



# *Western Property Management*



Dear Applicant,

Thank you for your interest in allowing us to help you find a new apartment home. We look forward to receiving your completed application! Please be sure to indicate what property you are interested in. Although we will eventually need the original copy of your application, to get things started more quickly, you may email a copy of your application to [wpm@wpmonline.com](mailto:wpm@wpmonline.com) or fax to (580) 251-2650.

When we receive your application, we will forward a copy to the manager of that apartment community, who will contact you to complete the process.

In order to make the process as efficient as possible, when you meet with the manager, we would encourage you to bring the following items:

- Driver's license for all household members who have a license or a photo ID.
- Social Security Cards for ALL Household members
- Copies of all divorce decrees if any adult household member has ever been divorced
- Child Support orders (a copy of the order is required, even if you are not receiving it)
- If you are separated from a current marriage, a copy of the legal separation papers
- Birth Certificates for all members under 18 years of age.

**We are providing the list above for your convenience. In order to determine your eligibility, we must have copies of all these documents as required by the federal program which mandates eligibility for this property. There are some other items involved in processing your application, but if you can bring these documents to your first meeting, it will prevent us from requiring you to make additional trips to bring these items!**

It is also important to note that the application must be filled out in its entirety. It can contain no blank spaces where information or answers are requested. If something does not apply to your household, then indicate this by inserting "N/A." If the application is not completed in full, we cannot process it as submitted.

**Thank you for giving us the opportunity to assist you with your housing needs! It is our pleasure to have that opportunity!**

*Western Property Management*



# Application for Lease (Rural Development)

Telephone Device for the Deaf # 1-800-833-7741



### FOR MANAGEMENT USE ONLY

Received: Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_M

This household qualifies for ( )1, ( )2, ( )3, ( )4 BR

Date Approved: \_\_\_/\_\_\_/\_\_\_ Date Rejected: \_\_\_/\_\_\_/\_\_\_

Unit # Assigned \_\_\_\_\_ BR Size \_\_\_\_\_

### CURRENT PHONE NUMBERS

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Size Requested (Mark all that apply):

( )1BR, ( )2BR, ( )3BR, ( )4BR

Name of Apartment Property  
where you wish to apply:

Apartment Location City & State:

**PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS including writing "NO or N/A" where appropriate.**

### PART I - FAMILY COMPOSITION - To be completed by applicant

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses, which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

#### List ALL members of the household who will reside in the apartment:

(Need Marital status for all adult household members – (M)-Married, (D)-Divorced, (W)-Widowed, (LS)-Legally Separated, (NS)-Not Legally Separated (S)-Single, Never been married)

Full Name	Social Security Number	Date of Birth mm/dd/yy	Sex (Circle One)	Relationship to Head	Marital Status	Disabled (Circle One)	Student Status (Circle One)
			M / F	HEAD		Y / N	PT/ FT/ NA
			M / F			Y / N	PT/ FT/ NA
			M / F			Y / N	PT/ FT/ NA
			M / F			Y / N	PT/ FT/ NA
			M / F			Y / N	PT/ FT/ NA
			M / F			Y / N	PT/ FT/ NA

The Information below will not be used in evaluation of your application or to discriminate against you in anyway. You are not required to furnish this information but are encourage to do so.

I choose not to complete this questionnaire regarding Race and Ethnicity.

Choices for Race are:	How Many	Choices for Ethnicity are:	How Many
1 American Indian or Alaskan Native		A Hispanic / Latino	
2 Asian		B Non-Hispanic Latino	
3 Black or African American			
4 Native Hawaiian or Pacific Islander			
5 White			

**PART I – FAMILY COMPOSTION**

**Form Required (WPM Use Only)**  
**WPM-277 (all adult TC HHMs)**

- (1) Self or Spouse's Maiden Name (if applicable): \_\_\_\_\_
  
- (2) Do you expect any changes in the household composition in the next 12 months?  
Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_
  
- (3) Do you or any other adult members of the household anticipate a change to the current income information below within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)?  
Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_
  
- (4) Are any **adult** household members currently enrolled, anticipate enrolling (during the next 12 months) or was previously enrolled (during this calendar year) as a student?  
Yes \_\_\_ No \_\_\_ If yes, who \_\_\_\_\_  
Name of school \_\_\_\_\_  WPM-275
  
