



# APPLICATION FOR OCCUPANCY

**\*\* APPLICATION FEE OF \$25.00 IS (NON-REFUNDABLE) \*\***

**PLEASE PRINT – RETURN COMPLETED APPLICATION TO:**

Mailing Address: Vitality Center Housing  
P.O. Box 2580  
Elko, Nevada 89803

Winchester Senior, 1920 Winchester Dr.  
High Desert, 1801 Winchester  
Chimney Rock Apartments  
626 First Street, Wells  
(775)738-6102  
Fax (775) 753-6470

An applicant may be interviewed only after a completed Application is received. Completed Applications are processed in order of date and time received. You may contact the rental office for assistance in completing the Application.

### A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Driver's License or ID. No. \_\_\_\_\_ State Issued: \_\_\_\_\_

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

Name	Relationship Head	Birthdate	Age	Social Security No.	Sex
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					

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

### B. REFERENCE INFORMATION

Current Landlord: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Previous Landlord(s) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

#### Non-related Personal References

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_  
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_  
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

**C. ALL SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS.**

NAME	SOURCE OF INCOME	MONTHLY GROSS
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	Social Security Income	\$ _____
_____	Social Security Income	\$ _____
_____	Veterans Benefits	\$ _____
_____	Pension	\$ _____
_____	Pension Source(s) _____	_____
_____	Unemployment Comp.	\$ _____
_____	TANF	\$ _____
_____	Alimony	\$ _____
_____	Source _____	_____
_____	Child Support	\$ _____
_____	Source _____	_____
_____	Full Time Student Income	\$ _____
_____	Income from Family/Friends	\$ _____
_____	Other	\$ _____

Total Gross Monthly Income \$ \_\_\_\_\_

Total Gross Annual Income (Based on Monthly amount listed above multiplied x12) \$ \_\_\_\_\_

**Do you anticipate any changes in this income in the next 12 months?** Yes \_\_\_ No \_\_\_

If yes explain: \_\_\_\_\_

**D. ASSETS**

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

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

Money Market Account # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Trust Accounts # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Certificate of Deposit # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

IRA # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Savings Bond # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Whole Life Insurance # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Real Property: Do you own any property? Yes \_\_\_ No \_\_\_ If yes, state type of property \_\_\_\_\_

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

Current Market Value: \_\_\_\_\_

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

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

If yes, state type of business property asset \_\_\_\_\_

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

Market Value When Sold/Disposed of: \_\_\_\_\_

Amount Sold/Disposed for: \_\_\_\_\_

Do you have any other asset not listed above (i.e. recreational vehicle or mobile home; do not include personal property)? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please list \_\_\_\_\_

**E. MEDICAL HANDICAP ASSISTANCE EXPENSES**

Medical Expenses: Complete this part ONLY if head of household or spouse is 62 or older, handicapped or disabled.

Medicare Premiums: Monthly Premium Amount \$ \_\_\_\_\_

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

Name of Insurance Company: \_\_\_\_\_

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

Anticipated Medical Expenses NOT covered by insurance NOR Reimbursed: \$ \_\_\_\_\_

Medical bills or outstanding costs you are making monthly payments: \$ \_\_\_\_\_

Medical related travel costs: \$ \_\_\_\_\_

Any other medical expenses: List type and amounts \$ \_\_\_\_\_

**List your Dr's Name and Address for Verification.**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Handicapped Assistance Expenses: Complete this part ONLY for expenses to the extent needed to enable any family member to be employed. \_\_\_\_\_

Specialized Medical Attendant Care: state name of care giver and cost:

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

Cost: \_\_\_\_\_

**F. CHILD CARE EXPENSES**

Complete this part for household minors under 13 years of age ONLY

Name(s) of children cared for: \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Name of person/agency caring for children: \_\_\_\_\_

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

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

Weekly cost of child care due to employment: \$ \_\_\_\_\_

Weekly cost of child care due to education: \$ \_\_\_\_\_

**G. PROGRAM INFORMATION**

What size of unit are you requesting \_\_\_\_\_ 1 Bedroom \_\_\_\_\_ 2 Bedroom \_\_\_\_\_ 3 Bedroom

Do you wish to claim a \$400 deduction from your household income based on an "Elderly Household" status, where the tenant or co-tenant is 62 or older, handicapped or disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been evicted from any type of housing? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently a user of illegal controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a drug violation (use, attempted use, possession, manufacture, sale or distribution)? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you successfully completed a controlled substance abuse recovery program or presently enrolled in such a program? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you now or will you become a part time or full time student prior to move in? Yes \_\_\_ No \_\_\_

How did you hear about this housing? \_\_\_\_\_

**H. List all cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle).**

Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_

License Plate No. \_\_\_\_\_ Registered To \_\_\_\_\_

Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_

License Plate No. \_\_\_\_\_ Registered To \_\_\_\_\_

Do you own any pets? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe \_\_\_\_\_

Note: Pets are not allowed except in designated elderly projects.

In case of emergency notify: \_\_\_\_\_

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

\_\_\_\_\_

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

**I. CERTIFICATION**

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

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

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

I/We certify that all information in this 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.

**SIGNATURES**

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Co-Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**J. AUTHORIZATION**

I/We do hereby authorize \_\_\_\_\_ and its staff or authorized representative to contact any agencies, law enforcement offices, companies, groups 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.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Co-Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

The information regarding race, national origin and sex designation solicited on the Application is requested in order to assure the Federal Government, acting through the USDA-Rural Development, Rural Housing Service, that Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability and 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 the discriminate against you in any way

**Ethnicity:**

Hispanic or Latino\_\_\_\_\_

Not Hispanic or Latino\_\_\_

**Race: (Mark one or more)**

1. American Indian/Alaska Native\_\_\_\_\_

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

3. Black or African American\_\_\_\_\_

4. Native Hawaiian or Other Pacific Islander \_\_\_\_\_

5. White\_\_\_\_\_

Gender: Male\_\_\_\_\_ Female\_\_\_\_\_

\*\*\*\*\*

**WAIVER** based on information regarding Ethnicity, Race and Gender.

I choose not to furnish this information based on my Ethnicity, Race and Gender.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Tenant

\_\_\_\_\_  
Date