



EQUAL HOUSING
OPPORTUNITY

FULL APPLICATION FOR RENTAL
HEALTH RESOURCES OF ARKANSAS
PO BOX 2578
BATESVILLE, AR 72503
(870) 793-8976



FACILITY: _____

Please complete this application with all pertinent details. This information requested provides basis for our selection of the best neighbors for you and all residents. If accepted as a resident, this application will become part of your resident file. DO NOT USE "N/A".

1. Head of Household: _____

Age _____ Social Security Number _____

Co-Head _____

Marital Status (check one): Married _____ Single _____ Unmarried _____

2. Current Address: _____

(address) (city) (state) (zip)

How long? _____ Phone Number: _____

How much are you paying for rent? _____ Are utilities included in your rent? _____

If not, what are your average utility bills? _____

Landlord's name, address, and phone number? _____

How many people reside in your home? _____

How many bedrooms in your home? _____

Have you notified your present landlord you are moving? _____

Reason for moving: _____

Have you ever been evicted? _____ If so, from where and when? _____

Are you now in a government subsidized rental unit? _____

3. Residence (s) _____

for the last _____

three years _____

4. Starting with head of household, list LEGAL NAMES of all members who will live in this apartment:

FULL LEGAL NAME RELATIONSHIP BIRTH DATE AGE OCCUPATION SS#

5. CURRENT SOURCE OF ALL INCOME FOR ALL HOUSEHOLD MEMBERS:

List all income sources, This includes, but is not limited to, full and/or part time employment, all income from welfare agencies, Social Security, Pension, SSI, Disability Compensation, Armed Forces Reserves, Unemployment Compensation, Babysitting, Care-Taking of Elderly/Disabled, Educational Loans, Scholarships, Grants and Annuities.

Name and address of employer or GROSS INCOME

Name of Agency providing income	GROSS HRLY RATE	GROSS PER PAY PERIOD	FREQUENCY OF PAY
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*If unemployed, you must complete a Statement of Unemployment.

Have you, or a member of your household, ever been awarded child support or alimony? YES or NO

If so, monthly amount: _____

Are you, or a member of your household, currently receiving child support or alimony payment? YES or NO

If so, what is the monthly amount? _____

6. Employment/Source _____
of income for the last _____
three (3) years _____

7. ASSETS: List all asset, which include, but are not limited to, sums in checking accounts, savings accounts, safe deposit boxes and cash on hand, stocks & bonds, certificates of deposit, real estate and/or other capital investments.

TYPE OF ACCOUNT	BANK	BALANCE	INTEREST EARNED
Checking Acct. #1	_____	_____	Y or N _____%
Checking Acct. #2	_____	_____	Y or N _____%
Passbook Svgs #1	_____	_____	Rate: _____%
Passbook Svgs #2	_____	_____	Rate: _____%
Svgs Certificates	_____	_____	
Other (specify)	_____	_____	

Credit Union Shares: Credit Union Name: _____
Address: _____
Amount: _____

Stocks & Bonds (value): \$ _____ Svgs Bonds (value): \$ _____

Do you now own a house or other real estate? YES () NO ()

If yes, reflect full address of property: _____

Is there income (rent, etc.) generated by this property? YES NO

8. DISPOSAL OF ASSETS:

Have you disposed of any assets (defined in item 7 above) during the last two years? Yes () NO ()

If yes, please complete the following:

Asset(s): _____

Market Value: _____

Monetary Value Received: _____

Date of Disposal: _____

9. CHILDCARE EXPENSE:

Do you pay for babysitting due to job hunting, employment, or schooling? YES () NO ()

If yes, list child care provider names, address, and phone number: _____

10. MEDICAL EXPENSES: (Elderly and persons with Disabilities Families Only)

Are you receiving Medicare Benefits? _____

Are you receiving Medical Assistance through the Welfare Dept.? _____

Do you pay for any Medical Insurance / Hospitalization, such as Blue Cross, etc.: _____

(Do not include Life Insurance)

If yes, give name of insurance company and policy number.

Name of Insurance Co. _____

Policy Number _____

Is this a payroll deduction? _____

If yes, how often and how much? _____

If paid directly by you, indicate amount of premium and frequency of payment _____

Do you take PRESCRIPTION drugs on a REGULAR BASIS? _____

If so, amounts spent per month on prescriptions drugs: _____

Do YOU anticipate any health care related expenses for the next 12 months which are NOT covered by health insurance? _____ If yes, Explain: _____

11. HANDICAP ASSISTANCE EXPENSES:

Do you wish to request a handicapped/disability adjustment to your income? _____

Do you wish to request a special handicapped accessible unit? _____

Does the household pay for attendant care or auxiliary apparatus to enable a family member (including the HANDICAPPED OR DISABLED MEMBER) to be employed? YES () NO ()

If yes, estimate expenses for the coming year: \$ _____

Specify whether attendant care or apparatus: _____

Additional information will be gathered on a separate form.

ADDENDUM TO APPLICATION

Disclosure Notice: "The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through its Farmer Home Administration, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, nation origin, religion, sex, familial status, age, and handicap are 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 to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of an individual applicant on the basis of visual observation or surname." **IN ACCORDANCE WITH ADA STANDARDS, THE COMPANY WILL PROVIDE REASONABLE ACCOMMODATIONS TO ALL RESIDENTS.**

Signature of Head of Household

Date

Signature of Co-Head

Date

FINAL STATUS OF APPLICATION

This application was: (circle one)

Accepted Rejected

Signature of Manager/Witness

Date

For statistical purposes only, please select all categories that apply: American Indian or Alaska Native Asian
Black or African American Native Hawaiian or Other Pacific Islander White
Also designate: Hispanic or Latino Not-Hispanic or Not Latino