

RENTAL APPLICATION

Housing Credit Program

Date: _____

*ALL QUESTIONS MUST BE ANSWERED COMPLETELY IN ORDER FOR YOUR APPLICATION TO BE PROCESSED. DO NOT LEAVE ANY QUESTION UNANSWERED.*A separate application is required for each unmarried individual age 18 years and over. ** IDENTIFICATION IS REQUIRED TO COMPLETE APPLICATION*

DO NOT USE WHITE-OUT ON THIS APPLICATION

Household Information:

Do you require a handicap unit? Yes No

Complete the following information for each household member that will occupy the apartment at time of move in:

Name (First, M.I., Last)	Relationship to Head of Household	Male/ Female	Social Security Number	Birth date (Mo/Day/ Yr)	Marital Status	Full time Student?

Check one: Rent Own Current Address: _____
Street Address, P.O. Box Number, Apartment Number, etc.

Length of Time at Current Address: _____
City State Zip Code

Email Address: _____
() Daytime Telephone# () Evening Telephone#

Income Information:

Include all gross annual income anticipated for the next 12 months. Include the dollar (\$) amount in the space provided.

YES NO

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

1. **GROSS Employment wages or salaries?** (Include all overtime, tips, bonuses, commissions earned and any payments received in cash.)

Household Member's Name _____

Gross Amount Earned \$ _____ Circle one: Week Month Year

Employer _____ How Long? _____

Employer Address (Street/City/State) _____

Position: _____ Employer Telephone # () _____

Household Member's Name _____

Gross Amount Earned \$ _____ Circle one: Week Month Year

Employer _____ How Long? _____

Employer Address (Street/City/State) _____

Position: _____ Employer Telephone # () _____

Household Member's Name _____

Gross Amount Earned \$ _____ Circle one: Week Month Year

Employer _____ How Long? _____

Employer Address (Street/City/State) _____

Position: _____ Employer Telephone # () _____

2. **Self-employment?**

Source _____ Household Member _____ Amount / Frequency \$ _____

YES NO

3. Unemployment benefits or worker's compensation?

Source _____ Household Member _____ Amount / Frequency \$ _____

4. Public Assistance (such as TANF), Child Support, or Alimony?

Source _____ Household Member _____ Amount / Frequency \$ _____

5. Social Security, SSI, Veterans benefits, pension, retirement benefits, annuities, disability, death benefits or life insurance dividends

Source _____ Household Member _____ Amount / Frequency \$ _____

6. Any other income from any other source whatsoever (ex.: rental property, recurring gifts, etc.)?

Source _____ Household Member _____ Amount / Frequency \$ _____

Asset Information:

Include all assets held 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 and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

YES NO

Include ALL assets held by ALL household members including minors. Do YOU or ANYONE in your household hold?

1. Checking (average six-month balance), pay card (current balance), or savings account (current balance)?

Type of Account _____ Location of Account _____

Household Member's Name _____ Amount in Account _____

Account # _____ Interest Rate _____

2. CDs, money market accounts, mutual funds, treasury bills, stocks, bonds, securities, trust fund?

Type of Account _____ Location of Account _____

Household Member's Name _____ Amount in Account _____

Account # _____ Interest Rate _____

3. Pensions, IRAs, KEOGH, or other retirement accounts?

Type of Account _____ Location of Account _____

Household Member's Name _____ Amount in Account _____

Account # _____ Interest Rate _____

4. Whole Life Insurance or other Life Insurance Policies that have a cash value?

Type _____ Household Member Name _____ Value \$ _____

Type _____ Household Member Name _____ Value \$ _____

5. Cash on hand (excluding any amounts listed above)?

Household Member's Name _____ Amount _____

Household Member's Name _____ Amount _____

6. Real estate, rental property, land, contract for deeds or other real estate holdings or personal property as an investment? (Includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property.)

Type _____ Household Member Name _____ Value \$ _____

Type _____ Household Member Name _____ Value \$ _____

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

Household Member's Name _____ Amount _____

Explanation _____

TOTAL DOLLAR AMOUNT OF ALL ASSETS COMBINED \$ _____

TOTAL ANNUAL INCOME EARNED FROM COMBINED ASSETS \$ _____

Zero Income Verification:

Are YOU or ANY OTHER **ADULT** member of your household Unemployed?

YES NO

Claiming zero income and/or unemployed? If so, who? _____

Rental History:

List the past THREE (3) years of rental / housing references:

Landlord's Name _____

Landlord's Address _____

Landlord's Phone Number () _____

Your Address _____

Dates From _____ to _____ Monthly Amount \$ _____ Rented ___ Owned _____

Landlord's Name _____

Landlord's Address _____

Landlord's Phone Number () _____

Your Previous Address _____

Dates From _____ to _____ Monthly Amount \$ _____ Rented ___ Owned _____

Landlord's Name _____

Landlord's Address _____

Landlord's Phone Number () _____

Your Previous Address _____

Dates From _____ to _____ Monthly Amount \$ _____ Rented ___ Owned _____

YES NO

Have you ever been evicted from an apartment for any reason or had foreclosure actions taken?

