

Apartment Size Requested

___1BR ___2BR ___3BR ___4BR

Management will provide reasonable accommodations upon request.



MANAGEMENT USE ONLY	
Date:	_____
Time:	_____ P.M. or A.M.
Taken by:	_____
Income: \$	_____
Original or Updated Application (Circle One)	

Applicant Questionnaire

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	Male/ Female	Social Security Number	Age	Birth Date <i>Month, Date, Year</i>
YOU					

Current Address: _____

Previous Address: _____

Daytime Phone: _____ **Evening Phone:** _____

YES NO

- 1. Do you expect any additions to the household within the next twelve months?
Name & Relationship: _____
Explanation: _____
- 2. Is there anyone living with you or are you living with anyone now who will not be living with you at this property?
Name & Relationship: _____
Explanation: _____
- 3. Do you have full custody of your child(ren)? *(If no, obtain proof of amount of time child{ren} will be living in unit.)*
Explanation: _____
- 4. Are there any absent household members who under normal conditions would live with you?
(For example, a spouse away in the military.)
Explanation: _____
- 5. Does your household have or anticipate having any pets other than those used as service animals?

© Copyright 1995-2004 Elizabeth Moreland Consulting, Inc.
All Rights Reserved



Rental History

YES

NO

6. **Do you need an apartment equipped with special features or an accessible unit?**
If yes, please explain what features you need: _____
7. **Have you or any one else named on this application filed for bankruptcy?**
Explanation: _____
8. **Have you or any one else named on this application been convicted of a felony?**
Explanation: _____
9. **Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs?**
Explanation: _____
10. **Have you or any one else named on this application been convicted of property damage?**
Explanation: _____
11. **Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer for lease violations that do not include acts of domestic violence against you or anyone in your household.**
Explanation: _____

Housing References

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

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

Personal Reference

List a personal reference other than a relative.

Name: _____
 Address: _____
 Phone: _____ Relationship: _____ Years Known: _____



Vehicle Identification

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

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year/Color</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

Emergency Contact

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

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

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

 (EMC #01)

12. **Employment wages or salaries?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

 (EMC #02)

13. **Self-employment?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

 (EMC #03)

14. **Regular pay as a member of the Armed Forces/Military?**

<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

 (EMC #04)

15. **Unemployment benefits or worker's compensation or disability compensation?**

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____



(EMC #05)

16. Public Assistance, General Relief or Temporary Assistance for Needy Families (TANF)?

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #6 & #19)

17. (a) Child support or Alimony? Please list all court ordered amounts whether you are receiving payment or not: (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 payer.)

<u>Household Member</u>	<u>Payer</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(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: _____

(If yes, obtain court papers)

(c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation: _____

(EMC #07)

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

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

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

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

20. Regular payments from a severance package?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

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

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

22. Regular gifts or payments on applicant's financial obligations from anyone outside of the household? (This includes anyone supplementing your income or paying any of your bills.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____



YES NO

 (EMC #08)

23. Regular payments from lottery winnings or inheritances?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

 (EMC #08)

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

<u>Household Member</u>	<u>Source of Payment</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

 (EMC #08)

25. Scholarship payments, Grants or any excess income above the amount of tuition?

<u>Household Member</u>	<u>Source of Payment</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

 (EMC #08)

26. Any other income sources or types not listed?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

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

If answered Yes, pl Explain

27. Are you currently enrolled in any Federal Assistance Program

Asset Information:

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

Do YOU or ANYONE in your household hold:

YES NO

 (EMC #09)

28. Checking or savings account?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

 (EMC #09)

29. CDs, money market accounts or treasury bills?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

 (EMC #10)

30. Stocks, bonds or securities

<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO



<input type="checkbox"/> <input type="checkbox"/> (EMC #09)	31. Trust Funds <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Household Member</u></td> <td style="text-align: center;"><u>Financial Institute</u></td> <td style="text-align: center;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>								
_____	_____	_____								
_____	_____	_____								
<input type="checkbox"/> <input type="checkbox"/> (EMC #09)	32. Pensions, IRAs, Keogh or other retirement accounts? <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Household Member</u></td> <td style="text-align: center;"><u>Financial Institute</u></td> <td style="text-align: center;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>								
_____	_____	_____								
_____	_____	_____								
<input type="checkbox"/> <input type="checkbox"/> (EMC #09)	33. Whole life insurance policy or able to receive cash from any other insurance policies? <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Household Member</u></td> <td style="text-align: center;"><u>Insurance Carrier</u></td> <td style="text-align: center;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Insurance Carrier</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Household Member</u>	<u>Insurance Carrier</u>	<u>Amount</u>								
_____	_____	_____								
_____	_____	_____								
<input type="checkbox"/> <input type="checkbox"/> (EMC #10)	34. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? <i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)</i> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Household Member</u></td> <td style="text-align: center;"><u>Address of Property</u></td> <td style="text-align: center;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Address of Property</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Household Member</u>	<u>Address of Property</u>	<u>Amount</u>								
_____	_____	_____								
_____	_____	_____								
<input type="checkbox"/> <input type="checkbox"/> (EMC #10)	35. Personal property held as an investment? <i>(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 or clothing.)</i> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Household Member</u></td> <td style="text-align: center;"><u>Item</u></td> <td style="text-align: center;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Item</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Household Member</u>	<u>Item</u>	<u>Amount</u>								
_____	_____	_____								
_____	_____	_____								
<input type="checkbox"/> <input type="checkbox"/> (EMC #13)	36. A safe deposit box? <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Household Member</u></td> <td style="text-align: center;"><u>Financial Institute</u></td> <td style="text-align: center;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>								
_____	_____	_____								
_____	_____	_____								
<input type="checkbox"/> <input type="checkbox"/> (EMC #11)	37. Have you or any other household members 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 Low Income Housing Tax Credit Program.

<input type="checkbox"/> <input type="checkbox"/> (EMC #20)	38. Are you or any other ADULT household members claiming zero income? Household Member: _____ Explanation: _____
--	--

YES NO



(EMC #12 & #18)

39. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months? Does anyone in the household receive any educational financial assistance

Household Member(s): _____

(EMC #15 & #21)

40. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (if any): _____

Expense Information

41. Do you currently pay for day care expenses?

Household Member

Day Care Provider

Amount Paid per Month

42. Do you have unreimbursed medical expenses, which are paid out of pocket? (Only for persons over the age of 62 or disabled)

Household Member

Medical Provider

Phone Number

Signature Clause

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, and 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 either a Federally subsidized, Low Income Housing Tax Credit or Market Rate Program requirements.

I authorize my consent to have management and any consumer or credit agency, or bureau employed by management, to investigate my character, general reputation, landlord history, credit and financial responsibility, income sources and amounts, and the statements made herein. I authorize my consent to have management conduct a criminal background check, which also includes screening for sex offender registration. The information collected above will be used to determine whether you qualify as a resident. If your application is denied you will receive within 5 days of the decision the reason for the denial and will have 14 days to appeal or dispute the information we received. It will not be disclosed without your consent, except as necessary to complete our credit investigation and as required and permitted by law. You do not have to provide the information, but if you do not, your application may be delayed or rejected.

I understand that management is relying on this information to prove my household's eligibility for a Federally subsidized, Low Income Housing Tax Credit Program, or a market rate property. I certify that all information and answers to the above questions are true and accurate 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.

Signature

Date

For Office Use Only



Date of Interview: _____

Desired Apt. #: _____

Desired Move-in Date: _____

