

Application for Residency

SECTION 1 - HOUSEHOLD OCCUPANTS

This Application is not a Rental Agreement, Contract, or Lease.
All Applications are subject to the approval of the Owner or Managing Agent.

Applicant's Name:		Phone #:
Address:		
City:	State:	Zip:

LIST ALL PERSONS WHO WILL OCCUPY THE UNIT.
PLEASE NOTE: a separate **application** must be completed by each household member over the age of 18 who is not related by marriage. The number of occupants should match the TIC form.

NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP
				HEAD/SELF

ANNUAL INCOME OF HOUSEHOLD:	# OF BEDROOMS: 1 2 3
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YES	NO	Will any household member listed above be temporarily absent from the household during the next 12 months? If yes, who?: _____ For how long?: _____
YES	NO	Will any household member listed above be permanently absent from the household during the next 12 months? If yes, who?: _____ For how long?: _____
YES	NO	Do you anticipate any additional persons joining the household during the next 12 months? If yes, who?: _____ For how long?: _____

EMERGENCY CONTACT:

Name:	Relationship
Phone #:(Daytime)	Phone #:(Evening)
Address:	City: State: Zip:

We encourage & support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, religion, sex, national origin, handicap or familial status.

SECTION 1 (Continued) - REFERENCES

PERSONAL REFERENCE: (A family member other than your emergency contact.)

Name:	Relationship		
Phone #: ()	No. of years known:		
Address:	City:	State:	Zip:

PERSONAL REFERENCE: (Excluding family members & other than your emergency contact.)

Name:	Relationship		
Phone #: ()	No. of years known:		
Address:	City:	State:	Zip:

VEHICLE INFORMATION: (Head of Household.)

Vehicle / Drive I.D.:			
Driver's License #:		State Issued:	
Car Make:	Color:	Year:	License #:

VEHICLE INFORMATION: (Co-Applicant.)

Vehicle / Drive I.D.:			
Driver's License #:		State Issued:	
Car Make:	Year:	License #:	

HOUSING REFERENCE: (List current and 2 previous landlords.)

1. PRESENT ADDRESS:		
City:	State:	Zip:
Landlords Name:	Landlord's Phone #: ()	
Landlords Address:		
City:	State:	Zip:
Relationship to Landlord:	Rent Per Month:	
Move-In Date:	Move-Out Date:	

HOUSING REFERENCE: (List current and 2 previous landlords.)

1. PRESENT ADDRESS:		
City:	State:	Zip:
Landlords Name:	Landlord's Phone #: ()	
Landlords Address:		
City:	State:	Zip:
Relationship to Landlord:	Rent Per Month:	
Move-In Date:	Move-Out Date:	

HOUSING REFERENCE: (List current and 2 previous landlords.)

1. PRESENT ADDRESS:		
City:	State:	Zip:
Landlords Name:	Landlord's Phone #: ()	
Landlords Address:		
City:	State:	Zip:
Relationship to Landlord:	Rent Per Month:	
Move-In Date:	Move-Out Date:	

SECTION 1 (Continued) - GENERAL INFORMATION

Answer the questions for **ALL** household members listed on page 1 of the application.

YES	NO	1. Is any household member a full time student (excluding minor children) or will any household member be a full time student for 5 or more months during the next 12 months. If YES, please answer the following questions. If NO, proceed to question #2
YES	NO	A. Married to a household member and eligible to file a joint tax return?
YES	NO	B. Do you receive AFDC or TANF other than food stamps?
YES	NO	C. Are you enrolled in a government job training program?
YES	NO	D. Are you a single parent with minor children and neither are claimed as a dependent on another persons tax return?
		E. List below the household members who are full time students: _____
		F. College or University Attended: _____
		G. Expected Date of Graduation: _____
YES	NO	2. Do you have a housing voucher from a local housing authority?
YES	NO	3. Are any household members divorced? If yes, date finalized: If yes, also provide a copy of the divorce decree & property settlement.
YES	NO	4. Are any household members separated from their spouse, but not divorced? If yes, explain the status of the separation including: -When the divorce proceedings are expected to be final: _____ - Estimated amount if child support (if applicable): _____ - Estimated amount of property settlement you expect to receive: _____
YES	NO	5. Has any household member ever filed bankruptcy? If Yes, month/year: _____ Please explain: _____
YES	NO	6. Has any household member ever been convicted of a felony? If Yes, month/year: _____ Please explain: _____
YES	NO	7. Has any household member ever been evicted from an apartment? If Yes, Month/Year _____ From Where _____ Please explain _____
YES	NO	8. Are you planning on having a pet live with you? If yes, what kind of pet: _____ Weight of Pet _____
YES	NO	9 Will you have a waterbed or aquarium at this location? If yes, you will be required to obtain renter's insurance.
YES	NO	10. Have you received any lump sum payments during the past two years (such as lottery winnings, insurance proceeds, etc.)? If yes, please explain: _____
YES	NO	11. Have you disposed of any assets within the past two years for an amount less than Fair Market Value:? If yes, please explain: _____
YES	NO	12. Do you have over \$500.00 in cash (excluding funds in the bank)? If yes, please explain: _____

SECTION II - EMPLOYMENT & INCOME INFORMATION

EMPLOYMENT INCOME (HEAD OF HOUSEHOLD):

