

# AMERICAN VILLAGE

# CAPITAL REALTY GROUP

86 Route 59 East  
Spring Valley, NY 10977  
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NYS TTY/TDD: 711  
Mail@thecapitalrealty.com

RENTAL APPLICATION for \_\_\_\_\_

INSTRUCTIONS FOR HEAD OF HOUSEHOLD:

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

Manager Initial: \_\_\_\_\_

1. Please complete all section by printing in ink. Please do not leave any section blank, even sections which do not apply to you. For instance, if a section asks for driver's license number and you do not have a driver's license, you may write "NONE" or "N/A" (not applicable). If you need to make a correction, put one line through the incorrect information, write the correct information above and initial the change.
2. As Head of Household, you will complete this Rental Application form. In addition, each additional adult 18 years of age and older who will live in the apartment must sign this Rental Application.
3. It is important that all information on this form be complete and correct. False, incomplete, or misleading information will cause your household's application to be declined.
4. As long as your application is on file with us, it is your responsibility for contact us whenever your address, telephone number or income situation changes and whenever you need to add a person to your application or remove a person from your application.
5. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List; but this does not mean that your household will be offered and apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures, which are summarized in the Tenant Selection Policy posted in the Management Office.

Head of Household					
Last Name		First Name		M.I.	Social Security Number
Telephone Number:	Home			Work	
Spouse/ Co-Resident					
Last Name		First Name		M.I.	Social Security Number
Telephone Number:	Home			Work	
Current Address		City	State	Zip	Email
Date Move In	Landlord's Name, Address & Telephone Number				

Is there another person we may contact if we are unable to reach you?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit size requested: \_\_\_\_\_ 2<sup>nd</sup> Choice and why \_\_\_\_\_



American Village  
3700 W. Wheatmore Drive  
Louisville, KY 40215  
502-368-1674



**HOUSEHOLD COMPOSITION:**

List ALL persons including you, who will reside in the unit. NOTE: The number to the left indicates the "Family Number" and is the number requested in the remaining actions of this application. Please provide copies of all members' birth certificates and Social Security/ Alien cards.

Full Name	Relationship	Sex	Age	Birthdate	Occupation	Student Y/N	P/T or F/T	Social Security Num./ Alien Registration #
1.	Head Hs							
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Will any of the above household members live anywhere except in the apartments?      Yes    No

Are there any other persons who will live in the apartment on a less than full-time basis?    Yes    No

Are there any expected additions to the household in the next 12 months?      Yes    No

If you answered "YES" to any above question, please explain: \_\_\_\_\_

What is your citizenship status?

US Citizen/National;                       Eligible Non-Citizen;       Non-Eligible Non-Citizen

**RENTAL HISTORY:**

This must include all places where you and/or any adult household members have lived, including places where your or their name did not appear on the lease and places where you or they used a different name. (Adult members and any household members who are 18 years of age or older). NOTE Use Family Member Numbers from Page 2. If you need more space, please use a blank sheet of paper.

Member Number	Street Address	City	State	Zip	Dates of Residency	Rent per Month	Landlord Name	Landlord Address

**INCOME:**

EMPLOYMENT ONLY: List all full-time, part-time and/or seasonal employment for ALL household members including self-employed earnings. If you have income from "Other Sources", see next section of Rental Application.

Member Number	Place of Employment	Employment Address	Employer's Telephone	Supervisor	Annual Income (Yearly Total)

INCOME FROM OTHER SOURCES: List ALL income from sources other than employment for ALL household members. This includes but is not limited to Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Alimony, Child Support, Educational Grants or Scholarships, etc.

Family Member Number	Source of Income	Address of Source of Income	Telephone Number	Contact Person	Estimated of Annual Income (Yearly Total)

**ASSETS:**

List all assets from all sources for ALL household members. For any asset not noted below, write under other asset section below.

Type of Asset	Member Number	Account Number	Bank Name	Bank Address	Cash Value	Interest Rate
CHECKING						
CHECKING						
SAVINGS						
SAVINGS						
Stock/Bond						
C.D.						
IRA/401k						
Life Ins						
Trusts						
Real Estate						
Other Assets						

Have you or any member of the household sold or disposed of any asset(s) valued over \$1,000 in the last two years?

