

512 Green Street
 Starkville, MS 39759
 Phone: (662) 323-9767
 FAX: (662) 323-2020



The information solicited on this application is requested by the apartment management in order to assure the Federal Government, acting through USDA Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital 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 management is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

PLEASE PRINT OR TYPE (All items must be filled out or marked not applicable):

I. Applicant's Name: _____

Address: _____ Social Security # _____

City: _____ State _____ ZIP _____ Phone _____

Race: Black White Hispanic Other Sex: Male Female

II. FAMILY OR HOUSEHOLD COMPOSITION: (List all members who will live in the dwelling.) Head of Household must be listed first.
 (The occupancy standards of this complex limit each apartment to two individuals.)

Full Name	Relationship	Birth Date	Age	Occupation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

III. HOUSEHOLD INCOME

Planned Next 12 Months (must use gross amounts BEFORE any deductions)

	Applicant	2 nd Occupant
Employment Earnings	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Interest & Dividends	\$ _____	\$ _____
Other (Specify) _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

IV. Complete for minors who are under 13 years of age for whom you hire a babysitter or leave at child care center:

Number _____ Total Cost: Per week \$ _____; Per month \$ _____.

V. For elderly families (aged 62 or over) including Disabled and Handicapped, the elderly, disabled or handicapped person must be the tenant or co-tenant. If you are in this category, please complete the following:

Elderly (Circle One)	Disabled/Handicapped (Circle One)	Medicare & Medical Insurance Premiums Due next 12 Months	Total Medical Expenses Not Covered by Insurance, Expected for next year
Yes No	Yes No	\$ _____	\$ _____

VI. The following information may be completed jointly by tenant and co-tenant applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningful and fairly presented on a combined basis. Otherwise a separate statement is required.

A. _____ Completed Jointly _____ Not Completed Jointly (separate statement should be given)

B. Real Property Owned	Market	Unpaid	Monthly	Name and Address of Creditor
Item	Value	Debt	Payment	and Account Number
Dwelling _____				
Other Real Estate _____				

C. List all checking and savings accounts (including IRA's, Keogh Accounts, and certificates of deposit) of all household members:

Family Member	Type of Account	Bank Name	Account Number	Account Balance

D. List current value of all stocks, bonds, trusts, pension contributions, or other assets:

Family Member	Type of Asset	Value

E. Disposition of Assets. Please list below any assets (such as real estate, cash gifts, stocks, bonds, etc.) which were disposed of within the last two years.

Family Member	Asset(s)	Fair Market Value	Total Value Received

VII. Name, Address and Phone Number of Nearest Relative not living with you:

VIII. Name, Address and Phone Number of your two most recent Landlords:

IX. Credit References:

Name	Address	Phone Number

X. Please Give Two Personal References:

Name	Address	Phone Number

APPLICANT CERTIFICATION:

I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief:

Signature of Tenant Applicant: _____ Date: _____

Signature of Co-tenant Applicant: _____ Date: _____

Management: _____ Date: _____