



**PLEASE BE SURE TO READ  
THE FOLLOWING BELOW BEFORE  
FILLING OUT APPLICATION!**



Dear Applicant:

**In order to fully process your application all applicants are required to submit the following information:**

- Income verification for all members of the household who receive income:**
  - a. If you earn wages, provide the last Two (2) month's pay stubs (current month and prior month)
  - b. If you receive an income from social security, retirement benefit, etc., a copy of your most recent award letter.
  - c. If you receive income from any other source provide written statement from the source of that income.
  - d. If anyone over 18 years of age is a member of the household and does not earn wages a Certification of Zero income must accompany the application.
- 2. Must provide most recent and prior month bank statements.
- 3. Provide copies of photo ID's for any member of the household over 18 years of age.
- 4. Provide Copies of Social Security Cards for **ALL** household members on the application
- 5. Certain properties currently under Federal Monitoring do not allow tenants with a recent felony (a deferred sentence is considered a felony) or Meth conviction.
- 6. All CDSA Properties are located in areas not eligible for sex offender tenancy.
- 7. Please be sure to fill out all information on the application any non-signed or non-completed applications will slow the process.
- 8. Complete all areas. If an item does not apply to you, mark "N/A" on the line. If you need to make a change, cross through the answer; make the change, and initial change.
- 9. All applicants/Co Applicants must sign the application. Full Name.
- 10. Child Support form is only for the child with the same last name. Please ask for additional forms when bringing in the application.

Note: 1 pet under 25 lbs. may be allowed with \$200 non-refundable deposit and reference from prior landlord.

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Your application is being returned because:

\_\_\_\_\_ You did not complete all areas

\_\_\_\_\_ You did not sign the application

\_\_\_\_\_ You did not provide the required social security cards for all household members

Please return your application along with the information that was missing if you want to be considered for housing.

# CDSA RENTAL APPLICATION

114 S. Independence, Enid, Oklahoma 73701 (580)242-6131 rentals@cdsaok.org

Date Received _____	Approved _____	Disapproved _____
Received By: _____	By: _____	

1. **Applicant's Full Name:** \_\_\_\_\_ Phone No. \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Driver's License number:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_ **Gender (M/F):** \_\_\_\_\_  
**Current Address (Street, City, State and Zip)** \_\_\_\_\_  
**Citizenship:**  US Citizen  Documented Alien  Undocumented Alien  Unknown  
**Status:**  Single  Married  Separated  Divorced  Widowed  Co-Habiting  
**Do you have a disability**  Yes  No  
**Race:** (all that apply)  Native American/Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  
**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino  
I choose not to provide the above information regarding, Race, National Origin and or Gender:

2. **Co-Applicant's Full Name:** \_\_\_\_\_ Phone No. \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Driver's License number:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_ **Gender (M/F):** \_\_\_\_\_  
**Current Address (Street, City, State and Zip)** \_\_\_\_\_  
**Citizenship:**  US Citizen  Documented Alien  Undocumented Alien  Unknown  
**Status:**  Single  Married  Separated  Divorced  Widowed  Co-Habiting  
**Do you have a disability** Yes  No   
**Race:** (all that apply)  Native American/Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  
**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino  
I choose not to provide the above information regarding, Race, National Origin and or Gender:



**10. ANNUAL INCOME AND ASSETS**

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 AND OLDER	TOTAL
Wage or Salary	\$	\$	\$	\$
Overtime	\$	\$	\$	\$
Commissions	\$	\$	\$	\$
Fees, Tips or Bonuses	\$	\$	\$	\$
Alimony, Child Support	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Net Income From Business	\$	\$	\$	\$
Workers Compensation	\$	\$	\$	\$
Pensions, Death Benefits, Disability	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
<b>TOTAL:</b>				\$

ASSETS	CASH VALUE	INCOME FROM	BANK NAME	ACCOUNT NUMBER
Cash on Hand	\$	NA	NA	NA
Checking Account	\$	\$		
Savings Account	\$	\$	\$	
CD's Money Market	\$	\$	\$	
401K Pension	\$	\$	\$	
Stocks, Bonds	\$	\$	\$	
Trust Funds	\$	\$	\$	
Real Estate	\$	NA	NA	NA
Pre-Paid Debit Card	\$	NA		
Other	\$			

Have you disposed assets for less than fair market value in the past 2 years? YES or NO

If Yes Explain \_\_\_\_\_

**REQUIRED DISCLOSURE NOTICE**

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the U.S. Dept. of HUD that the Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are compiled with. You are not required to furnish this information, but are encouraged to do so. This information will not be used to evaluate your application or to discriminate in any way. However if you choose not to furnish it, we are required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

**FAIR HOUSING DISCLOSURE STATEMENT**

The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing based on race, color, religion, sex, handicap, familial status, or national origin. Federal Law also prohibits discrimination on the basis of age. Complaints of discrimination may be filed with the Assistant Secretary for Fair Housing and Equal Opportunity, HUD, Washington, DC 20410.

**PROVIDE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION**

- PHOTO ID FOR EACH HOUSEHOLD MEMBER OVER 18
- EMPLOYMENT VERIFICATION FOR EACH HOUSEHOLD MEMBER OVER 18

12 Months of paystubs or employment verification letter  
Social Security or disability award letter (Bank statements are not acceptable)  
Zero income form for all household members over 18 without income  
Veterans Administration Benefits Award letter  
Verification of Pension or Retirement Income.  
If Self Employed most current 1040

- COPY OF ALL HOUSEHOLD MEMBERS SOCIAL SECURITY CARD.