- (5) Current Marital Status:  
Single \_\_\_\_\_ (whether living alone or with someone but not married)  
Married \_\_\_\_\_ (date \_\_\_\_\_)  
Divorced \_\_\_\_\_ (date(s) \_\_\_\_\_) Divorce Decree(s) required  Divorce Decree(s)  
Separated \_\_\_\_\_ (date \_\_\_\_\_)  WPM-269  
Widowed \_\_\_\_\_ (date \_\_\_\_\_)  3rd Party
  
- (6) Is this a single-parent household? Yes \_\_\_ No \_\_\_ (To qualify as a single-parent household, you must have at least 50% custody of at least one child.)  WPM-280
  
- (7) Do you have full custody of your child(ren)? Explain the custody arrangements: \_\_\_\_\_  
\_\_\_\_\_  WPM-225  
 WPM-280  
 WPM-295
  
- (8) Do you wish to have priority for a home with special design features for individuals with a disability? Yes \_\_\_ No \_\_\_  3rd Party Ver
  
- (9) Do you wish to claim a \$400 "Elderly Status" deduction from your income based on the tenant or co-tenant either (1) being 62 years of age or older or (2) being 18 years of age or older and being handicapped or disabled? Yes \_\_\_ No \_\_\_
  
- (10) Have you ever been evicted? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
  
- (11) Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
  
- (12) Will your household be receiving Section 8 at time of move-in? Yes \_\_\_ No \_\_\_
  
- (13) Will this be your only place of residence? Yes \_\_\_ No \_\_\_  
If no, explain: \_\_\_\_\_
  
- (14) What is your current address? \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_
  
- (15) What is your previous address? \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

**PART II - HOUSEHOLD INCOME - to be completed by applicant**

Form Required (WPM Use Only)

For questions (16) through (34), indicate the amount of anticipated income for all household members named in the table on page 1 for the 12-month period beginning this date. For minors, include unearned income amounts only. If you are uncertain which types of income must be included or may be excluded, please ask the property manager for assistance. Please be sure to answer all questions.

(16)	Gross Wages or salaries (include overtime, tips, bonuses, commissions and payments received in cash; for Self-Employment, see Question #26)	\$	<input type="checkbox"/> WPM-210
(17)	Child support (Current or back) (include support you are entitled to but may not be receiving)	\$	<input type="checkbox"/> WPM-280 <input type="checkbox"/> WPM-295
(18)	Alimony (include alimony you are entitled to but may not be receiving)	\$	<input type="checkbox"/> WPM-280
(19)	Social Security (SS)	\$	<input type="checkbox"/> WPM-215 or full Award Letter
(20)	Supplemental Security Income (SSI)	\$	<input type="checkbox"/> WPM-215 or full Award Letter
(21)	Public Assistance - ADC, TANF, FIP, and/or (AFDC)	\$	<input type="checkbox"/> WPM-225
(22)	Veterans Administration Benefits	\$	<input type="checkbox"/> WPM-230
(23)	Pensions, IRA, 401(k), Keogh Account, Annuities	\$	<input type="checkbox"/> WPM-235
(24)	Unemployment Compensation	\$	<input type="checkbox"/> WPM-222 or full Award Letter
(25)	Periodic Payments from Disability, Death Benefits, Long-Term Care Insurance	\$	<input type="checkbox"/> 3 <sup>rd</sup> party verify
(26)	Workers' Compensation	\$	<input type="checkbox"/> WPM-237
(27)	Net Income from a Business (Self Employment, including rental property, land contracts, farm or other forms of real estate)	\$	<input type="checkbox"/> WPM-212 and year 1040 w/ attachments
(28)	Regular Contributions or Gifts from Person not residing in unit	\$	<input type="checkbox"/> WPM-270
(29)	Payments made on behalf of Applicant by Person not residing in unit (i.e. outside source paying for insurance, utilities, etc.)	\$	<input type="checkbox"/> WPM-270
(30)	All regular pay paid to members of the Armed Forces (Military Pay)	\$	<input type="checkbox"/> WPM-217
(31)	Education Grants, Scholarships or Other Student Benefits (whether received in cash or paid directly to institution; including other sources i.e. parents)	\$	<input type="checkbox"/> WPM-275
(32)	Long Term Medical Care Insurance Pmts. in excess of \$180.00 per day	\$	<input type="checkbox"/> 3 <sup>rd</sup> party ver
(33)	Other Income (list)	\$	<input type="checkbox"/> 3 <sup>rd</sup> party ver
(34)	Tribal Distributions How often received? _____ Affiliated with what tribe? _____	\$	<input type="checkbox"/> 3 <sup>rd</sup> party ver <input type="checkbox"/> WPM-299