If "YES", please provide explanation of circumstances: _____

Personal References:

List two (2) personal references other than a relative.

Name of Reference _____

Address of Reference _____

Your Address _____

Phone () _____ Relationship _____ Years Known _____

Name of Reference _____

Address of Reference _____

Your Address _____

Phone () _____ Relationship _____ Years Known _____

Emergency Contact:

In Case of Emergency, Notify (nearest relative not living with you):

Name: _____ Address: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

Live-In Care Attendant:

YES NO

Will you or anyone in your household require a live-in care attendant? (A copy of their social security card/ picture identification is required with this application)

Name of Live-In Care Attendant _____

Relationship (if any) _____

Other Information:

Answer either "YES" or "NO" to each question.

YES NO

1. Have you ever filed for bankruptcy or had credit problems? If "YES", please provide explanation of circumstances:

2. Have you been convicted of a felony within the last 7 years? If "YES", please provide explanation of circumstances:

3. Do you expect any changes to your household in the next 12 months? If "YES", please provide explanation of circumstances:

Section 8 Rental Assistance:

YES NO

Will your household be receiving Section 8 rental assistance at the time of move-in? (A copy of the voucher or certificate is required with application)

Name of Agency _____

Contact Person Name _____

Vehicle Identification:

Automobile Information (List ALL Vehicles Owned including Motorcycles):

Make: _____ Model: _____ Year: _____ Tag Number: _____ Color: _____

Make: _____ Model: _____ Year: _____ Tag Number: _____ Color: _____

Pet Information:

YES NO

Do you have a pet? If "YES", please describe:

Type: _____ Weight: _____ Spayed/Neutered: _____ License/Date: _____

Referral Information

How were you referred to our Apartment Community?

Check One: Internet Drive-By Current Resident Other (provide) _____

All questions that were answered "YES" will be verified through the appropriate third-party source, if applicable. 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 or documentation that may be required to expedite this process.

Application Fee (Where Applicable)

Applicant will pay an application fee in the amount of \$ _____ . **THIS APPLICATION FEE IS NON-REFUNDABLE**

SECURITY DEPOSIT AGREEMENT

Applicant has deposited a "Security Deposit" (in the amount stated below) in consideration for owner's taking the dwelling apartment home off the market while considering approval of this application. If applicant is approved, but fails to promptly enter into the contemplated lease, the security deposit shall be forfeited to owner as liquidated damages. The security deposit will be refunded only if applicant is not approved. Keys will be furnished *only* after contemplated lease and other rental documents have been properly executed by all parties and only after applicable rentals and security deposits have been paid. This application is preliminary only and does not obligate owner's agent to execute a lease or deliver possession of the proposed premises.

SIGNATURE CLAUSE:

I understand that management is relying on this information to qualify my household for eligibility under the Housing Credit Program. Under penalties of perjury, I/we certify that the information presented in this Certification/Application/Self Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement. 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 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 any way possible. I understand that my occupancy is contingent on meeting the management company's resident selection criteria and the Housing Credit Program requirements, if applicable.

All ADULT Applicants (18 Years or older) household members must sign below

Applicant's Signature _____ Date _____ Management Signature _____ Date _____

Applicant's Signature _____ Date _____



Information for Government Monitoring Purposes

The following information is requested by the apartment community owner in order to assure that Federal laws prohibiting discrimination against applicants on the basis of race, national origin, sex, color, religion, familial or handicapped status are being complied with. This information will not be used in evaluating your application or to discriminate against you in any way. You are not required to furnish this information, but you are encouraged to do so. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

APPLICANT: I do not wish to furnish this information _____ (Initials)

Race/National Origin:

- Am. Indian Hispanic African-American Asian, Pac. Island Caucasian
 Other _____

Sex:

- Male Female

CO-APPLICANT: I do not wish to furnish this information _____ (Initials)

Race/National Origin:

- Am. Indian Hispanic African-American Asian, Pac. Island Caucasian
 Other _____

Sex:

- Male Female

For Apartment Office Use Only

Move in Date: _____
Apt Type: _____
Apt# _____
Address: _____
Lease Term: _____
Manager Approval: _____

Monthly Rate: _____
Security Deposit: _____
Application Fee: _____
Non-Refundable Pet Fee (if applicable) _____
Regional Manager Approval (if applicable): _____