



TM Associates
Management, Inc.

-RENTAL REQUIREMENTS-

No application fee required, Ask us about our rent specials!

1BR \$639-\$682 MINIMUM GROSS INCOME OF \$21,000

2BR \$684-\$782 MINIMUM GROSS INCOME OF \$23,500

3BR \$734-\$860 MINIMUM GROSS INCOME OF \$26,000

-PHOTO ID MUST BE PROVIDED UPON SUBMITTAL OF APPLICATION FOR ANYONE OVER 18 YEARS OF AGE

-THE SECURITY DEPOSIT WILL BE EQUAL TO ONE MONTH'S RENT

-UPON APPROVAL ITEMS NEEDED BROUGHT IN BEFORE ANYONE CAN TAKE POSSESSION OF THE UNIT ARE:

1. VERIFICATION OF EMPLOYMENT ON COMPANY LETTERHEAD
2. LANDLORD REFERENCE NOTORIZED OR ON COMPANY LETTERHEAD
3. BIRTH CERTIFICATE (ALL HOUSEHOLD MEMBERS)
4. SOCIAL SECURITY CARDS (EVERYONE)



304.262.6257 | 120 Garden Drive | Martinsburg WV, 25404 | fax 304.262.0059 |

Email oahtree@tmamgroup.com | www.tmamgroup.com



OFFICE USE ONLY:
 DATE: _____
 TIME: _____
 RECV'D BY: _____

RENTAL APPLICATION FOR HUD SUBSIDIZED PROPERTIES

Property Name: Oak Tree Village Apt 120-A Garden Dr Mtbg. WV 25404

Office Hours: Mon & Thurs 9/6 Tues Wed & Fri 9/5 & Sat 10/2

(Please print all information)

TM Associates Management, Inc. is an Equal Housing Opportunity Company, with projects in compliance with Section 504 and Fair Housing Regulations. TM Associates Management, Inc. accommodates any applicants who need assistance in filling out this application. If you require any assistance, please advise.

Applicant Name: _____

Current Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Number: _____

HOUSEHOLD COMPOSITION

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. Positive identification of all residents is required. For adult applicants this must be photo identification and proof of their social security number, including original social security card or any of the following containing the SSN: driver's license, identification card issued by a federal, State, or local agency, a medical insurance provider, or an employer of trade union, earning statements on payroll stubs, bank statement, Form 1099, benefit award letter, retirement benefit letter, life insurance policy or Court Records. For all minor applicants, this must be birth certificate and social security number or other acceptable documents including baptismal certificate, valid passport, census document showing age, naturalization certificate and/or Social Security Administration Benefits printout.

MEMBER'S FULL NAME	RELATIONSHIP	BIRTHDAY	AGE	SEX	SOCIAL SECURITY #
	Head of Household				

Unit size requested: One Bedroom Two Bedroom Three Bedroom Four Bedroom

How many people live in your home now? _____ How many bedrooms do you have? _____

Does anyone live with you now who are not listed above? Yes No. If yes, please explain:

If you are applying for status as an "elderly household", please check those that apply:

tenant or co-tenant is 62 or older tenant or co-tenant is disabled, regardless of age

(Qualifying as an "elderly household" may entitle you to a deduction in your income calculation.)

If you are applying for status as a "displaced persons of government displacement or displacement as result of a presidentially declared disasters", check here.

Identify any special housing needs required as a result of a disability: _____

Will there be a pet as part of your household? Yes No

Note: specific pet policies and/or restrictions may apply at this property. For properties designated as Elderly, refer to the Pet Policy provided by Management regarding pet evaluation. If an approved pet is allowed, an additional security deposit may be applicable.

Have you or anyone else who will be living in your household ever been convicted of a crime? Yes No.

If yes, please explain, including date(s) of incident(s):

Are you or anyone else who will be living in your household subject to registration as a sexual offender and/or sexual predator? Yes No. If yes, please explain: _____

Have you or anyone else who will be living in your household been evicted in the last three years from federally assisted housing for drug related criminal activity? Yes No

Does any member of your household currently use or have a history of using illegal drugs or currently use or have a history of abusing alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of others? Yes No If yes, explain _____

Are you or a member of your household now being evicted? Yes No

Have you or a member of your household ever been evicted? Yes No If yes, date of eviction _____

What are your monthly costs for all utilities except Telephone or TV cable? \$ _____

What is your current rent? \$ _____

Are you now living in a governmental subsidized unit? (e.g. Section 8 Housing, FmHA 515, HUD Section 236, or Section 221 (d)(3) subsidized project(s)? Yes No

How long have you resided at your current residence? _____

List names/addresses/phone numbers of two relatives or friends who know how to contact you:

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone: _____ Phone: _____

You must complete the attached HUD form 92006, Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants as part of this application. You have the right by law to include as part of your application for housing, the name, address, telephone number and other relevant information of a family member, friend, or social, health, advocacy or other organization that may be of help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require.

