



EQUAL HOUSING OPPORTUNITY



The Courtyard

PRELIMINARY APPLICATION

P.O. Box 539 Decatur, IN 46733
260-724-6422 (VOICE) 800-743-3333 (TDD) 260-724-6472 (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 _____

INCOME:

Income: (This question applies to all household members). Please tell us about all income received in the household. The definition of income is, "all amounts, monetary or not, which go to or on behalf of the family head or spouse or to any other family member, or that are anticipated to be received from a source outside the family during the 12 month period following admission or the annual reexamination effective date."

Income includes: Employment income, the net income from a business, periodic payments from Social Security, annuities, pensions, alimony and child support, payments in lieu of earnings such as unemployment compensation, workers compensation, severance pay, public assistance (TANF), SSI, military pay and regular contributions and gifts.

INCOME SOURCES	HOUSEHOLD MEMBER WHO RECEIVES THE INCOME	MONTHLY GROSS 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)
Example: <i>Employment</i>	<i>Jason</i>	<i>\$ 1,100.00/mo.</i>	<i>Payton Electronics, 522 E. Livingston, Ft. Wayne, IN 46805, 260-565-5555</i>

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: _____

DISABILITY STATUS:

1. Would you or anyone in your household benefit from the features of a handicap-accessible unit? Yes: _____ No: _____
2. Do you need an accommodation to complete the application process? Yes: _____ No: _____
3. Do you need an accommodation or modification to your housing features as a result of your disability? Yes: _____ No: _____

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: _____

Do you expect anyone to move-in or move-out in the next 12 months? Yes _____ No _____
 Explain: _____

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)

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.

ASSETS:

Assets: (This question applies to all household members, including children). Please tell us about all assets owned by household members, including assets owned by more than one person, allowing unrestricted access by the household member(s).

Assets include: The current balance in your savings account, the average 6 month balance in your checking account, stocks, bonds, savings certificates, money market funds, investments, equity in real property, trusts available to the household, IRA's, Keogh's, retirement accounts, company retirement pensions, lump sum receipts such as inheritances, capital gains, lottery winnings, cash from sale of assets, insurance settlements, Social Security and SSI lump sum payments, personal property held as an investment, cash value of life insurance policies, and any assets disposed of for less than fair market value during the 2 years preceding this certification.

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>

PREFERENCES

I claim the following preferences:

	Working Preference - Fulltime -I represent a household with at least one adult member who is employed and has been employed for 12 consecutive months; and/or _____ I (and/or my spouse) am/are receiving <u>regular monthly payments</u> (Social Security, SSI, or others) based on my/our inability to work. Must provide 6 consecutive paystubs
	Working Preference - Parttime -I represent a household with at least one adult member who is employed and has been employed for 12 consecutive months; and/or _____ I (and/or my spouse) am/are receiving <u>regular monthly payments</u> (Social Security, SSI, or others) based on my/our inability to work. Must provide 6 consecutive paystubs
	Disability Preference - I (and/or my spouse) am/are elderly or a person with disabilities. Must provide proof of disability
	Aging Out of Foster Care preference -require verification from the agency or institution that supervised the Foster Care of this member showing they completed the program
	Education Preference -requires proof of current enrollment
	Homeless Preference -require third party verification by a qualified homeless professional
	Special Needs Preference -require proof of meeting requirements of special needs preferences
	Agency Referral Preference -require referral form signed by provider on agency letterhead
	None of the Above. I do not claim any of the preferences listed above.

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.



Equal Opportunity Provider & Employer