Yes

No

**AUTOMOBILE AND OTHER VEHICLES:**

List all motor vehicles, including motorcycles, owned by or registered to household members.

Member Number	Make and Model Number	Year	License Plate Number	State	Color of Vehicle

**MEDICAL/CHILDCARE/HANDICAPPED EXPENSES:**

List payments made to provider of childcare or disabled adult care costs; payments on outstanding medical bills; medical insurance premiums; medical and dental costs not covered by insurance. (If more space is needed, please list on separate sheet and attach to this application.) Please answer the following questions about yourself and all members of your household who will occupy the unit.

Member Number	Description of Expense	Paid To	Address/ Phone Number	Cost per Month

**ELDERLY and/or HANDICAPPED/DISABLED HOUSEHOLDS ONLY:**

NOTE: Medical expenses only apply to households where the head of household, spouse or co-head is 62 years of age or older, or disabled/handicapped. YES    NO

1. Do you have Medicare? \_\_\_\_\_ \_\_\_\_\_

If yes, what is your monthly payment? \$ \_\_\_\_\_

If yes, what Medicare plan do you have? \_\_\_\_\_

If yes, what is your annual deductible? \_\_\_\_\_

2. Do you have any other kind of medical insurance? \_\_\_\_\_ \_\_\_\_\_

If yes, provide the following information: Policy Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Agent's Name: \_\_\_\_\_

Premium Amount: \$ \_\_\_\_\_ [ ] Week; [ ] Month; [ ] Other \_\_\_\_\_

3. Do you receive medical assistance through the Public Assistance Program? \_\_\_\_\_ \_\_\_\_\_

4. Do you have any outstanding medical bills on which you are currently paying? \_\_\_\_\_ \_\_\_\_\_

5. Do you expect to have any medical expenses during the next twelve (12) months? \_\_\_\_\_ \_\_\_\_\_

If yes, state the type and amounts of these medical expenses anticipated:

\_\_\_\_\_

\_\_\_\_\_

**REASONABLE ACCOMMODATIONS:**

Are there any special accommodations that the household will require (e.g. unit for mobility impaired, unit for visually impaired, unit for hearing impaired, live-in aide, grab bars, etc.)? \_\_\_\_\_ \_\_\_\_\_

**MISCELLANEOUS:** (These questions apply to ALL HOUSEHOLD MEMBERS)

Are any household members currently under eviction or ever been evicted? Yes      No  
 If so, why? \_\_\_\_\_

Are any household members currently living in a unit with any type of pest? Yes      No

Are any household members currently living in a unit containing bed bugs? Yes      No

Do you or any household member have any type of pet? Yes      No

Please list all states any household member has lived in: \_\_\_\_\_

Are you or any other adult household members a veteran of the US armed forces? Yes      No

Is the household displaced due to a Presidentially Declared Disaster? Yes      No

Is the household lacking a fixed nighttime residence? Yes      No

Is the household fleeing/attempting to flee domestic violence? Yes      No

Have any household member ever committed any fraud in a federally assisted housing program or been required to repay money for knowingly misrepresenting information for such program? Yes      No  
 If Yes, Explain: \_\_\_\_\_

Have any household member ever been evicted from any federally assisted housing unit for drug related criminal activity? Yes      No  
 If Yes, Explain: \_\_\_\_\_

Have any household member ever been convicted/plead guilty to a felony? Yes      No

Have any household member ever been convicted to a misdemeanor involving violence? Yes      No  
 If Yes, Explain: \_\_\_\_\_

Have you are any member of your household even been convicted of possession of an unregistered firearm or possession of an illegal weapon that can cause physical harm or emotional suffering by intimidation? Yes      No  
 If Yes, Explain: \_\_\_\_\_

Have any household member ever been convicted of the illegal manufacture, use, or distribution of a controlled substance? Yes      No  
 If Yes, Explain: \_\_\_\_\_

Are any household members currently using illegal substances or abusing alcohol? Yes      No

Have any household member ever been convicted of a sex related crime or are they, or ever been, a registered sex offender in any state? Yes      No

Have you or any member of the household never been assigned a social security number? Yes      No

Are you or any household members exempt from declaring their social security number under federal guidelines? Yes      No  
 If Yes, Explain: \_\_\_\_\_

Have you or any member of the household ever used another social security number other than the one you were assigned? Yes      No

**MARKETING:** (This section is optional)

How did you hear about our apartment community?  newspaper;  apartment guide;  
 family/friend;  internet;  radio;  television  other – specify \_\_\_\_\_

**RACE AND ETHNICITY:** (This section is optional) Please check all that apply:

The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sex, religion, age, disability, marital or familial status. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD). Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410.

