

Household Information

List all household members that are applying to live in this apartment with you.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Day, Year</i>

YES **NO**

- | | | |
|---|---|---|
| 1 | 1 | <p>1. Do you expect any additions to the household within the next 12 months?
 Name and relationship: _____
 Explanation: _____</p> |
| 1 | 1 | <p>2. Is there anyone living with you now who won't be living with you at this property?
 Name and relationship: _____
 Explanation: _____</p> |
| 1 | 1 | <p>3. Do you have full custody of your child(ren)?
 Explanation: _____</p> |
| 1 | 1 | <p>4. Are there any absent household members who under normal conditions would live with you? <i>(For example, a household member away in the military.)</i>
 Explanation: _____</p> |
| 1 | 1 | <p>5. Does your household have or anticipate having any pets other than those used as service animals?
 Explanation: _____</p> |

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

**Include all income anticipated for the next 12 months.
 Do YOU or ANYONE in your household receive OR expect to receive income from:**

YES **NO**

- | 1 | 1 | <p>6. Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i></p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Household Member</u></th> <th style="text-align: center;"><u>Name of Company</u></th> <th style="text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> | <u>Household Member</u> | <u>Name of Company</u> | <u>Amount</u> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| <u>Household Member</u> | <u>Name of Company</u> | <u>Amount</u> | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | |
| 1 | 1 | <p>7. Self-employment? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i></p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Household Member</u></th> <th style="text-align: center;"><u>Type of Business</u></th> <th style="text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> | <u>Household Member</u> | <u>Type of Business</u> | <u>Amount</u> | _____ | _____ | _____ | _____ | _____ | _____ | | | |
| <u>Household Member</u> | <u>Type of Business</u> | <u>Amount</u> | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | |

YES NO

1 1

8. Regular pay as a member of the Armed Forces?

Household Member Base Name & Branch Amount

1 1

9. Unemployment benefits or workman's compensation?

Household Member Contact Person Amount

1 1

10. Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)?

Household Member Contact Person Amount

1 1

11. (a.) Child support or Alimony?

(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from the payor.)

Household Member Pavor Amount

(b.) How is the support received? (Check all that apply.)

1 Child Support Enforcement Agency Name of Agency: _____

1 Court of Law Name of Court: _____

1 Directly from Individual Name of Person: _____

1 Other Explain: _____

1 1

(c.) If money is not actually received, are you taking legal action to remedy?

(If yes, obtain court papers)

Explanation: _____

1 1

12. Social Security, SSI or any other payments from the Social Security Administration?

Household Member SSA Office Amount

1 1

13. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member Source of Benefit Amount

1 1

14. Regular payments from a severance package?

Household Member Source of Benefit Amount

YES NO

1 1

15. Regular payments from any type of settlement?

Household Member Source of Benefit Amount

1 1

16. Regular gifts or payments from anyone outside of the household? *(This includes anyone supplementing your income or paying any of your bills.)*

Household Member Source of Benefit Amount

1 1

17. Educational grants, scholarships, or other student benefits?

Household Member Source of Benefit Amount

1 1

18. Regular payments from lottery winnings or inheritances?

Household Member Source of Benefit Amount

1 1

19. Regular payments from rental property or other type of real estate transactions?

Household Member Source of Benefit Amount

1 1

20. Any other income sources or types not listed?

Household Member Source of Benefit Amount

1 1

21. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: _____

Asset Information

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS, INCLUDING MINORS.

YES NO

Do YOU or ANYONE in your household hold:

1 1

22. Checking or savings account?

Household Member Source of Benefit Amount

1 1

23. Certificates of Deposit (CDs), money market accounts or treasury bills?

Household Member Source of Benefit Amount

YES NO

1 1

24. **Stocks, bonds or securities?**

Household Member Source of Benefit Amount

1 1

25. **Trust funds?**

Household Member Source of Benefit Amount

1 1

26. **Pensions, IRAs, Keogh, 401(k)s, or other retirement accounts?**

Household Member Source of Benefit Amount

1 1

27. **Cash on hand over \$500?**

Household Member Source of Benefit Amount

1 1

28. **Real estate, rental property, land contracts/contracts for deeds or other real estate holdings?** *(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)*

Household Member Source of Benefit Amount

1 1

29. **Personal property held as an investment?** *(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture and clothing.)*

Household Member Source of Benefit Amount

1 1

30. **A safe deposit box?**

Household Member Source of Benefit Amount

1 1

31. **A life insurance policy?**

Household Member Company/Policy # Face Value

1 1

32. **Do you have any other assets not listed above** *(excluding personal property)?*

