

PRELIMINARY RENTAL APPLICATION

Property Name TUSCANY AT ALOMA

Address: 6999 ALOMA AVENUE WINTER APARK FL 32792

Telephone / TTY: _____

Instructions to Applicant

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

***** For Management Use Only *****
 Date Received: _____
 Time Received: _____
 Bedroom Size Needed: _____

- Each household member 18 years of age or older must sign the application.
- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
- After we receive your preliminary application, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. We will contact you once an apartment becomes available for you to complete further application paperwork. If later processing establishes that your household is not actually eligible, or does not meet our Acceptance Criteria, your application will be declined.

Household Information

Full Name of Household Members as listed with SS Administration	Relationship	Sex M/F	Age	Student Y/N	Date of Birth (mm/dd/yyyy)	Birth-place City	Social Security # or Alien Registration #
1.	Head of Household						
2.							
3.							
4.							

- Do you or any household member need an accessible unit or accessible features? YES NO
- If YES above – please explain: _____

- Are you seeking housing due to displacement by gov't action or a presidentially declared disaster? YES NO
- Will any of the household members live anywhere except in your apartments? YES NO
- Are you currently receiving Section 8 Assistance? YES NO
- Have you or any of your household members ever been evicted? YES NO
- If you answered "YES" to any question above, please explain: *(If additional space is required, use the back of this page.)*



This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

- **What is / are your source(s) of income?** Employment Unemployment Child Support Social Security SSI Contributions or Gifts from Friends / Family Other

Current / Contact Address

Street Address:				From: ___/___/___	Landlord Name:		
City:	County:	State:	Zip:	To: ___/___/___	Landlord Phone:		
Reason for Moving:				Street Address:			
Is this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City:	State:	Zip:

For Marketing Purposes: How Did You Hear About Us? (Please check all that apply)

Internet _____ Newspaper _____ Drove By _____ Yellow Pages _____ Sign _____ Other _____ (Specify)

Applicant's Signature

Date

Applicant's Printed Name

Date

Management's Signature

Date

Management's Printed Name

Date

PENALTIES FOR MISUSING THIS CONSENT: 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 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 42 USC 208(f)(g) and (h). Violations of these provisions are cited as violations of 42 USC 408 (f)(g) and (h).

It is the policy of _____ to provide housing on an Equal Opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin or handicap.



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