RENTAL HISTORY: (We must be able to verify at least five years of residency. Please use complete addresses. Failure to do so may result in not being able to process application.)

PRESENT LANDLORD: Name: _____ Phone# _____

Address: _____

Dates: _____ City, State, Zip Code: _____

FORMER LANDLORD: Name: _____ Phone# _____

Address: _____

Dates: _____ City, State, Zip Code: _____

FORMER LANDLORD: Name: _____ Phone# _____

Address: _____

Dates: _____ City, State, Zip Code: _____

FORMER LANDLORD: Name: _____ Phone# _____

Address: _____

Dates: _____ City, State, Zip Code: _____

ELIGIBILITY INFORMATION – check either Yes or No for each question. For each “yes” answer, provide the details in the chart below. “Household” is defined as ANYONE who will be residing in the apartment.

1. Is any member of your household employed full-time, part-time or seasonally? Yes No
2. Does any member of your household expect to work for any period during the next 12 months? Yes No
3. Does any member of your household work for someone who pays them in cash? Yes No
4. Is any member of you household on leave of absence from work due to lay-off, maternity or military leave? Yes No
5. Does any member of your household now receive unemployment benefits? Yes No
6. Does any member of your family receive child support? Yes No
7. Is any member of your household entitled to child support that he/she is not now receiving? Yes No
8. Does any member of your household receive alimony payments? Yes No
9. Is any member of household entitled to alimony payments that he/she is not now receiving? Yes No
10. Does any member of your household receive or expect to receive welfare assistance other than food stamps (**do not count food stamps**)? Yes No
11. Does any member of your family receive, or expect to receive, Social Security benefits? Yes No
12. Does any member of your household receive or expect to receive income from a pension or annuity? Yes No
13. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? Yes No
14. Does any member in your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stock or bonds, income from the rental of property? Yes No
15. Has any adult member of this household been enrolled as a full-time student in an institute of education within the current calendar year (January – December)? Yes No
16. Are all members of this household full-time students? Yes No
17. Are any adult members of household enrolled as full or part-time students in an institute of education? Yes No
18. Does any member of your household receive, or expect to receive, any form of financial assistance for education? Yes No
19. Are all members of this household U.S. citizens? Yes No If no, explain _____



INCOME & ASSET INFORMATION

For each type of income that your household receives, give the source of the income, address, and the amount that can be expected from the source within the next 12 months.

Family Member	Source of Income & Address	Annual Income

ASSETS: (List all assets such as cash on hand, assets held in safety deposit boxes, equity in real estate property, whole life insurance policies, demand deposits, stocks, bonds, and other forms of capital improvements and the cash value of each. Cash value is the market value less any reasonable costs that would be incurred in converting the asset to cash; i.e. broker and legal fees.)

FAMILY MEMBER	DESCRIPTION OF ASSET	CASH VALUE	INCOME FROM ASSET

Did you have any assets in the last two years not listed above? Yes No

If yes, did you dispose of any assets for less than fair market value? Yes No

(This means that the assets were either given away or sold at less than the market value.) If yes, list the assets, market value, amount received and date you disposed of the assets:

BANK ACCOUNTS

Family Member	Name & Address	Account #	Current Balance

Do you own a car? Yes No. If yes, Make _____ Model _____ Year _____

Is the car financed? Yes No. If yes, Amount \$ _____ Monthly Payment \$ _____

Bank Name: _____

Do you own a home or other real estate? Yes No

EXPENSES

Do you pay for childcare for any children who have not reached their 13th birthday or younger which enables you or another family member to work or go to school? Yes No. If yes, give the name and address of childcare provider, weekly cost, and name of family member enabled to work or go to school _____

FAMILY WITH DISABLED MEMBERS:

Do you pay for a care attendant or for any equipment for the disabled member(s) of the family necessary to permit that person or someone else in the family to work? Yes No

ELDERLY OR DISABLED FAMILIES ONLY:

Do you have Medicare? Yes No. If yes, what is your Medicare premium \$ _____

Do you have any other kind of medical insurance? Yes No

If yes, give policy number and premium _____

Are you enrolled in a Medicare Prescription Drug Plan? Yes No

Do you receive medical assistance through the welfare department? Yes No

Do you have any outstanding medical bills on which you are paying? Yes No

Do you expect to have any medical expenses during the next 12 months? Yes No

If yes, amount of medical expenses \$ _____

COMMENTS / ADDITIONAL INFORMATION (Use back of this page, if necessary)

DISCLOSURE

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government acting through HUD or an authorized contract administrator that Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, elderliness, age and disability 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 make a notation on this form that you chose to not provide the information.

