



TRA-DOR MANAGEMENT, INC.
712 Milam St. Suite 201
Shreveport, LA 71101



Phone: 318-221-1760

TDD# 1-800-846-5277

THE COMPLETE APPLICATION CRITERIA

1. Income must meet Rural Development and/or Tax Credit Required Income Limits.
2. Prospective tenant must have sufficient income to meet utility bills and amount of rent, after rental subsidy, if any. Applicant/Tenant with zero income will be rejected.
3. An application must be completed properly with personal references and current/prior landlord phone numbers.
4. All occupants of the household, their social security numbers, dates of birth and income must be listed. If any person is found to be residing in a unit that is NOT listed on the application, that person will be considered an unauthorized occupant. Fraudulent information is reason for rejection.
5. A credit report will be obtained on each prospective resident 18 years of age and older.
6. Derogatory credit reports from utility companies and/or prior landlords may lead to your application being rejected.
7. If credit is questionable, references listed on the application will be called as well as any business that has inquired or reported to the credit bureau on the applicant as deemed necessary.
8. The final decision of acceptance or rejection will be made based on the applicants ability to pay his/her bills, applicants past financial and rental history, prior landlord references and derogatory criminal background reports.
9. A Criminal History Report is required and a fee must be submitted to the manager or the application will be considered incomplete.
10. All applicants/household members must provide a copy of their birth certificate and social security card.
10. A picture I.D. is required on every person 18 years or older.
11. **Rural Development Properties:** A criminal and credit check fee of \$20 must be submitted to the manager or the application will be considered incomplete. Please include each for individual 18 or older.
12. **Tax Credit Properties:** A criminal and credit check fee of \$20 must be submitted to the manager or the application will be considered incomplete. Please include each for individual 18 or older.

“This institution is an equal opportunity provider.”

Tax Credit Properties - “The Fair Housing Act prohibits discrimination in the sale, rental, or refinancing of housing on the basis of 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 forwarded to The Secretary of Housing and Urban Development Washington, D.C. 20410.”

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FORM #97

Rev. 10/2017

TRA-DOR MANAGEMENT, INC.
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SHREVEPORT, LA 71101
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TDD# 1-800-846-5277



APARTMENT APPLICATION

Application Date: _____ Date of Desired Occupancy: _____

Time: _____

NOTICE TO APPLICANT: Please read the following notices and then print using ink.

WARNING: Section 1001 of Title 18, United States Code Provides, "Whoever in any matter within the jurisdiction of any department of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$250,000 or imprisoned not more than five years, or both.

A Non-Refundable Application Processing Fee (MONEY ORDERS ONLY) is required when submitting this application. Make money order payable to APARTMENT COMPLEX. The application is considered incomplete and will not be processed unless the processing fee is paid. The fee applicable is the one that is appropriate for this property.

Application Fee Paid _____ Application Fee Not Paid _____ N/A _____ Receipt # _____ Date _____

APPLICANT _____

ARE YOU: MARRIED SINGLE SEPARATED DIVORCED
ADDRESS _____ CITY _____

STATE _____ ZIP _____ HOW LONG? _____

HOME PHONE _____ WORK PHONE _____

PRIOR ADDRESS _____

CO-APPLICANT _____

ARE YOU: MARRIED SINGLE SEPARATED DIVORCED
ADDRESS _____ CITY _____

STATE _____ ZIP _____ HOW LONG? _____

HOME PHONE _____ WORK PHONE _____

LANDLORD'S NAME _____ PHONE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ AMOUNT OF RENT? _____

PRIOR LANDLORD'S NAME _____ PHONE _____

APPLICANT: Driver's License # _____ CO-APPLICANT: Driver's License # _____

Auto License # _____ Auto License # _____

Name and Phone Number of two other people we can contact to locate applicant or co-applicant:

NAME _____ PHONE # _____ RELATIONSHIP _____

NAME _____ PHONE # _____ RELATIONSHIP _____

EMPLOYMENT:

APPLICANT EMPLOYED BY: _____ HOW LONG? _____

ADDRESS: _____ ZIP: _____ POSITION: _____

CO-APPLICANT EMPLOYED BY: _____ HOW LONG? _____

ADDRESS: _____ ZIP: _____ POSITION: _____

HOUSEHOLD COMPOSITION

(LIST APPLICANT FIRST AND CO-APPLICANT SECOND, IF APPLICABLE -Include all persons to reside in unit even if on a part-time basis)

