

Office use only:

Date Received: \_\_\_\_\_  
Time Received: \_\_\_\_:\_\_\_\_ AM/PM

(1) Date of Interview: \_\_/\_\_/\_\_ (2) Desired Apt. #: \_\_\_\_\_ (3) Desired Move-in Date: \_\_/\_\_/\_\_ (4) Deposit: \$ \_\_\_\_\_  
Check # \_\_\_\_\_



**PRIMARY APPLICATION**

RETURN TO: **The Village at Arborwood**  
820 Cleveland Road, East  
Granger, IN 46530

Attn: Community Manager

Application Fee Required: \$50.00 per person

Today's Date: \_\_\_\_\_ No. of Bedrooms Needed: \_\_\_\_\_

Other Needs: \_\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

A SEPARATE APPLICATION FORM MUST BE COMPLETED BY EACH APPLICANT OF THE HOUSEHOLD WHO IS NOT RELATED BY BLOOD, MARRIAGE OR ADOPTION. Please provide date of birth for all persons who will be living in the household. Proof of age will be requested if you are applying to live in a designated elderly development. Acceptable verifications include a copy of (1) a Birth Certificate, (2) a valid State Driver's License or (3) a valid State I.D. Card. A copy of a Social Security Card for all applicants will also be required.

Name of Person(s) to Occupy the Apartment			Relationship	Social Security Number	Date Of Birth
LAST	FIRST	MI			



EQUAL HOUSING OPPORTUNITY



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, marital status, handicap or familial status.

A. **GENERAL INFORMATION:**

1. Do you own a pet? **YES / NO** If so, what kind? \_\_\_\_\_ Weight \_\_\_\_\_
2. Do you carry renter's insurance? **YES / NO**
3. Do you have the right to legally enter into a lease? **YES / NO**
4. Have you ever filed bankruptcy? **YES/NO** If yes, please explain: (include dates)  
\_\_\_\_\_
5. Have you ever been convicted of a felony? **YES/NO** If yes, please explain:  
\_\_\_\_\_
6. Have you ever been evicted from an apartment for any reason? **YES/NO**  
If yes, please explain:  
\_\_\_\_\_

B. **HOUSING REFERENCES:**

1. Present Address: \_\_\_\_\_  
Landlord's Name: (if applicable) \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone #: \_\_\_\_\_  
Rent/Mortgage Per Month: \$ \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_
2. Previous Address: \_\_\_\_\_  
Landlord's Name: (if applicable) \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone #: \_\_\_\_\_  
Rent/Mortgage Per Month: \$ \_\_\_\_\_ How long did you lived at this address? \_\_\_\_\_

C. **EMPLOYMENT OR OTHER INCOME SOURCES** (List all Sources)

Income Sources: **Estimated Monthly Gross Income: \$** \_\_\_\_\_  
Please list below: (i.e., Social Security, Employment, Pension, Alimony, Disability, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Income Sources: **Estimated Monthly Gross Income: \$** \_\_\_\_\_  
Please list below: (i.e., Checking, Savings, CD's, Stocks, Bonds, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Do you own Real Estate? \_\_\_\_\_ If Yes, please describe: \_\_\_\_\_

D. **PERSONAL REFERENCE** (Excluding Family Members)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone No. ( ) \_\_\_\_\_ # of Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_

E. **EMERGENCY CONTACT:** (Other than person listed on application)

Please list someone in the immediate area if possible.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone-DAYS ( ) \_\_\_\_\_ Phone-EVES ( ) \_\_\_\_\_  
Address: \_\_\_\_\_



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**F. SIGNATURE CLAUSE**

I/We certify that answers given herein are true and complete to the best of my/our knowledge. I/We authorize investigation of all statements contained in this application for residency as may be necessary. I/We understand that any misrepresentation may result in the denial of my/our application. I/We authorize **THE VILLAGE AT ARBORWOOD**, its subsidiaries, and its agents to investigate my/our credit worthiness AND criminal history through any credit bureau or other reasonable means. I/We have read this application and understand it.

**THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT. ALL PERSONS DESIGNATED AS APPLICANT OR CO-APPLICANT(S) MUST SIGN BELOW.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date



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Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 12/31/2007)

Village at ARBORWOOD 820 Cleveland Road East, Granger, IN 46530  
**Name of Property** **Project No.** **Address of Property**  
 Heritage Property Management, Inc. HUD Insured – 221(d)4  
**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

**Name of Head of Household** **Name(s) of Household Member(s)**

**Date** (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to “self certify” during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household’s file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

form HUD-27061-H (9/2003)



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## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

form HUD-27061-H (9/2003)



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