OFFICE USE ONLY						
Please Return Application to: CENTREPOINTE APTS 333 E. A Street Casper, WY 82601	**Date Rec'd**		**Annual Income**		**# Occupants**	
	Time Rec'd		**Set Aside %**		**App. Fee Paid**	
	Manager's Signature:				**Background CK ran**	

APPLICATION FOR RESIDENCY

I. Applicant/Co-Applicant

Applicant's Name: ______________________ Co-Applicant's Name: ______________________

Driver License #: ______________ State: ________ Driver License #: ______________ State: ________

SS#: ______________ DOB: __________ SS#: ______________ DOB: __________

Phone #: ______________ Cell #: __________ Phone #: ______________ Cell #: __________

Email: ______________________ Email: ______________________

Student Status: ☐ Full Time ☐ Part Time ☐ Not Student **Student Status:** ☐ Full Time ☐ Part Time ☐ Not Student

Marital Status: ☐ Married ☐ Single ☐ Separated **Marital Status:** ☐ Married ☐ Single ☐ Separated

II. Other Household Members

If listing children: List only children who are dependent of person listed on this application: **Check Student Status:**

Name: ______________ Current Age: _____ DOB: ________ SS#: ____________ ☐ F/T ☐ P/T ☐ Not Student

Name: ______________ Current Age: _____ DOB: ________ SS#: ____________ ☐ F/T ☐ P/T ☐ Not Student

Name: ______________ Current Age: _____ DOB: ________ SS#: ____________ ☐ F/T ☐ P/T ☐ Not Student

Name: ______________ Current Age: _____ DOB: ________ SS#: ____________ ☐ F/T ☐ P/T ☐ Not Student

Name: ______________ Current Age: _____ DOB: ________ SS#: ____________ ☐ F/T ☐ P/T ☐ Not Student

Name: ______________ Current Age: _____ DOB: ________ SS#: ____________ ☐ F/T ☐ P/T ☐ Not Student

Are there any other household members not listed on this or a separate application (i.e. spouse, roommate, etc)?

☐ No ☐ Yes If yes, please explain: ______________________

Do you anticipate any changes in the size of your household *within the next 12 months*?

☐ No ☐ Yes If yes, please explain: ______________________

III. Residency History

List the past **two** years of residency history. If additional space is needed, please attach additional pages to application:

Current Address: ______________________ **Previous Address:** ______________________

City, State, Zip: ______________________ City, State, Zip: ______________________

From: ____________ To: ____________ From: ____________ To: ____________

☐ Rent ☐ Own ☐ Other: ____________ ☐ Rent ☐ Own ☐ Other: ____________

Landlord's Name: ______________________ Landlord's Name: ______________________

Landlord's Phone #: ____________ Rent: ________ Landlord's Phone #: ____________ Rent: ________

IV. Employment History

Applicant's Current Employer: **Co-Applicant's Current Employer:**

Employer's Name: ______________________ Employer's Name: ______________________

Street Address: ______________________ Street Address: ______________________

City, State, Zip: ______________________ City, State, Zip: ______________________

Phone #: ____________ Fax #: ____________ Phone #: ____________ Fax #: ____________

Supervisor's Name: ______________________ Supervisor's Name: ______________________

Anticipated Gross **Annual** Income: ____________ Anticipated Gross **Annual** Income: ____________

V. Sources of Income

Applicant's Sources of Income:

Source:	Gross Amount Received:
SSI/SSA:	☐ NO ☐ YES $_____
Retirement/Pension:	☐ NO ☐ YES $_____
Unemployment:	☐ NO ☐ YES $_____
Recurring Contribution:	☐ NO ☐ YES $_____
Alimony:	☐ NO ☐ YES $_____
AFDC/TANF:	☐ NO ☐ YES $_____
Child Support:	☐ NO ☐ YES $_____
Have Child Support Order:	☐ NO ☐ YES $_____
Military/VA Benefits:	☐ NO ☐ YES $_____
Other:	☐ NO ☐ YES $_____

If other, list source: _____

Other Household Members' Sources of Income:

Source:	Gross Amount Received:
SSI/SSA:	☐ NO ☐ YES $_____
Retirement/Pension:	☐ NO ☐ YES $_____
Unemployment:	☐ NO ☐ YES $_____
Recurring Contribution:	☐ NO ☐ YES $_____
Alimony:	☐ NO ☐ YES $_____
AFDC/TANF:	☐ NO ☐ YES $_____
Child Support:	☐ NO ☐ YES $_____
Have Child Support Order:	☐ NO ☐ YES $_____
Military/VA Benefits:	☐ NO ☐ YES $_____
Other:	☐ NO ☐ YES $_____

If other, list source: _____

Does anyone expect any changes in income *within the next 12 months*?

