



EQUAL HOUSING OPPORTUNITY

**BIGGS**  
PROPERTY MANAGEMENT

# The Courtyard

## PRELIMINARY APPLICATION

P.O. Box 549 Decatur, IN 46733  
260-387-7068 (VOICE) 800-743-3333 (TDD) 260-724-6461 (FAX)

FOR OFFICE USE:	
DATE REC'D:	_____
TIME REC'D:	_____
Mgr. Initials:	_____

**Note: An application fee of \$25.00 will be due at the time the application is returned. Applicant must be over 18 and have the legal capacity to sign a lease.**

This application is to be completed fully and in detail. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process by Biggs Property Management ("BPM") and is subject to verification by BPM. In the event any information provided is later determined to be false, BPM may, in BPM's sole discretion, terminate any lease. BPM's gathering of information from and about prospective tenants is for the benefit of the BPM, only, and does not create any right of reliance on the part of any tenant or occupant part regarding the behavior or character of any other tenant or occupant of the community.

**(Please Print)**

Applicant's Full Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Apt. Community Desired: \_\_\_\_\_ Desired Move-In Date: \_\_\_\_\_  
Type and Size of Apartment Desired: \_\_\_\_\_

**PRESENT RESIDENCE:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Landlord Telephone: \_\_\_\_\_ Comments: \_\_\_\_\_

**PREVIOUS RESIDENCE #1:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Landlord Telephone: \_\_\_\_\_ Comments: \_\_\_\_\_

**PREVIOUS RESIDENCE #2:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Landlord Telephone: \_\_\_\_\_ Comments: \_\_\_\_\_

**HOUSEHOLD COMPOSITION:**

NAMES OF HOUSEHOLD MEMBERS (First, Middle Initial, Last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	PLACE OF BIRTH	DATE OF BIRTH	ARE YOU A FULL TIME STUDENT?
	HEAD				

How did you hear about our community? \_\_\_\_\_ Referred by: \_\_\_\_\_

**STUDENT STATUS:**

Are you or anyone in your household currently a student or planning to be one within the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Full-time or Part-time: \_\_\_\_\_ # of credit hours taken: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

If you answered yes to either of the previous two questions are you:

Receiving assistance under Title IV of the Social Security Act (AFCD/TANF)? Yes \_\_\_\_\_ No \_\_\_\_\_

Receiving assistance through the Job Training Participation Act (JTPA) or other similar program? Yes \_\_\_\_\_ No \_\_\_\_\_

Married and filing a joint tax return? Yes \_\_\_\_\_ No \_\_\_\_\_

Single parent with a dependant child and neither you nor your child are dependent of another? Yes \_\_\_\_\_ No \_\_\_\_\_

**Preferences:**

Please check all that apply. All preferences will be verified at the time of orientation.

Involuntarily Displaced	Involuntarily displaced means families who have been displaced due to a natural disaster, or other national emergency or governmental action of the City of Ft. Wayne.
Qualified Graduate of Foster Care	The Head of Household is 18 to 25 years of age and a qualified graduate of a Foster Care program.
Graduate of Transitional Housing	This preference is available for families whose head and/or spouse/co-head, with adult member(s) who are graduates of a transitional housing program.
Homeless	Homeless definition has 4 categories: 1) Literally homeless individuals/families 2) Individuals/families who will imminently (within 14 days) lose their primary nighttime residence with no subsequent residence, resources or support networks 3) Unaccompanied youth or families with children/youth who meet the homeless definition under another federal statute and 3 additional criteria 4) Individuals/families fleeing or attempting to flee domestic violence with no subsequent residence, resources or support networks.
Not Receiving any Housing Assistance	This preference is for families who are not receiving any type of housing assistance funded through the U.S. Department of Housing and Urban Development.
None	This family has none of the preferences listed.
Resident Living/Working in Ft. Wayne	A "residency" preference for a family that resides within the city limits of Ft. Wayne, IN (or up to 5 miles outside of city limits), or includes a family member who works, or has been notified that they are hired to work in that geographic area.
Working/Social Security/SSI Preference	A preference for "working" families, where the head, spouse, co-head, or sole member is employed. As required by HUD, families where the head and spouse, also be given this benefit of working preference [24 CFR 930.206(b)(2)].

**PROGRAM INTEGRITY INFORMATION:**

**Criminal Conduct** (These questions apply to all household members). You **MUST** answer each of the following questions accurately and completely, BPM conducts criminal background checks and your response to these questions may be verified. Providing inaccurate and/or incomplete information may be grounds for denial/termination/eviction.

Have you or any member of your household ever been arrested or convicted for the use, sale and/or manufacture of controlled substances?	Yes / No	If yes, please tell us who, dates, charges, city and state.
Have you or any member of your household ever been arrested for any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person or property of another?	Yes / No	If yes, please tell us who, dates, charges, city and state.
Does anyone in your household currently (or within the last 3 years) use a controlled substance or illegal drug?	Yes / No	If yes, please explain, (who and when)
Have you or any member of your household been arrested and charged with any misdemeanor or felony?	Yes / No	If yes, please explain, (who and when)
Have you or any member of your household been required to register as a sex offender?	Yes / No	If yes, please explain, (who, when and what state)

Are you or any member of your household subject to any state's lifetime sex offender registration program?	Yes / No	If yes, please explain, (who, when and what state)
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**DISABILITY STATUS:**

1. Would you or anyone in your household benefit from the features of a handicap-accessible unit? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Previous Housing Rental Assistance:** You **MUST** answer each of the following questions accurately and completely. False and/or incomplete answers may result in denial/termination/eviction.

