

PLEASE FAX THIS APPLICATION TO
YOUR RESIDENCE OF CHOICE.
ALL FAX NUMBERS ARE LISTED ON
THE WEBSITE.



Date of Application: _____

APPLICATION QUESTIONNAIRE

Date of Application _____ Time of Application _____ No. of Bedrooms _____

APPLICANT NAME(S) _____
Current Address: _____
City, State, Zip: _____
Work Phone: _____ Fax No. _____

Home Phone _____
Date of Birth _____
Social Security No _____
Drivers Lic. or State ID _____
Marital Status _____

Present Address is (circle one) **APARTMENT LEASED OWN HOME OTHER**
Present Landlord/ Mortgage Co. (Contract) _____
Address _____
City, State, Zip: _____

Monthly Amt \$ _____
Occupancy Dates _____
Reason for Moving _____

CO-APPLICANT NAME(S)
Current Address: _____
City, State, Zip: _____
Work Phone: _____

Home Phone _____
Date of Birth _____
Social Security No _____
Drivers Lic. or State ID _____
Marital Status _____

Present Address is (circle one) **APARTMENT LEASED OWN HOME OTHER**
Present Landlord/ Mortgage Co. (Contract) _____
Address _____
City, State, Zip: _____

Monthly Amt _____
Occupancy Dates _____
Reason for Moving _____

PERSONAL REFERENCE
Name _____ Phone _____

CREDIT REFERENCE
Name _____
Account No. _____
Phone _____

List all Others Who Will be Occupying the Apartments?

	Name	M/F	Social Sec. No.	Date of Birth	Relationship
1					
2					
3					
4					

Name _____
Account No. _____
Phone _____

ALL QUESTIONS MUST BE ANSWERED.....DO NOT LEAVE ANY BLANKS

Answer all questions 'YES or NO' by placing an "X" in the approximate box. Please make sure you have answered every question completely. If you answer YES, include the dollar amount indicated. If the question does not apply, answer NO.

	YES	NO	If Yes, explain, agency
Have you or anyone on this application been evicted from assisted housing last (3) years?			
Do you or anyone on this application have an alcohol substance abuse that interfere with others health, safety, and right to peaceful enjoyment?			
Are you a current drug user?			
Is there anyone living with you now that will not be on the property?			
Do you expect any additions to your household in the next 12 months?			
Are there any absent household members who would normally live with you?			
Does an adult on this application have full custody of every child listed?			
Will you have any pest other than service animals?			
Have you or anyone else on this application filed bankruptcy?			
Have you or anyone else on this application been convicted of a felony?			
Have you or anyone else broken a rental agreement or lease contract?			
Have you or anyone else ever been convicted of dealing or manufacturing illegal drugs?			
Have you or anyone else on this application been sued for property damage?			
Are you or anyone else on this application a registered lifetime sex offender?			
List all state(s) all persons on this application have lived in since 1996? 1) _____ 2) _____ 3) _____ 4) _____ 5) _____			

SOCIAL SECURITY

Are you receiving Social Security Income?

YES NO

SSA \$ _____

SSI \$ _____

SSD \$ _____

For Office Use Only

Sent	Rec'd	Amount

socsecver

Sent	Rec'd	Amount

vetver other

VETERANS, PENSION, RETIREMENT or ANNUITY BENEFITS

Do you receive any retirement benefits?

YES NO

Type \$ _____ Rec'd From _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

other

OTHER INCOME

YES NO Do you receive any of the following types of income & from whom?

Regular payments of gifts from anyone outside of your household? \$ _____ Rec'd From _____

Regular payments from any type of settlement? \$ _____ Address _____

Regular payments-inheritances, lottery winnings, or trust funds? \$ _____ City, State, Zip _____

Regular payments from rental property or other real estate? \$ _____

Are you receiving any other form of periodic income? \$ _____

Sent	Rec'd	Amount

bankver

ASSET INFORMATION

Include All Assets Held by You or Minor Children & Income Derived

Checking or Savings Account? (List all accounts, type & numbers)

YES NO

Cash Value \$ _____

Account # _____ Rec'd From _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

CD's, Money Markets, Mutual Funds or Treasury Bills?

