



**APPLICATION FOR OCCUPANCY FOR HUD PROPERTY**

Time Received: \_\_\_\_\_  
Date Received: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Property Applying to:** \_\_\_\_\_

**Contact Info: Home/Cellular Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Current Address, City, State, Zip:** \_\_\_\_\_

**Size of unit you are applying for (circle):** 1BR 2BR 3BR **Date you want to move-in:** \_\_\_\_\_

**HOUSEHOLD INFORMATION** – Failure to accurately respond to any question during the application process is cause to deny the family admission

Relationship to Applicant	Last Name	First Name	Middle Initial	Date of Birth	Age	Social Security #	Sex***	Ethnicity**	Race*
Applicant									

Race and Ethnic Data Reporting – This information is requested by us to ensure that Federal Laws prohibiting discrimination against applicants on the basis of race, color, national origin and sex, are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

**\*\*\*SEX:** You are not required to disclose sexual orientation  
**\*\*ETHNICITY:** (A) Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race; (B) Not Hispanic/Latino – A person that is not any of the above listed  
**\*RACE – Please use the following codes to indicate the head of households race (Use all that apply):**  
 (1) American Indian or Alaska Native (2) Asian (3) Black or African American (4) Native Hawaiian or Other Pacific Islander (5) White (6) Other

**Applicant and all household members must provide a complete list of all states in which they have resided in.**

**How did you hear about the property?**

**Prior, Current and Future Housing Status**

Yes	NO	All questions must be answered
		Have you rented from CEPCO Management Inc. in the past? If yes, where? _____
		Do you or any member of your household want to claim Handicapped/Disabled status?
		Do you require a unit with accessible features for assistance with mobility, hearing, or visual impairments?
		Have you or any member of your household had an eviction action filed against you?
		Have you or any member of your household been convicted of a crime?
		Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?
		Do you anticipate any changes to your household composition in the next 12 months?

**RENTAL REFERENCES** – List all places you have lived for the last five years, attach separate paper if you need more room

Dates Rented	Property Name	Landlord Name	Phone	Address, City, State, Zip

**Applicant Name:** \_\_\_\_\_ **Property Applying to:** \_\_\_\_\_

<b>HOUSEHOLD INCOME INFORMATION</b> – Indicate which incomes are received for all household members.					
YES	NO		YES	NO	
		Employment Income			Social Security or Pension or Annuities
		Unemployment Compensation			Regular Cash Contributions
		Child Support			Income from other agencies
		Alimony Payments			Interest from asset accounts
		Welfare or Public Assistance			Other Income

<b>HOUSEHOLD INCOME SOURCES</b> – Indicate household member, income source and gross annual income amount.		
HOUSEHOLD MEMBER	SOURCE OF INCOME (Name, address, and phone number)	GROSS ANNUAL INCOME AMOUNT

<b>HOUSEHOLD ASSET INFORMATION</b> – Indicate which assets are held by household members.					
YES	NO		YES	NO	
		Checking Accounts			Certificate of Deposit (CD)
		Savings Accounts and or Direct Debit Account			Money Market Funds
		Stocks or Bonds			Retirement Account
		Real Estate			Pension Funds
		Annuity Accounts			Other Assets

<b>HOUSEHOLD ASSETS HELD</b> – Indicate household member, asset source, and asset value.		
HOUSEHOLD MEMBER	ASSETS HELD/TYPE OF ASSET (Name, address, and phone number)	ASSET VALUE

**Prior to occupancy, verification of birth dates, social security numbers, income, assets and expenses may be required for all household members.**

**SIGNATURES AND DATE** – Your application will only be accepted, for consideration if signed and dated by all applicants 18 years of age and older.

I/We certify that all information in this application for occupancy is true to the best of my/our knowledge and that false statement or information is punishable by law and will lead to cancellation of the application or termination of tenancy after occupancy.

I/We do hereby authorize CEPCO Management Inc. and their staff to contact any agencies, offices, groups or organizations to obtain and verify any information which is deemed necessary to complete my/our application for housing.

I/We understand that by signing this form, I/We are granting CEPCO Management Inc. permission to verify my/our credit, public, collection, criminal, eviction, and rental history. Rental Screening Company: Rental History Reports, 7760 France Ave S, Suite 1173, Minneapolis, MN 55435 Tel 888-389-4023

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CEPCO Management Inc.  
 is an equal opportunity housing provider and employer  
 PO Box 456, 32 Tenth Avenue South, Suite 109, Hopkins, MN 55343  
 Phone 952-935-0359 Fax 952-935-9612  
 Visit our Website: [www.cepcomanagement.com](http://www.cepcomanagement.com)

**Return Application to:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_