



Property/Address: _____

Date: _____

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number

Current Address: _____

Primary Phone: () _____ **Alternate Phone:** () _____

Are you claiming a "Preference"? *Certain preferences are assigned to applicants in order to provide housing opportunities for households with special needs. See Tenant Selection Plan for greater detail.*

Displaced by Government Action or Presidentially Declared Disaster.

Victim of Domestic Violence.

Working, Elderly, or Disabled.

Other or Local Preference: _____

Type:

1st Choice: 2 BR 3 BR 4 BR 5 BR

Other _____

2nd Choice: 2 BR 3 BR 4 BR 5 BR

Other _____

Would you or anyone in your household benefit from a special needs unit?
(Mobility, vision, or hearing impairment) Yes No

Will you or anyone in your household require a live-in care attendant? Yes No

Name of Live-In Care Attendant: _____
 Relationship (if any): _____

Housing References:

List the **past 3 years** of housing references. (If additional space is required, use the back of this page.)

<u>Dates</u>	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>
1.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/> From: _____ To: _____
2.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/> From: _____ To: _____
3.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/> From: _____ To: _____

Household Information (continued)

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?

Yes No

If YES, explain _____

2. Do you expect the number of household members to change in the future? Yes No

If YES, explain how many members will be added or reduced, and when that change will take place.

3. Have any of the household members used names or a social security number other than the names and numbers used above? Yes No

If YES, explain _____

4. Are any or ALL members of the household full-time students? Yes No

If YES, explain _____

5. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? Yes No

If YES, provide the nature of the crime(s): _____

Date: _____ State: _____ City: _____

County: _____
 Are any of the above convictions a felony? Yes No If YES, Please explain _____

Are you or any members of your household subject to a lifetime registration

requirement under a state sex offender registration program? Yes No If YES, Please explain _____

Are there any criminal charges pending now? Yes No If YES, please explain _____

6. Do you live in subsidized housing now or have you in the past? Yes No
If YES, where? _____ From _____
To _____
Were you evicted? ___ If YES, why? _____

7. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?
If YES, explain _____

8. Have you ever filed or are you currently filing for bankruptcy? Yes No
If YES, give reason _____
Date of filing: _____

9. Have you ever lived at any other property managed by _____ [insert management company name?]
If YES, where? _____

10. Why do you want to move from your current residence? _____

11. How did you hear about us? _____

12. Do you know or are you related to any of our residents or staff? _____

Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? Yes No
(Include overtime, tips, bonuses, commission and payments received in cash.)
Household Member

Name of

Company

Amount

(or note if self-employed)

	<u>(or note if self-employed)</u>	<u>Company</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Unemployment benefits or worker's compensation?

Yes No

Household Member

Name of
Company

Amount

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)?

Yes No

Household Member

Name of
Company

Amount

4. (a) Child Support or Spousal Support (alimony)?

Yes No

(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 payer.)

Household Member

Name of
Company

Amount

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

Child Support Enforcement Agency

Name of Agency: _____

Court of Law

Name of Court: _____

Directly from Individual

Name of Person: _____

Other

Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? Yes No

Explanation: _____

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

Yes No

Household Member

SSA
Office

Amount

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

Yes No

Household Member

Source of
Benefit

Amount

7. Regular payments from a severance package?

Yes No

Household Member

Source of
Benefit

Amount

8. Regular payments from any type of settlement? (For example, insurance settlements)

Yes

No

Household Member

Source of
Benefit

Amount

9. Disability, death benefits or life insurance dividends?

Yes No

Household Member

Source of
Benefit

Amount

10. Regular gifts or payments from anyone outside of the household?

Yes No

(This includes anyone supplementing your income or paying any of your bills.)

Household Member

Source of
Benefit

Amount

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

Yes No

Household Member

Source of
Benefit

Amount

12. Regular payments from lottery winnings or inheritances?

Yes No

Household Member

Source of
Benefit

Amount

13. Regular payments from rental property or other types of real estate transactions?

Yes No
Household Member

Source of
Benefit

Amount

14. Any other income sources or types not listed above?

Yes No
Household Member

Source of
Benefit

Amount

15. Do you or any other household member expect any change in income in the next 12 months? Yes No

If YES, explain:

Zero Income Verification:

Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

Yes No If YES, who? _____

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account?

Yes No

Household Member

Bank
or Financial
Institution

Amount

2. CDs, money market accounts or treasury bills?

Yes No
Household Member

Bank
or Financial
Institution

Amount

3. Stocks, bonds or securities?

Yes No
Household Member

Source
(Broker's
Name)

Amount

4. Trust funds?

Yes No
Household Member

Bank
or Financial
Institution

Amount

Are any of the above listed trusts irrevocable? Yes No

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?
No

Yes

Household Member

Location of
Account

Amount

6. Cash on hand?

Yes No
Household Member

Source of
Benefit

Amount

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?

Yes No

Household Member

Life

Insurance
Company

Amount

8. Real estate, rental property, land contract/contract for deeds or other real estates holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property) Yes No

Household Member

Source of
Benefit

Amount

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.) Yes No

Household Member

Source of
Benefit

Amount

10. Do you have a safe deposit box containing contents with a monetary value?

Yes No

Household Member

Source of
Benefit

Amount

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Yes No

Household Member

Description of Asset Disposed

Amount Received

Explanation: _____

Do you or anyone listed above own a vehicle?

Vehicle Identification:

1. License #: _____ State Issued: _____ Make/Model/Year: _____

2. License #: _____ State Issued: _____ Make/Model/Year: _____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the 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 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 and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the HUD Neighborhood Stabilization Program.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant this property owner and _____ *[Insert Management Company Name]* the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

Signature	Date
Signature	Date
Signature	Date
Signature	Date

For Office Use Only	
Check here if Pre-Application is on file. <input type="checkbox"/>	Application Date: _____ Time: _____ Desired Move-In Date: _____ Application Received By: _____ As Agent for Owner