

FHA DEVELOPMENT INC.

HOUSING APPLICATION

Please check the box indicating which property you are applying for. (You may select more than one.)

- Golden Elm Meadow (1212 Dunn Ave) Red Bud Garden (12th Street)
 White Sage Flats (Wedington & West End Ave) Magnolia Court (Deane Ave & Porter Road)
 North Gate - Veteran Housing (1140 N. College Ave)

Applicant Name: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Address: _____

City, State, Zip: _____

Email address: _____

HOUSEHOLD COMPOSITION:

Applicants must advise this office of changes in address or family size in writing.

Name	Relationship to Head of Household	**Ethnicity	*R A C E	Date Of Birth	A G E	GENDER
Self						

*Race: For statistical purposes, only. Providing this information is optional. The FHA Development, Inc. collects statistical data on ethnicity and race in accordance with federal regulations. Use appropriate number: (1) White (2) Black (3) American Indian or Alaskan Native (4) Asian (5) Native Hawaiian or Other Pacific Islander (6) Mixed (7) Other **People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic (H) or Non- Hispanic (N).

Marital Status: Married Single Divorced Separated Widowed

Does anyone plan to live with you in the future who is not listed above? Yes No

If yes, please explain. _____

DISABILITY: It is not necessary to give us details about your disability unless you are requesting an accommodation.

Do you claim a disability? Yes No

Do you need an accommodation in housing features as a result of your disability? Yes No

If yes, what accommodation do you request? _____

CURRENT HOUSING INFORMATION: (check one)

Renting Living with family/friends Own my home Homeless Other (explain) _____

Reason for moving: _____

Are you presently receiving any type of housing assistance? Yes No

If yes, please explain: _____

Have you ever been evicted? Yes No

If yes, please explain (nonpayment of rent, lease violations, etc):

Employment History: (previous 12 months)

Current Employer: _____

Supervisor's Name: _____

Start Date: _____ Hourly Rate: _____ Hours per Week: _____

Employer: _____

Supervisor's Name: _____

Dates of employment: _____ Hourly Rate: _____ Hours per Week: _____

Do you plan to house an animal in the unit? Yes No (\$200 pet deposit applies)

ANIMAL TYPE	BREED (IF APPLICABLE)	HEIGHT	WEIGHT

Is this animal required to live in the unit to alleviate the symptom (s) of a disability for a household member?

Yes No

TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security disability payments (SSI) Workman's Compensation, retirement benefits, AFDC, Veteran's benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources.

FAMILY MEMBER	SOURCE OR INCOME/TYPE	ANNUAL INCOME

CRIMINAL HISTORY:

IMPORTANT – You must answer the following questions fully. Be accurate and honest with your answers. A criminal history does not necessarily keep you from obtaining or maintaining housing. If you need more room, please attach extra paper to explain your situation.

Has any member of your household been convicted of a crime in the last three years? Yes No

Has any member of your household been convicted of a violent felony in the last 3 years? Yes No

Has any member of your household been convicted of a drug-related crime for manufacturing or distribution in the last 3 years? Yes No

Please explain the circumstances: (Name of household member, prison, community service, parole, etc.)

Is any member of your household required to register as a sex offender? Yes No

CRIMINAL RECORD CERTIFICATION:

As head of household for my family, I, _____

hereby certify that I have disclosed to FHA Development Inc. all criminal convictions for any adult member of my family who will be living in my unit.

I hereby certify that no member of my family, including myself, who will be living in my unit, is subject to a lifetime registration requirement under any State Sex Offender Registration Program.

I hereby certify that no member of my family, including myself, who will be living in my unit, has been convicted of the production or manufacture of methamphetamines.

I hereby certify that no member of my family, including myself, who will be living in my unit, has been convicted of drug related or violent criminal activity in the last five (5) years.

I am aware that if any verifications produce any criminal convictions that has not been previously reported to the Fayetteville Housing Authority, it could be grounds for eviction and/or termination of assistance.

SIGNATURE HEAD OF HOUSEHOLD

DATE

Office use only:

- Background results: _____
- Deposit: _____
- Pet Deposit: _____
- Registration of Vehicles: _____

TENANT FORM
DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT

Landlord / Property Manager: _____

In connection with your rental application with the above listed Landlord/Property Manager (hereinafter "Landlord/Property Manager") you provide your authorization for Landlord/Property Manager to obtain a "consumer report" and/or "investigative consumer report" about you from a consumer reporting agency for tenancy or rental purposes, as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681 *et seq.*).

These reports may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, rental history, credit history, social media or other background checks. They may involve personal interviews with sources such as your neighbors, friends or associates.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report by contacting Landlord/Property Manager and National Crime Search, Inc., 3452 E. Joyce Blvd., Fayetteville, AR 72703 - 888-527-3282 - www.nationalcrimesearch.com.

Acknowledgement and Authorization

By signing below you acknowledge receipt of a copy of the federal notice, *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that you have read this notice and authorization as well as the summary document. You hereby authorize the obtaining of a consumer report and/or investigative consumer report (criminal background check), as applicable by Landlord/Property Manager in connection with your rental application. *

Signature

Today's Date

Full Legal Name (please print)

Other or Former Names (please print)

Address

City/State

County

Zip

Date of Birth**

SSN

Name on Driver's License (if different from legal name)

Driver's License #

State issued

Contact Phone Number

E-mail Address

****This information will be used for background screening purposes only and no other purpose.**