YES NO

Cash Value \$ _____

Account # _____ Rec'd From _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

assetver

Stocks, Bonds, or Securities?

YES NO

\$ _____ Rec'd From _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

assetver

Pensions, IRAs, Keogh, 401K or other retirement accounts?

YES NO

\$ _____ Rec'd From _____

Address _____

City, State, Zip _____

Trust Funds? YES NO \$ _____ Rec'd From _____
 Address _____
 City, State, Zip _____

Please circle the type of account

Real Estate, Rental Property, Land Contract for Deed or Other Real Estate Buildings?
Cash Value \$ _____ YES NO
Address or Legal Description: _____
 Rec'd From _____
 Address _____
 City, State, Zip _____

Personal property held as an investment?
This includes paints, coin or stamp collections, artwork, collector or show cars, antiques (Do not include personal items such as cars, furniture, etc.)
Description: _____
 \$ _____ Rec'd From _____
 Address _____
 City, State, Zip _____

Have you disposed of or given away any asset for Less than its fair market value within the past 2 years?
 YES NO
Explain: _____
 Fair Market Value \$ _____ Given To _____
 Address _____
 City, State, Zip _____

Have you received any lump sum payments in the past 2 years, or anticipate any in the next year?
 YES NO
Where is it now? _____
 \$ _____ Rec'd From _____
 Address _____
 City, State, Zip _____

STUDENT STATUS

Do you receive any of the following types of income & from whom?

YES NO Are you currently a part of full-time student or expect to be one in the next 12 months or have you been in the current year? (If YES, continue)

YES NO Are you a single parent with minor children and neither of you or your children being claimed as a dependent on another persons tax return?

YES NO Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act, or other federal, state & local laws?

YES NO Are you married, filing a joint tax return with your spouse?

YES NO Do you receive AFDC (Aid for Dependent Children)?

Please provide the name of the educational institution where you are or will be a FULL TIME student.

Date Graduated or left school: _____

For Office Use Only

Sent	Rec'd	Amount

assetver

Sent	Rec'd	Amount

realestatever

Sent	Rec'd	Amount

assetver

Sent	Rec'd	Amount

Disposal of Asset

Sent	Rec'd	Amount

lumpsumver

I understand that the owner is relying on this information in filing its federal tax returns and that a state agency and the Internal Revenue Service may further review this information to determine my eligibility to reside in housing provided under the Low income Housing Tax Credit (LIHTC) Program. Further, I understand that it is a criminal offense to willfully make a false statement or misrepresentation to any department or agency of the United States as to any matter within jurisdiction and that if any material representation is made, I could be subject to prosecution and/ or that my application will be denied and /or my tenancy be terminated. And falsification or misrepresentation of information will be considered a material breach of Lease Agreement. I hereby swear that to the best of my knowledge, the above information is true, correct, and complete,

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I agree to provide all necessary information, including source names, addresses and account numbers whenever applicable. I understand that my occupancy is contingent upon meeting management’s Resident Selection Criteria and the LIHTC Program requirements. I further certify that I do not expect any changes in the information provided or on the attached Application. I will notify management should any information change unexpectedly. Failure to do so may result in the cancellation of my application for occupancy.

I/We certify that answers given herein are true and complete to the best of my/our knowledge. I/ We authorize verification or investigation of all statements contained herein via consumer, credit reports, rental and / or criminal history reports and any other means. Failure to answer any of the inquiries shall be cause for rejecting this application. False information will lead to rejection of this application and we retain the right to forfeit all deposits as liquidated damages for our processing time and expense.

Applicant Signature	Date	Applicant Signature	Date
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Date Received _____ Time Received _____ Received by: _____

