtain and verify any additional information or materials which are deemed necessary to complete my/our Application for housing at Community Retirement Village. Further, I/we consent to the release of wage/income data.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## APPLICANT VOLUNTARY INFORMATION

The information solicited on this application is requested in order to determine eligibility for a government housing program and eligibility with respect to the owner's credit and reference policies. Applications will be judged on the basis of these written policies and NOT on the basis of race, color, national origin, sex, marital status, age, familial status, or handicap.

The following information is requested by the Federal Government, acting through the Rural Housing Service to monitor compliance with the Equal Housing Opportunity and Fair Housing Law. 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 the individual applicants on the basis of visual observation or surname.

**I choose not to furnish this information.**

\_\_\_\_\_   
Head of Household

\_\_\_\_\_   
Applicant #2

\_\_\_\_\_   
Applicant #3

### Please complete both sections

#### Head of Household

- Hispanic
- Non-Hispanic
- Male
- Female

#### Applicant #2

- Hispanic
- Non-Hispanic
- Male
- Female

#### Applicant #3

- Hispanic
- Non-Hispanic
- Male
- Female

#### Race/National Origin

- American Indian/  
Alaskan Native
- Asian
- Black or African  
American
- Native Hawaiian or  
Other Pacific Islander
- White

#### Race/National Origin

- American Indian/  
Alaskan Native
- Asian
- Black or African  
American
- Native Hawaiian or  
Other Pacific Islander
- White

#### Race/National Origin

- American Indian/  
Alaskan Native
- Asian
- Black or African  
American
- Native Hawaiian or  
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- White