Please mark the appropriate codes below.

RACE (Mark one or more) – Head of Household

- 1= American Indian/Alaskan Native
- 2= Asian
- 3= Black or African American
- 4= Native Hawaiian or Other Pacific Islander
- 5= White

Information supplied by: Applicant _____ Management _____
Initials Initials

GENDER – Head of Household: Male Female _____
Applicant's Name

ETHNICITY – Head of Household: Hispanic or Latino Not Hispanic or Latino

DISABILITY AND REASONABLE ACCOMMODATIONS

The management and owner of this apartment community are dedicated to the letter and spirit of the Fair Housing Laws and Section 504 of the Rehabilitation Act of 1973. These laws and regulations provide that eligible applicants/tenants who meet the definition of a disabled person as defined by Section 504, the FHAA and the ADA be provided with reasonable accommodations which will provide the applicant/tenant an equal opportunity to enjoy the housing program. The definition of a disabled person as defined by Section 504, the FHAA and the ADA is available from the site manager. If you believe you meet the definition of a disabled person and require a reasonable accommodation, please provide us with a written request. If you require our assistance with this, please advise.



HUD PRIVACY ACT NOTICE

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Penalty: You must provide all of the information requested by the owner, including all social security numbers you, and all other household members have and use. Giving the social security numbers of all household members is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

HUD prohibits discrimination in all its programs and activities on the basis of race, color, religion, sex, handicap (disability), familial status, or national origin, and where applicable, elderliness, age, marital status, parental status, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write to HUD Office of Fair Housing and Equal Opportunity, 451 7th Street, SW, Room 5204, Washington, D.C. 20410-2000, or call 800-669-9777 (voice) or 800-927-9275 (TTY).

Please tell us how you learned about this apartment community:

- Newspaper Advertisement Family/Friend Website Community Outreach Property sign
- Other _____



AUTHORIZATION FOR THE RELEASE OF INFORMATION

PURPOSE

HUD may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in any of the HUD programs.

I authorize HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing program.

INFORMATION COVERED - Inquiries may be made about:

- | | | |
|---------------------|--------------------------------|--|
| -Childcare expenses | -Disabled assistance expenses | -Criminal Activity |
| -Credit History | -Identity and marital status | -Employment; income, pensions and assets |
| -Family composition | -Social Security Numbers | -Federal, State Tribal or local benefits |
| -Medical Expenses | -Residences and Rental History | |

COMPUTER MATCHING NOTICE AND CONSENT

I agree that HUD may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal or local agencies. These government agencies include:

- | | |
|---------------------------------------|---|
| • U.S. Office of Personnel Management | • U.S. Postal Service |
| • U.S. Social Security Administration | • State Employment Security agencies |
| • U.S. Department of Defense | • State Welfare and Food Stamp agencies |

The match will be used to verify information supplied by the family.

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

Any individual or organization including any government organization may be asked to release information. For example, information may be requested from:

- | | | |
|--|---------------------------------------|----------------------------------|
| ▪ Banks and other financial institutions | ▪ Credit Bureaus | |
| ▪ Courts | ▪ Employers, past and present | |
| ▪ Law enforcement agencies | ▪ Landlords | |
| ▪ Providers of: | | |
| ▪ Alimony | ▪ Medical Care | ▪ U.S. Dept. of Veterans Affairs |
| ▪ Childcare | ▪ Pensions/Annuities | ▪ Utility companies |
| ▪ Child support | ▪ Schools and colleges | ▪ Welfare Agencies |
| ▪ Credit | ▪ U.S. Social Security Administration | |
| ▪ Disabled assistance | | |

CONDITIONS - I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

(Applicant Signature) (Date)

(Co-Applicant Signature) (Date)

(Applicant Social Security Number)

(Co-Applicant Social Security Number)

(Other Adult Household Member) (Date)

(Other Adult Household Member) (Date)

(Social Security Number)

(Social Security Number)



APPLICANT CERTIFICATION

This application is subject to approval and does not constitute an agreement or lease. I/We certify that the unit applied for will be my/our permanent residence and I/we will not maintain a separate subsidized rental unit in a different location.

I authorize the Management Agent to investigate my credit and criminal background and to verify all information and references given. The information obtained will be used for management purposes only and will be held in confidence.

All application information is true and correct to the best of my knowledge. I understand that if any information I provide is found to be untrue, it will result in denial of my application.

Date _____

Signature of Applicant

Signature of Co-Applicant

Signature of Co-Applicant