**PART III - ASSET INCOME - To be completed by applicant**

Form Required (WPM Use Only)

**CURRENT ASSETS** - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs that would be incurred in selling or converting the asset to cash.

- WPM-150 (TC only)
- WPM-160 (all HHs)

**Do you or Anyone in Your Household Have:**

	Asset(s)	Yes	No	Approx Cash Value	Institution's Name, Address & Account Number	WPM Only
(35)	Savings Account					<input type="checkbox"/> WPM-240
(36)	Checking Account					<input type="checkbox"/> WPM-240
(37)	Pre-paid Debit Card Balance					<input type="checkbox"/> 3rd party verification
(38)	Money Market Account					<input type="checkbox"/> WPM-240
(39)	Certificates of Deposit					<input type="checkbox"/> WPM-240
(40)	Trust Accounts					<input type="checkbox"/> WPM-240
(41)	Stocks or Securities					<input type="checkbox"/> WPM-240
(42)	Treasury Bills					<input type="checkbox"/> WPM-240
(43)	Retirement Fund/IRA Annuities/401K					<input type="checkbox"/> WPM-240
(44)	Mutual Funds					<input type="checkbox"/> WPM-240
(45)	Savings Bonds					<input type="checkbox"/> WPM-240
(46)	Cash on Hand					<input type="checkbox"/> WPM-160
(47)	Whole or Universal Life Insurance Policies					<input type="checkbox"/> WPM-289
(48)	Other Assets					<input type="checkbox"/> WPM-240
(49)	Personal Property held as an Investment (i.e. paintings, coin collections, show cars, antiques, etc.)					<input type="checkbox"/> WPM-287

(50) Equity in real estate, rental property, land contracts/contract for deeds, other real estate holdings, or other capital investments (including personal residence, mobile homes, vacant land, farms, vacations homes, or commercial property)  WPM-287  
**Circle One: Yes or No**

If yes, Cash Value: \$ \_\_\_\_\_

If yes, Type of Property: \_\_\_\_\_ Location (County): \_\_\_\_\_

Appraised Market Value: \_\_\_\_\_ Mortgage Balance Due: \_\_\_\_\_

Amount of Annual Insurance Premium: \_\_\_\_\_ Amount of Most Recent Tax Bill: \_\_\_\_\_

(51) Have you sold or disposed of any asset in the last two years for less than the fair market value of the asset? (i.e. given money away, set up Irrevocable Trust Accounts, given away property, sold property to a relative for less than its market value)  3<sup>rd</sup> party  
**Circle One: Yes or No**

If yes, Type of Asset: \_\_\_\_\_

Market Value when sold/disposed: \$ \_\_\_\_\_ (i.e. house worth \$100,000)

Amount/Value when sold/disposed: \$ \_\_\_\_\_ (i.e. house sold to family for \$60,000)

Date of Transaction: \_\_\_\_\_ (attach additional pages if necessary)

**PART IV - EMPLOYMENT HISTORY - To be completed by applicant**

Form Required (WPM Use Only)

- (52) Head's Current Employer: \_\_\_\_\_  WPM-210  
 Date Hired: \_\_\_\_\_ Date Terminated: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly  
 Employer Address: \_\_\_\_\_  
 Address City State Zip Phone
- (53) Head's Previous Employer: \_\_\_\_\_  
 Date Hired: \_\_\_\_\_ Date Terminated: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly  
 Employer Address: \_\_\_\_\_  
 Address City State Zip Phone
- (54) Co-Tenant's Current Employer: \_\_\_\_\_  WPM-210  
 Date Hired: \_\_\_\_\_ Date Terminated: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly  
 Employer Address: \_\_\_\_\_  
 Address City State Zip Phone
- (55) Co-Tenant's Previous Employer: \_\_\_\_\_  
 Date Hired: \_\_\_\_\_ Date Terminated: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly  
 Employer Address: \_\_\_\_\_  
 Address City State Zip Phone