If yes, list: _____

YES NO

1 1 33. Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?
Household Member: _____ Amount: _____
Explanation: _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES NO

1 1 34. Are you or any other ADULT household member claiming zero income?
Household Member: _____
Explanation: _____

1 1 35. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?
Household Member: _____ Amount: _____
Explanation: _____

If yes, answer the following questions:

- a. Is the full time student married and filing a joint return? 1 Yes 1 No
- b. Is the student a Title IV recipient? 1 Yes 1 No
- c. Is the student enrolled in a job training program receiving assistance under the Job Training Partnership act? 1 Yes 1 No
- d. Is the full time student an AFDC recipient? 1 Yes 1 No
- e. Is the full time student a single parent living with his/her minor child who is not a dependant on another's tax return? 1 Yes 1 No

1 1 36. Will you or any ADULT household member require a live-in care attendant to live independently?
Household Member: _____ Name of Attendant: _____
Relationship (if any): _____

1 1 37. Will your household be receiving Section 8 rental assistance at time of move-in?
Name of Agency: _____
Contact Person: _____

1 1 38. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?
Expected Date: _____
Name of Agency: _____
Contact Person: _____

Additional Information

YES NO

1 1 39. Are you or any other household member currently using an illegal substance?
If yes, explain: _____

Three Personal Non-related References:

Name: _____

Address: _____

Phone: _____ Relationship: _____

Name: _____

Address: _____

Phone: _____ Relationship: _____

Name: _____

Address: _____

Phone: _____ Relationship: _____

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

Tag/License Plate # State Issued Make/Model/Year

Vehicle #1: _____

Vehicle #2: _____

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Signature Clause

I understand that management is relying on this information to prove my household’s eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management’s resident selection criteria and the Housing Credit Program requirements.

THE UNDERSIGNED APPLICANT HEREBY offers to rent/lease real property described as THE PROPERTY on Page 1.

It is understood that this Application is not a Rental Agreement/Lease and that Applicant has no rights to said property until a written Rental Agreement/Lease is duly executed after the approval of this Application. Applicant is aware of and agrees to all the covenants and conditions in the proposed Rental Agreement/Lease and agrees to timely execute said Rental Agreement/Lease after notification of the acceptance of this Application and Offer. Time is of the essence.

A credit check fee of **\$35.00** to process this Application and an Application Deposit of **\$100.00** as earnest money will be given by Applicant to the owner/manager when this Application is turned in for processing.

The Application Deposit is fully refundable if Applicant is rejected or if written notice revoking this offer is received within seventy-two (72) hours by the owner/manager prior to acceptance of the offer. However, if owner/manager has duly accepted this offer to rent, this Application is then to be treated as a completed contract to rent/lease THE PROPERTY, and Applicant’s attempted revocation shall be deemed a breach of contract. In either case, the Application Deposit shall then become nonrefundable to the extent that such deposit may be withheld and used to offset and recompense any and all losses incurred as a result of such breach including, but not limited to, advertising and lost rent until the property is re-rented. Otherwise, the Application Deposit will be applied toward the Security Deposit.

Deposits and payments made by check may be cashed any time. If cashed, Applicant agrees that no refund need be made prior to thirty (30) working days from the date proof is obtained that the maker’s bank has cashed and honored said check.

Applicant represents all information on pages 1, 2, and 3 of this Application to be true and accurate and understands that owner/manager will rely upon said information when accepting this Application whether an independent investigation has been performed or not. Applicant hereby authorizes the owner/manager and his/her/its employees and agents to verify said information and make independent investigations in person, by mail, phone, fax or otherwise, to determine Applicant's rental, credit, financial and character standing. Applicant hereby releases owner/manager, his/her/its employees and agents, and any and all other firms or persons investigating or supplying information, from any liability whatsoever concerning the release and/or use of said information and, further, will defend and hold them all harmless from any suit or reprisal whatsoever. All holders, public and private, of any such information are hereby authorized to release, without reservation or limitation, any and all such information they have concerning Applicant and, in so doing, will be acting on Applicant's behalf at Applicant's request and will be held blameless and without any liability whatsoever. A copy, fax, or other reproduction of this Authorization shall be as effective as the original.

All ADULT household members must sign below:

_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date

For Office Use Only

Date of Interview: _____ **Desired Apt. #:** _____ **Desired Move-in Date:** _____