

Fill out application completely in blue ink. If anything is left blank, the application may be rejected.
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HOUSING APPLICATION

FOR OFFICE USE ONLY

Date: _____ Time: _____ Initials: _____

Project Name: _____ # of Bedrooms: _____ Unit #: _____

Applicant Phone Number: _____ Email Address: _____

Emergency Contact Name: _____ Phone Number: _____
 Relationship: _____

How did you hear about this property: Apartments.com ApartmentHomeLiving.com
 AparmentFinder.com ApartmentGuide.com ForRent.com Move.com MyNewPlace.com
 Rent.com Drive-By Craig's List Property Website Referral Community Zillow
 HotPads Other: _____

Member Number	Member's Full Name	Relationship: Head, Spouse OR Co-Head, Other Adult, Child, Foster Adult/Child, Live In Aide, None	Date of Birth	Gender: Male, Female, N/A (Prefer Not to Answer)	Has This Person Been a Student During The Past Year and/or Will This Person Be a Student in the Upcoming Year?	Social Security Number
1		HEAD				
2						
3						
4						
5						
6						
7						
8						

For every student household member 18 or older, complete the name of school and phone number below.

Member Name or Number	Name of School	Telephone number or fax number of school



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Race of Head of Household: White Black Asian/Pacific Islander
 American Indian/Native American Opted Not to Disclose

Ethnicity of Head of Household: Non-Hispanic Hispanic Opted Not to Disclose

Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility, hearing or visual impairments? Yes No

If yes, please list amenities required: _____

Do you or anyone else in your household qualify for housing because of a handicap or disability? Yes No

If yes, please explain: _____

Will any members of household applying for this unit live anywhere except this unit? Yes No

If yes, please explain (include part time and full time household members): _____

Do you expect your household composition (# of people) to change in the future? Yes No

If yes, please explain: _____

Do you have sole legal and physical custody of your children? Yes No N/A

If yes or no, please explain custody agreement: _____

Does/will the household receive rent assistance? If so, indicate from what source? Yes No

Driver's License or State/Government ID # _____ State Issued: _____ Expiration Date: _____

Driver's License or State/Government ID # _____ State Issued: _____ Expiration Date: _____

HOUSING STATUS

Please provide the last 36 months of history where you have lived – including rental or non-rental.

Member Name or Number		Address	Apt. #	City	State	Zip	Date From (MM/YR)	Date To (MM/YR)
	1.							
	2.							
	3.							
	4.							

1. Name of Management Company/Owner: _____ Telephone #: _____
 Management Company/Owner Address: _____

2. Name of Management Company/Owner: _____ Telephone #: _____
 Management Company/Owner Address: _____

3. Name of Management Company/Owner: _____ Telephone #: _____
 Management Company/Owner Address: _____

4. Name of Management Company/Owner: _____ Telephone #: _____
 Management Company/Owner Address: _____

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HOUSEHOLD INCOME INFORMATION

(all information will be verified by a third party)

For each household member (including family members temporarily absent), list current and anticipated income for the twelve-month period commencing on anticipated date of occupancy or recertification. Include all full time, part time or seasonal work. If a household member has more than one source of income, use a separate line for each source.

		Gross Monthly Income	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Wages, Salaries (including overtime, tips, bonuses, commissions)	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Self Employment	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Does any member work for someone who pays them cash	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Regular pay for member of armed forces	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. General Assistance benefits (TANIF, GA, MSA)? (do not include food or medical assistance)	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Worker's Compensation	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Unemployment benefits or severance pay	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Child Support	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. Alimony or spousal maintenance	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. Social Security/SSI (include income for minor child)	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. Long or Short Term Disability	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. Pensions	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. Retirement benefits	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. Death benefits	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	15. Annuities or life insurance	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	16. Lump sum payment (inheritance, insurance settlement, lottery winnings, capital gain)	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	17. Student financial assistance (public or private – do not include student loans)	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	18. Net income from rental property	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	19. Regular cash or non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	20. Does any member of the household have zero income?	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	21. Other – List:	\$
<input type="checkbox"/> Yes	<input type="checkbox"/> No	22. Other – List:	\$

For every "yes" item checked above, please list the source below

Item # From Above	Member Name or Number	Name of Company/Source	Telephone number or fax number

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HOUSEHOLD ASSETS
 (all information will be verified by third party)

			Current Balance
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Checking accounts		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Savings accounts		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Student college savings (529)		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Stocks		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Bonds		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Capital Investments		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Trusts		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Securities		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Insurance Settlements		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. 401K/Other Retirement Accounts		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Whole Life Insurance		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. IRA/KEOGH Accounts		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Certificates of Deposits		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Funeral Accounts		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Annuities		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Money Market Accounts		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Mutual Funds		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Treasury Bills		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Safety Deposit Box		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Lump Sum Payment (inheritance, insurance settlement, lottery)		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Store value, EBT, Reliacard and/or pre-paid debit		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Real Estate – List address		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Contract for deed – List address		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Coin collections, antique cards, gems/jewelry or other items held as investment		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	25. Other – List:		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	26. Other – List:		\$

For every “yes” item checked above, please list the source below

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Please check one: I/We hereby certify that I/We have _____ have not _____ sold or disposed of any assets for less than Fair Market Value during the two year (24 month) period preceding the effective date of my/our certification or recertification. Any assets sold or disposed of for less than Fair Market Value are identified below, (i.e. sold home, closed accounts, sold stock).

Type of Disposed Asset	Date Sold or Disposed	Decrease in Value of Asset	Amount Received

I/we hereby certify that we have sold or disposed of assets for Fair Market Value in the sold during the two year (24 month) period preceding the effective date of my/our certification or recertification. Any assets sold or disposed of for Fair Market Value are identified below, (i.e. sold home, closed accounts, sold stock).

Type of Disposed Asset	Date Sold or Disposed	Decrease in Value of Asset	Amount Received

For any amounts received, please indicate what happened to these funds.

The following questions pertain to yourself and each member of your household who will occupy the unit. Indicate either YES or NO in response to each question. Provide an explanation for all YES answers.

Are you now living or have you lived in a government-subsidized development? Yes No

Is yes, when: _____ Name of Development: _____

Address: _____ City _____ State _____

Zip Code _____

Are you or any member of your household subject to a lifetime registration under the State sex offender registration program in any state? Yes No

Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, or for any other reason? Yes No

If yes, please explain: _____

Do you or any member of your household have a pattern of alcohol abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants? Yes No

Have you or any member of your household ever been convicted of a felony, or a misdemeanor other than a traffic violation? Yes No

Do you or any member of your household use an illegal drug or other illegal controlled substance? Yes No

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Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? Yes No

Are you currently using marijuana for recreational or medicinal purposes? Yes No

Have you or any member of your household ever used different names from the names given in this application? Yes No

Have you or any member of your household ever used social security numbers different from those listed in this application? Yes No

Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military? Yes No

Are you a victim of a recent presidentially declared disaster? Yes No

Do you receive any monthly assistance in paying your utility bills (gas, electric, phone)? Yes No
If yes, are the payments made under the Low Income Home Energy Assistance Program? Yes No

If no, what is the monthly amount that you receive to assist with your utility bills? \$ _____

Have you or any member of your household lived in any other states? Yes No
If yes, which ones? _____

Please provide an explanation for any "yes" answers on pages 5 or 6:

I/We hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/We further understand that any intentional misrepresentation in this application might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

All household members age 18 or older must sign and date below:

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

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This applicant required assistance in completing the eligibility application due to:

Assistance in completing this application was provided by:

Name

Date

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number is contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).