**PART V - RESIDENT'S STATEMENT - To be completed by applicant**

Form Required (WPM Use Only)

- (56) Do you have a legal right to be in the United States: (check one that applies)  Copy SS Card  
 Copy Driv Lic/ ID  
 \_\_\_ Yes, because I am a United States Citizen  
 \_\_\_ Yes, because I have valid documentation from the Bureau of Citizenship  
 and Immigration Services (formerly the Immigration and Naturalization Service)  
 \_\_\_ No

Note: If you answered "Yes" because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a Non-citizen with eligible immigration status.

**PART VI - IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant**

Name / Relationship	Address	Phone

**PART VII – RENTAL HISTORY - To be completed by applicant**

**Form Required (WPM Use Only)**

(57) Residence History: Current & Previous Landlords:  
(Past 2 years residence including any owned by applicants.)

(WPM-101 (min 2 refs)  
(Other ref (min 2 refs)

Current Address:	Monthly Rent:	Monthly Utilities:	Reason for Leaving:
Landlord Name:	Landlord Address:		Landlord Phone:
Move-in Date:		Move-out Date:	
Prior Address:	Monthly Rent:	Monthly Utilities:	Reason for Leaving:
Landlord Name:	Landlord Address:		Landlord Phone:
Move-in Date:		Move-out Date:	
Prior Address:	Monthly Rent:	Monthly Utilities:	Reason for Leaving:
Landlord Name:	Landlord Address:		Landlord Phone:
Move-in Date:		Move-out Date:	

**PART VIII – MISC INFORMATION - To be completed by applicant**

**Form Required (WPM Use Only)**

(58) If you have a vehicle please list the following information for each vehicle:

Make	Model	License #
_____	_____	_____
_____	_____	_____
_____	_____	_____

(59) Is any Household Member on Active Military Duty or the dependent of an individual on Active Military Duty?  
Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, Please give details \_\_\_\_\_  
\_\_\_\_\_

**PART VIII – RESIDENT'S STATEMENT - To be completed by applicant**

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we certify that the unit applied for will be my/our permanent residence and that I/we will not maintain a separate subsidized rental unit in a different location. I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law and may lead to cancellation of this application or termination of tenancy after occupancy.

**SIGNATURE OF ALL PARTIES TO THIS APPLICATION WHO ARE 18 YEARS OR OLDER:**

Applicant Signature (Head)

Date

Applicant Signature (Co-Head)

Date

Other Applicant Signature

Date

Other Person Completing the Application  
and Reason for Assisting

Date

Reason: \_\_\_\_\_

**PART IX – APPLICATION UPDATE –**

**To be completed by applicant only AFTER application is approved by Site Manager**

I/we certify and affirm the following:

- Changes to my/our circumstance have been noted above and initialed by all parties to this application.
- No changes have occurred in my/our circumstances between times of initial application and the date below.

\_\_\_\_\_  
Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/Resident

\_\_\_\_\_  
Date





**TENANT RELEASE AND CONSENT**

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to, for purposes of verifying information on my/our apartment rental application. This information may be released by mail, fax, email, other electronic communication, phone, or other means.

**INFORMATION COVERED**

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

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

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

- |  |                                  |  |
|--|----------------------------------|--|
| Past and Present Employers                             | Welfare Agencies                 | Veterans Administration                |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies      | Retirement Systems                     |
| Support and Alimony Providers                          | Social Security Administration   | Banks and other Financial Institutions |
| Local Law Enforcement Agency                           | Medical and Child Care Providers |  |
|  | Local Police Department          |  |

**CONDITIONS**

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 for a year and one month from the date signed. I/We understand I/we have the right to review this file and correct any information that is incorrect.

**SIGNATURES**

\_\_\_\_\_  
Applicant/Resident (Print Name) Date

\_\_\_\_\_  
Co-Applicant/Resident (Print Name) Date

\_\_\_\_\_  
Adult Member (Print Name) Date

\_\_\_\_\_  
Adult Member (Print Name) Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.