Name Household Members	Relationship to Applicant	Sex	Date of Birth	Full or Part Time Student	Occupation	Social Security Number	U.S. Citizen
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INCOME: List all income sources. Some examples are: Full or part-time employment (including overtime, production compensation, commissions, bonuses, tips, etc.) Welfare, Social Security (Note if you are receiving Medicare), SSI, Pension, Disability, Armed Forces Reserves, Unemployment Compensation, Babysitting, Caretaking, Alimony or Child Support, Educational Scholarships and Grants, Business Income, Regular Recurring contributions from others outside the household, (Contract for Deed, Interest on Assets).

List any anticipated income change in the next 12 months.

TOTAL NUMBER OF FAMILY OR HOUSEHOLD MEMBERS EMPLOYED _____

Member Number	Wages, Salaries, Etc.	Social Security Pensions	AFDC	SSI	Other
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1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

TOTALS	\$	\$	\$	\$	\$
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TOTAL ANNUAL INCOME -----\$ _____

Anticipated amount to be spent for child care (or care of other dependents)-----\$ _____

Have you disposed of any assets in the last 12 months? _____

Net Family Assets (including cash, bank account balances, stocks, bonds, real estate, lump sum payments)
Total \$ _____

Income from the above assets (including dividends, interest, rent) for the next 12 months \$ _____

CREDIT REFERENCES:

CREDIT REFERENCE NAME	CITY/STATE	ACCOUNT NUMBER	PHONE
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HOW DID YOU HEAR ABOUT OUR APARTMENTS? _____

Answer the following questions:

Persons, which meet the definition of disabled, qualify for a \$400 deduction to their annual income when determining rent contributions and certain other deductions when applying for rental assistance. If you feel that you qualify and would like to request this adjustment to your income, please indicate in the boxes provided. Yes No

If you have indicated your desire to request this adjustment, then we will need only sufficient information (documentation) to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.

In addition, indicate whether any special services/reasonable accommodations are needed Yes No

Is a "mobility accessible" unit necessary Yes No Other Comments: _____

Reason for moving: Substandard Housing _____ Without or about to be without housing? _____ Other: _____

Have you been displaced? YES _____ NO _____ How? _____

Have you or any household members ever been evicted, breached or violated your contract while leasing any type of rental housing?
YES _____ NO _____ If yes, explain? _____

Have you or any household members, ever applied for housing at any Tra-Dor complex? YES _____ Where _____ No _____

Have you or any household members, ever lived at any Tra-Dor complex? YES _____ NO _____ If yes, when & where?

Have you or any household members, ever been convicted of a Felony or Crime? YES _____ NO _____ If yes, when? _____
If yes, explain? _____

Currently do you or any of the household members illegally use controlled substances? YES _____ NO _____

Have you or any member of the household ever been convicted of the same? YES _____ NO _____

If yes, explain: _____

List any substance abuse programs that you or any household member have successfully completed or are currently enrolled in: _____

All rent is due and payable on the first day of the month. After a 10 day grace period prescribed by state law, a late charge will be assessed and legal action can be taken. (Rural Development only) After 4 days on all other properties, a late charge will be assessed and legal action taken.

Waterbeds are permitted only in downstairs units and you must provide proof of insurance / No alcoholic beverages displayed on the grounds.

I certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the statements above, or other inquiries deemed necessary by the Landlord, its agents or authorized representative. I certify that the housing I will occupy is/will be my primary residence and that I do/will not maintain a separate subsidized rental unit in a different location. I further certify that only those persons listed on this application will occupy dwelling, unless prior approval by Landlord is given. Names of all persons authorized by Landlord to occupy dwelling will appear on most current certification prepared for my household.

I understand that deliberate submission of false information on any application, certification, recertification, or request for interim adjustment constitutes grounds for termination of the lease agreement.

I understand that this unit will serve as my primary residence.

APPLICANT

HOUSE HOLD MEMBER

CO-APPLICANT

MANAGER SIGNATURE

DATE/TIME

The information regarding race, ethnicity and sex designation solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through it's Rural Housing Service, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. Age may be an eligibility factor in projects designated for the elderly. However, 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 discriminate against you in any way, however, if you choose not to furnish it, the owner is required to note the race/ethnicity and sex of individual applicants on the basis of visual observations or surname.