Race:

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

Ethnicity:

Hispanic  Non-Hispanic

**ELDERLY HOUSEHOLD STATUS:**

We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 program and/or to give special considerations with regard to allowances in determining rent. Please check the box or boxes that apply.

62 years of age older  Handicapped  Disabled

**STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS**

1. We certify that all information given in this application and any addenda thereto is true, complete, and accurate. We understand that if any of this information is false, misleading, or incomplete; management may decline our application or, if move-in has occurred, terminate our Rental Agreement.
2. We authorize CAPITAL REALTY GROUP INC to make any and all inquiries to verify information, either directly or through information exchange not or later with rental or credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, State, or local agencies.
3. We authorize CAPITAL REALTY GROUP INC to make any and all inquiries into all members' criminal and sex offender history.
4. If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.
5. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income, and household composition.
6. We have read and understand the information in this application, in particular the information contained in the instruction for Head of Household and we agree to comply with such information.
7. We have been notified that the Tenant Selection Plan which summarizes the procedures for processing applications is posted in the management office. In addition, once this application is placed on the waiting list, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, damages, and Security Deposits.
8. We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act 15 U.S.C. Section 1681a (d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mod of living.

FAIR CREDIT REPORTING ACT

THIS IS TO INFORM YOU THAT AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION. AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THIRD PARTIES- SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS OR OTHERS WHO ARE ACQUAINTED WITH YOU. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING, INCOME AND CREDIT BACKGROUND AND ALSO POLICE REPORTS. ALL INFORMATION YOU OR OTHERS GIVE US WILL BE HELD IN STRICT CONFIDENCE.

WE DO NOT DISCRIMINATE ON THE BASIS OF REACE, RELIGION, NATIONAL ORIGIN, COLOR, CREED, AGE, SEX, HANDICAP, OR FAMILAL STATUS.

BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR REPSONSES ARE TRUE AND COMPLETE AND AUTHORIZE THE OWNER/MANAGER TO VERIFY THIS INFORMATION THROUGH WNY SOURCE THAT IT DEEMS APPROPRIATE. ANY FALSE STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF YOUR APPLICATION.

I/WE HAVE READ AND UNDERSTAND THE ABOVE.

\_\_\_\_\_  
Head of Household Signature                      Date    Co-Head/Spouse Signature                      Date

\_\_\_\_\_  
Other Adult Member Signature                      Date    Other Adult Member Signature                      Date

**WARNING:**

"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). Violation of these provisions are cited as violations of 4 U.S.C. 408 (a) (6), (7) and (8).\*\*"

**DO NOT WRITE BELOW THIS LINE- MANAGEMENT USE ONLY**

**APPLICATION DISPOSITION:**

**Approval:**

Approved: \_\_\_\_\_ Date    Approved By: \_\_\_\_\_ Signature    Title

**Rejection:**

Disapproved: \_\_\_\_\_ Date    Disapproved By: \_\_\_\_\_ Signature    Title

Reason(s) for Disapproval: \_\_\_\_\_

Applicant Notified in Writing on: \_\_\_\_\_

**Appeal of Rejection:**

Applicant Appealed Decision on : \_\_\_\_\_ (Written notification attached).

Applicant Appeal Review by: \_\_\_\_\_ Signature    Title    Date

Appeal Decision: \_\_\_\_\_ Approved    \_\_\_\_\_ Disapproved

Applicant Notified in Writing on: \_\_\_\_\_

Updated: 4/1/14





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**Criminal History/Sex Offender Screening Consent Form**

I authorize Capital Realty Group to run my criminal background check.

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Previous 2 Home Addresses:

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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