**If the above documents are not included with the application it will not be processed.**

**APPLICATION MUST BE UPDATED EVERY SIX (6) MONTHS, IF NOT IT WILL BE DISCARDED**

**BEFORE YOU SIGN THIS APPLICATION MAKE SURE THAT YOU HAVE READ THE STATEMENTS ON THIS PAGE AND PROVIDED THE REQUIRED DOCUMENTS. THE INFORMATION PROVIDED WILL BE USED TO DETERMINE WHETHER YOU MAY QUALIFY AS A TENANT, IT WILL NOT BE DISCLOSED WITHOUT YOUR CONSENT EXCEPT TO YOUR EMPLOYER(S) FOR VERIFICATION OF INCOME AND TO FINANCIAL INSTITUTIONS FOR VERIFICATION OF ASSETS, AND AS REQUIRED AND PERMITTED BY LAW. YOU DO NOT HAVE TO PROVIDE THE INFORMATION, BUT IF YOU DO NOT YOUR APPLICATION MAY BE DELAYED OR DENIED.**

11. \_\_\_\_\_  
 Signature of Applicant Date

12. \_\_\_\_\_  
 Signature of Co-Applicant Date

**CHILD SUPPORT / ALIMONY VERIFICATION**

Unit # \_\_\_\_\_

**Has applicant / resident ever been awarded court-ordered child support or alimony?**

**PLEASE CIRCLE ANSWER BELOW:**

**CHILD SUPPORT: YES OR NO**

**ALIMONY: YES OR NO**

**If yes to either question above, please obtain a copy of the order / decree.**

.....  
**CHILD SUPPORT:**

I do hereby swear and affirm that: I **DO NOT RECEIVE** (*but legal attempts to collect have been made*) / **DO RECEIVE** (*circle one*) \$ \_\_\_\_\_ per month child support for the support of my children whose names are:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** If the resident/applicant states that child support is not being received although court ordered, it is necessary that you verify through a third party source (District Attorney's office, Lawyer, Child Support Enforcement Unit) that the child support is not being received and that all legal attempts have been made to collect amounts due.

.....  
**ALIMONY:**

I do hereby swear and affirm that: I **DO NOT RECEIVE** / **DO RECEIVE** (*circle one*) \$ \_\_\_\_\_ per month in Alimony payments from:

\_\_\_\_\_  
I understand that all statements concerning child support and alimony must be verified to properly process my/our application and determine eligibility. I have no objection to inquiry being made for the purpose of verification.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant/Resident

**WARNING:** Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States at to any matter within its jurisdiction.

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 (owner or agent) application.

**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 and 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
	Medical and Child Care Providers	

**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 a 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. A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**



## RENTAL APPLICANT REFERENCE FORM

- This form is used to obtain information regarding the rental history of Applicants for rental housing. The information provided by the current or former Owner/Agent may be used solely for the purpose of evaluating the application for rental housing.
- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 2: Copies of this form and of the Applicant's signature are acceptable.
- The Applicant may be contacted to verify the authenticity of this request.

### 1. Person requesting the rental reference

Name of Owner/Agent CDSA (Community Development Support Assn.)  
 Address 114 S. Independence City Enid State OK Zip 73701  
 Phone Number (580) 242-6131 Fax Number (580) 234-3554

\* 2. Authorization by rental Application for the release of information:  
 I hereby authorize the release of the information requested on this Rental Applicant Reference Request to the Owner/Agent listed above. I hereby acknowledge that the Owner/Agent can make copies of the executed page in order to obtain the information requested.

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

### 3. Applicant's rental information

Name of rental community (if any) \_\_\_\_\_  
 Address of rental unit \_\_\_\_\_ Unit # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Name of Owner/Agent \_\_\_\_\_  
 Phone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_  
 Move in Date: Month \_\_\_\_\_ Year \_\_\_\_\_ Move-out date: Month \_\_\_\_\_ Year \_\_\_\_\_ / or Current \_\_\_\_\_

### 4. Rental reference information provided by former or current Owner/Agent

Did Applicant live at your property during the period indicated above? \_\_\_\_\_ Yes or No \_\_\_\_\_  
 If no, what were the dates of occupancy: From (month/year) \_\_\_\_\_ / \_\_\_\_\_ To (month/year) \_\_\_\_\_  
 How many times during the past 12 months did Applicant pay the rent late? \_\_\_\_\_  
 Was any check from the Applicant returned due to non-sufficient funds (NSF) \_\_ Yes or No \_\_\_\_\_  
 Did you ever file for an unlawful detainer against Applicant for unpaid rent? \_\_ Yes or No \_\_\_\_\_  
 If yes, what was the result? \_\_\_\_\_  
 Does the Applicant own any pets? Yes or NO and How many? \_\_\_\_\_ What type? \_\_\_\_\_

Information provided by: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
 Information obtained by: Phone \_\_\_\_\_ Mail \_\_\_\_\_ or Fax \_\_\_\_\_

Please mail or fax this form to the person listed in section 1 as soon as possible (within 24 to 48 hours)