APPLICANT
Ethnicity: _____ Hispanic/Latino (H) _____ Non-Hispanic/Latino (N)
Sex: _____ Male (M) _____ Female (F)
Race: _____ White/Caucasian (5) _____ Black/African American (3)
_____ Asian (2) _____ American Indian/Alaskan Native (1)
_____ Native Hawaiian/Pacific Islander (4)

CO-APPLICANT
Ethnicity: _____ Hispanic/Latino (H) _____ Non-Hispanic/Latino (N)
Sex: _____ Male (M) _____ Female (F)
Race: _____ White/Caucasian (5) _____ Black/African American (3)
_____ Asian (2) _____ American Indian/Alaskan Native (1)
_____ Native Hawaiian/Pacific Islander (4)

***NOTE: FULL-TIME STUDENTS DO NOT QUALIFY UNLESS THEY MEET ONE OF THE FOLLOWING CRITERIA:**

- 1. Recipient of AFDC benefits under Title IV of the Social Security Act**
- 2. Student enrolled in a job-training program such as JTPA.**
- 3. Student is a single parent family and children and student are not dependents of anyone outside the household**
- 4. Student is married and files a joint tax return (must be married but not necessarily to each other)**
- 5. Student was previously under foster care within 5 years of the effective date of initial income certification.**
- 6. At least one member of the household is not a full time student and not dependent on another person (in other words, files their own tax return)**

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 712 Milam Street, Suite 201
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Resident Screening Request Form

Property name: _____ Contact: _____

Property ph #: _____ Fax #: _____

APPLICANT INFORMATION:

Full Name: _____ Date of birth: _____ S.S.N: _____
First middle last

Current Address: _____ DL # and State of Issue: _____

City: _____ County: _____ State: _____ Zip Code: _____

Monthly Income: _____ Rent Amount: _____ Apt. #: _____

CO-APPLICANT INFORMATION :

Full Name: _____ Date of Birth: _____ S.S.N: _____

Current Address: _____ DL # and State of Issue: _____

City: _____ County: _____ State: _____ Zip Code: _____

Monthly Income: _____ Rent Amount: _____ Apt. #: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES/PARISHES AND STATES OF RESIDENCE FOR THE PAST SEVEN (7) YEARS. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCY.

CITY/TOWN	PARISH/COUNTY	STATE	DATE RESIDED FROM	DATE RESIDED TO:

The following are my responses to questions about my criminal record history (if any) with descriptions to any questions with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? YES or NO If YES, please provide an explanation: _____

2. Have you ever been arrested for, but not charged with, any federal, state, or municipal criminal offense? YES or NO If YES, please provide an explanation: _____

3. Have you ever received probation or community service/supervision for any federal, state, or municipal criminal offense? YES or NO If YES, please provide and explanation: _____

4. Have you ever been arrested for molesting or abusing a minor? YES or NO If YES, please explain: _____

5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES or NO If YES, please explain: _____

6. As of the date of this authorization, do you have any pending criminal charges against you? YES or NO If YES, please provide an explanation: _____

I do hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information provided proves to be false or incomplete, that grounds for the canceling of any and offers of occupancy will exist and may used at the discretion of this apartment complex.

I hereby authorize Tra-Dor, Inc. and or Trak-1 Technology to request and receive any and all background information about or concerning me, including but limited to my Criminal History, Credit History including a consumer report under the FAIR CREDIT REPORTING ACT, 15 U.S.C. 1681, Driving History, Employment History, Military Background, Civil Listings, Educational Background, and Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, Outstanding Hot Checks, and other entities, including my Present and Past Employers.

I further release and discharge Tra-Dor, Inc. and their agent, TRAK-1 Technology and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information of records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make a written request within a reasonable period of time to TRAK-1, INC., for additional information concerning the nature and scope of investigation. I acknowledge that I have voluntarily provided the above information for employment and residential purposes, and I have carefully read and understand this authorization.

PRINT: _____ PRINT: _____
Applicant Co-applicant

SIGNED: _____ SIGNED: _____

DATE: _____ DATE: _____

Additional request: _____

"This Institution is an Equal Opportunity Provider"

Professionally Managed by

Tra-Dor



Equal Housing Opportunity

FORM #100-A
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