

To be completed by Leasing Staff:

Date App. Rec'd: _____

of Bedrooms Requested: _____

Set Aside: _____

Anticipated Move-In Date: _____

Anticipated Unit: _____

Application for Residency

Please enter "N/A" for items which do not apply

Each co-applicant over 18 years old must complete a separate application.

Applicant Information:

Name: _____ Date of Birth: _____
First Middle Last

Social Security Number: _____ Home Phone: _____

Marital Status: _____ Full Time Student?: _____
Married/Divorced/Single/Widowed/Separated Yes/No

Other Household Members:

List all other people who will reside in the unit.

Full Name Date of Birth SS # Relationship to Head of Household

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Housing History:

Must show at least two (2) years of housing history.

Current Address: _____
Address City State Zip Code

Rent or Own? _____ Monthly Payment: \$ _____ Dates: _____

Landlord Name: _____ Phone: _____

Previous Address: _____
Address City State Zip Code

Rent or Own? _____ Monthly Payment: \$ _____ Dates: _____

Landlord Name: _____ Phone: _____

Sources of Income:

Check all sources of household income that apply. Attach additional sheets if necessary.

_____ Employment wages or salaries? (101)

Household Member: _____ Company: _____ Annual Amount: _____

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_____ Self-employment? (Attach Federal Tax Return or Profit and Loss Statements) (102)

Household Member: _____ Type of Business: _____ Annual Amount: _____

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_____ Military Pay? (103)

Household Member: _____ Annual Amount: _____

_____ Unemployment benefits or workman's compensation? (104)

Household Member: _____ Contact Person: _____ Monthly Amount: _____

_____ Public Assistance (General Relief/TANF/Other)? (105)

Household Member: _____ Contact Person: _____ Monthly Amount: _____

_____ Child support or alimony? List any **AWARDED** amounts—collected or uncollected. Additionally, list any support that is not court-ordered but is received directly from the payor. (106 or 107)

Child Name: _____ Agency/Payor: _____ Monthly Amount: _____

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_____ Social Security, SSI, other payments from Social Security Administration? (108)

Household Member: _____ SSA Office: _____ Monthly Amount: _____

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_____ Veteran's benefits, pensions, retirement benefits or annuities? (104)

Household Member: _____ Source: _____ Monthly Amount: _____

Household Member: _____ Source: _____ Monthly Amount: _____

_____ Disability, death benefits or life insurance dividends? (104)

Household Member: _____ Source: _____ Monthly Amount: _____

_____ **Any other income sources or types not listed?** Other sources could include severance payments, regular payments from a settlement, regular gifts from someone outside of the household, inheritances, payments from rental property or other forms of real estate holdings, etc. (104)

Household Member: _____ Source: _____ Monthly Amount: _____

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If YOU or any other ADULT member of the household is claiming zero income, please indicate below: (109)

Household Member: _____ Is income anticipated in the next 12 months? _____

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Assets:

Complete following table for all assets held by any household member (including minors). Asset types include, but are not limited to: Checking accounts, Savings Accounts, Money Markets, CDs, IRAs, 401(k)s, Stocks, Bonds, and Real Estate.

Household Member	Type of Asset	Where Held	Balance/Value

Student Information: (305 or 306)

List all household members that are students:

Household Member: _____ School: _____ Full/Part-Time? _____

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Household Member: _____ School: _____ Full/Part-Time? _____

If ALL members are full time students, complete the following Yes/No questions:

_____ Are you married and filing a joint tax return? Please attach a signed copy of tax return.

_____ Are you receiving TANF (Temporary Assistance for Needy Families)?

_____ Are you enrolled in a Job Training Partnership Act (JTPA) or a similar county or state program?

_____ Are you a single parent with child(ren) and neither you nor the child(ren) are dependants on someone else's tax return? Please attach a signed copy of tax return.

Other Information:

Vehicle Year/Make: _____ Tag No./State: _____

Vehicle Year/Make: _____ Tag No./State: _____

Emergency Contact Name: _____ Relationship: _____

Address: _____ Phone: _____

Have you ever filed bankruptcy, been evicted or been convicted of a crime? _____
Yes/No

If "yes," please explain: _____

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for the Low Income Housing Tax Credit Program. 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 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, 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 the Low Income Housing Tax Credit Program requirements.

All ADULT household members must sign below:

Signature Date

Signature Date