Have you ever lived in public or assisted housing at any time in the past (in Fort Wayne or any other place)?	Yes / No	If yes, please explain. Include dates and locations.
Have you ever committed, been accused or charged with any fraud or knowingly misrepresented information in any housing assistance program?	Yes / No	If yes, please explain. Include dates and locations.
Do you owe any money to any housing authority or agency that provides housing assistance?	Yes / No	If yes, what agency, how much.
Have you ever been evicted from any public housing program or had program benefits denied or terminated in any housing assistance program?	Yes / No	If yes, please explain. Include dates and locations.

**INCOME:**

To determine your eligibility to occupy a unit in this project, we need the total amounts of all income sources earned/unearned by your household. You must list any income in which you and your household members receive.

INCOME SOURCES	HOUSEHOLD MEMBER WHO RECEIVES THE INCOME	MONTHLY <b>GROSS</b> AMT. RECEIVED (A "0" must be marked in each column in which you do not receive income from that source.)	ORGANIZATION NAME, PHONE NUMBER & ADDRESS TO SEND VERIFICATION FORM (Please Provide)
<b>Example:</b> Employment	Jason	\$ 1,100.00/mo.	Payton Electronics, 522 E. Livingston, Ft. Wayne, IN 46805, 260-565-5555

**OTHER INCOME RELATED ISSUES:**

Do you anticipate any changes in income during the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Explanation: \_\_\_\_\_

**MONETARY/NONMONETARY HOUSEHOLD CONTRIBUTIONS:** (These include money for or expenses paid on your behalf such as rent, utilities, telephone, groceries, clothing, household supplies, insurance, car expenses and gas)

Does anyone outside of your household pay for any of your bills or give you money? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_

**CHILD SUPPORT:** (We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather received directly from payor).

Are you or any member of your household *entitled* to receive child support payments? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, are you *currently* receiving any child support payments? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, are your child support payments court ordered? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is there a divorce or separation agreement that state you are entitled to periodic support? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If money is not actually received, are you taking legal action to remedy? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Explanation: \_\_\_\_\_

**ASSETS:**

Type of Assets	Value	Account #	Organization Name, Phone & Address
Example: <i>Checking</i>	\$185.00	#672-523074	<i>Wells Fargo Bank, 511 W. Bradford, Ft. Wayne, IN 46803, 260-444-5656</i>

**OTHER INFORMATION AND/OR DEDUCTIONS:**

Will any foster children, foster adults or live-in attendants that are living or going to be living with you? Yes \_\_\_\_\_ No \_\_\_\_\_  
Who? \_\_\_\_\_

Are any members of your household temporarily absent? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, list who and why: \_\_\_\_\_

Are there any expected changes in the household membership in the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_  
(For instance: baby due, adopting a child, obtaining custody of a child, receiving a foster child or adult member of the household moving out) Explain: \_\_\_\_\_

For BPM Use Only:

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

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

# CERTIFICATION & CONSENT FOR RELEASE OF INFORMATION

NOTE: In considering this application from you, BPM will rely heavily on the information which you have supplied. It is most important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize Management to verify any references that you have listed. Your signature on this form also authorizes BPM to obtain any information that is pertinent to eligibility, according to federal law, for residency at the housing complex in which you reside/have applied. Any individual or organization may be asked to release information.

Inquiries including, but not limited to, the following information may be made:

Employment Income	Social Security Income
Self-Employment Income	Disability Income
Pension Income	Other Sources of Income
Assets of Any Kind	Medical/Pharmaceutical Expenses
Family Composition	Childcare Expenses
Federal, State, Tribal, and Local Benefits	Handicap Apparatus Expenses
Student Status	Other Qualifying Expenses
Credit References	Landlord References
Prescriptions	Personal References
	Criminal History

Photocopies of this authorization may be used for the purpose indicated above. The original is retained by the requesting organization.

## Please Complete This Section:

I understand that failure to consent to the release of this information will render me ineligible for housing complex at which I have applied. I give my permission for BPM, as mentioned above, to obtain any information that is pertinent to my eligibility, and to any reference or entity I have identified to release such information to BPM. I also hereby certify that all of the information disclosed on this form is accurate and true. By signing this document, I do hereby certify that the information listed on this form and the questions answered are true and complete to the Best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property). I realize that false statements are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. I hereby certify that if I am applying for a federally subsidized apartment, it will serve as my permanent residence, and that I will not maintain a separate subsidized rental unit in a different location.

## Applicant Information:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

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

## Co-Applicant Information:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

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

## OPTIONAL CONTACT PERSON

**Instructions: Optional Contact Person or Organization:** You may include as part of your application for housing the name, address, telephone number and other relevant information of a caseworker, mentor, 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 the application process, your tenancy or to assist in providing any special care of services you may require. **You may update, remove or change the information you provide on this form at any time.** You will be asked to update this form at each Annual Recertification.

Applicant/Resident Name: \_\_\_\_\_

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

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

BPM has my permission to contact: \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Email Address (if applicable): \_\_\_\_\_

Relationship to Applicant/Resident: \_\_\_\_\_

**Reason for Contact: (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Emergency                         | <input type="checkbox"/> Assist with Recertification Process                           |
| <input type="checkbox"/> Assist in the Application Process | <input type="checkbox"/> Assist with the Youth Opportunities Programs Available to You |
| <input type="checkbox"/> Unable to contact you             | <input type="checkbox"/> Change in lease terms   |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules   |
| <input type="checkbox"/> Eviction from unit                | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Late payment of rent              |  |

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. The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-head Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Property Manager: \_\_\_\_\_

Date: \_\_\_\_\_



This property conducts business in accordance with all federal, state, and local fair housing laws. It is our policy to provide to all persons regardless of race, color, religion, sex, national origin, disability, or familial status. This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. We conduct business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodations upon request. Persons with language barriers may request or arrange interpretation alternatives or services.