☐ No ☐ Yes If yes, please explain: _____

Does any adult member have zero income: ☐ No ☐ Yes If yes, which one: _____

Will your household be receiving Section 8 rental assistance at time of move-in: ☐ No ☐ Yes

VI. Household Assets

Does any household member (including children) have a checking or savings account, IRA, CD, Bonds, Real Estate, or any other type of asset(s)?

☐ No ☐ Yes If yes, list type of asset and name of institution:

Account Owner	Type of Asset	Institution

Has anyone in your household disposed of any asset(s) in the past twenty-four (24) months?

☐ No ☐ Yes If yes, please explain: _____

Does anyone in your household own a home: ☐ No ☐ Yes

Does anyone in your household in the process of selling a home: ☐ No ☐ Yes

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I/We certify that if selected to move into this project, the unit occupied will be my/our only residence. I/We understand that the above information is being collected to determine eligibility for income restricted units. Federal regulations require that in order for a household to be eligible for this type of housing, the income of the household, as well as their assets must not exceed certain established limits. I/We authorize the Agent to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate federal, state, or local agencies. I**/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law.** I/We understand I/We must pay a security deposit for this apartment prior to occupancy.

ALL ADULTS LISTED ON THIS APPLICATION MUST SIGN AND DATE BELOW:

_____	_____	_____
(Signature of Applicant)	*(Printed Name of Applicant)*	*(Date)*
_____	_____	_____
(Signature of Co-Applicant)	*(Printed Name of Co-Applicant)*	*(Date)*

AUTHORIZATION FOR RELEASE OF INFORMATION

CENTREPOINTE APARTMENTS
333 E. A Street
Casper, WY 82601
307-233-7051

Applicant's Name:_____ Co-Applicant's Name:_____

Please see the attached verification form. The referenced individual is applying/recertifying for residency at a community that is regulated by the LIHTC, HOME, or RD programs, which require that we obtain written confirmation of the projected annual gross earnings for the next twelve (12) months of all applicants / residents.

To comply with this regulation, we ask that you complete and return the attached verification via fax or mail at the shown number or address on the attached form. The information will be used solely for the determination of residency eligibility under the applicable program(s). We appreciate your timely response in completing this verification. If you have any questions regarding the needed information, please do not hesitate to telephone our leasing office at the number given above.

THIS SECTION TO BE COMPLETED BY APPLICANT/CO-APPLICANT

I/We hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to said property above for purposes of verifying information on my/our housing rental application.

TERMS AND CONDITIONS
I/We understand that current or previous information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, assets, student status, medical or child care allowances, and utility information. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued residency participation as a Qualified Resident.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Credit Bureaus
- Past and Present Employers
- State Unemployment Agencies
- Current and Previous Landlords
- Public Housing Agencies
- Support and Alimony Providers
- Welfare Agencies
- Educational Institutions
- Social Security Administration
- Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and Financial Institutions
- Utility Provider
- Departments of Health
- Medicaid/Medicare Offices
- Division of Healthcare Financing
- Public Assistance Agencies

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect until revoked in writing and submitted to said property above.

_____	_____	_____
(Signature of Applicant)	*(Social Security Number)*	*(Date)*
_____	_____	_____
(Signature of Co-Applicant)	*(Social Security Number)*	*(Date)*

"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 disclosure or improper use 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 willingly 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).**

CENTREPOINTE APARTMENTS

333 EAST A STREET | CASPER, WY 82601 | P: 307.233.7051

APPLICATION & RESIDENT SELECTION INFORMATION

Note to applicant: This page is for you to retain in reference to our resident selection criteria.

Submit your completed application to:
CentrePointe Apartments
333 E. A Street
Casper, WY 82601
307-233-7051

The application must be signed and the following must be included for the application to be accepted:

- Copies of picture identification on all occupants age 18 and older.
- Copies of Social Security card or Birth Certificate on all occupants.

Once received, the application will be dated and reviewed for completeness. A pre-eligibility determination will be made based upon the information contained in the application.

Eligibility will be determined based upon the following factors:

- The applicant(s) meet the income criteria.
- References (i.e. employer, current & former landlords) will be contacted to verify employment, length of time on the job and verify rental payment history.
- A Credit & Criminal background check will be obtained and reviewed.
- ***Once qualified*** a $39 application fee will be charged to ***each adult applicant***.

Applicant(s) will be notified in writing within ten (10) days of receipt of the application as to the acceptance or denial of this application. If no unit is available at the time of acceptance, applicant's name will be placed on the waiting list.

CentrePointe Apartments is committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act. If you require assistance in the form of readers, interpreters, large print or any other way to enable you to fully participate in our housing program, please let us know and we will assist you to the fullest extent feasible.

USDA is an equal opportunity provider, employer and lender.
To file a complaint of discrimination write USDA, Director, Office of Civil Rights,
1400 Independence Ave., S.W., Washington D.C. 20250-9410
Or call (800)795-3272(voice) or (202)720-6382 (TDD)
APPLICATION FOR HOUSING at 333 E A Street