Employer		Address	
City:		State:	Zip:
Phone #: ()		Fax #: ()	
Date of Hire:	Supervisor:	Department:	
Regular Pay Rate:	Hrs/Wk:	Wks/Yr:	
Overtime Pay Rate:	Hrs/Wk:	Wks/Yr:	
Anticipated Bonuses & Commissions:			

EMPLOYMENT INCOME (CO-APPLICANT NAME):

Employer		Address	
City:		State:	Zip:
Phone #: ()		Fax #: ()	
Date of Hire:	Supervisor:	Department:	
Regular Pay Rate:	Hrs/Wk:	Wks/Yr:	
Overtime Pay Rate:	Hrs/Wk:	Wks/Yr:	
Anticipated Bonuses & Commissions:			

EMPLOYMENT INCOME (CO-APPLICANT NAME):

Employer		Address	
City:		State:	Zip:
Phone #: ()		Fax #: ()	
Date of Hire:	Supervisor:	Department:	
Regular Pay Rate:	Hrs/Wk:	Wks/Yr:	
Overtime Pay Rate:	Hrs/Wk:	Wks/Yr:	
Anticipated Bonuses & Commissions:			

IF YOU ARE UNEMPLOYED:

YES	NO	1. Have you had any job interviews?
YES	NO	2. Have you had any second job interviews with an employer?
YES	NO	3. Do you anticipate begin employed during the next 12 months? If yes, when do you think you will be employed? _____ How much do you think that you will make? _____ per (Circle one) hour week month year
YES	NO	4. Provide the following information about your last job: Employer: _____ Employed from: _____ to _____ Regular pay rate: _____ Hrs/wk _____ Wks/yr _____ Overtime pay rate _____ Hrs/wk _____ Wks/yr _____ Bonuses & Commissions: _____

SECTION II (Continued) - ASSETS

Do You have the following assets?

YES	NO	1. Checking Account(s)
YES	NO	2. Savings Account(s)
YES	NO	3. Money Market Account(s)
YES	NO	4. CD's (Certificates of Deposit(s))
YES	NO	5. IRA, 401(k) or Keogh Account(s)
YES	NO	6. Treasury Bills (Savings Bonds)
YES	NO	7. Trust Funds (that you can control)
YES	NO	8. Pension Funds (that you will not receive income from income in the next 12 months)
YES	NO	9. Stocks & Bonds

For all accounts that you have marked "YES" above, provide the following:

Type of Account	Where held NAME & ADDRESS	Account Number	Account Balance	Expected Income

Do you own the following assets?

YES	NO	10. Real Estate
YES	NO	11. Personal Property held for investment purposes. (antiques, coin collection, etc.)
YES	NO	12. Safe Deposit Box
YES	NO	13. Whole Life Insurance Policy (Excluding term life policies)

For all assets that you have marked "YES" above, provide the following:

Type of Asset	Where Held	Fair Market Value	Annual Asset Income
TOTAL			

YES	NO	14. Are any of the accounts or assets listed above joint accounts with someone who is not a member of the household? If yes, please explain: _____
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\$	15. What is the annual income from assets.
\$	16. Total income from employment & periodic payments.
\$	17. Total Income

SECTION II - EMPLOYMENT & INCOME INFORMATION

INCOME (LIST ALL INCOME EXPECTED IN THE NEXT 12 MONTHS)

Amount	During the next 12 months will you receive income from:		
\$	YES	NO	1. Employment (including overtime; bonuses & commissions).
\$	YES	NO	2. Seasonal or part time employment.
\$	YES	NO	3. Self-employment or operating a business of your own.
\$	YES	NO	4. Social Security
\$	YES	NO	5. Social Security Disability (SSD) Claim # _____
\$	YES	NO	6. Supplemental Security Income (SSI) Claim # _____
\$	YES	NO	7. Pension, Annuity or 401k, or other retirement plans.
\$	YES	NO	8. Child Support (Amount ordered by court or amount actually received, whichever is greater). Payer's Name: _____ County Paid: _____
\$	YES	NO	9. Alimony (amount ordered by court or amount actually received, whichever is greater).
\$	YES	NO	10. AFDC or TANF other than food stamps
\$	YES	NO	11. Educational Assistance (Scholarships or grants)
\$	YES	NO	12. Veteran's Benefits
\$	YES	NO	13. Insurance Settlements
\$	YES	NO	14. The Armed Forces from regular or special pay including allowances.
\$	YES	NO	15. Unemployment Compensation
\$	YES	NO	16. Severance Pay, Worker's Compensation or similar benefits.
\$	YES	NO	17. Regular or periodic payments from someone outside of the household.
\$	YES	NO	18. Someone outside of the household paying any of your expenses.
\$	YES	NO	19. Other Sources of Income.
\$			TOTAL INCOME EXPECTED FOR THE NEXT 12 MONTHS

We, the undersigned, certify that the information and statements provided in this application (Sections I, II, & III) are true and complete to the best of my/our knowledge and belief. I/We consent to release the information in order to qualify for Section 42 housing. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We agree to provide verification of all income and assets as required by the Owner or it's agent. I/We further authorize disclosure of all information which will verify my/our income and assets. I/We understand applicants must be income eligible for occupancy under the Section 42 Program.

Please note: A request for modification to a ground floor residential unit to enhance accessibility must be made in writing before the lease is signed.

ALL APPLICANTS 18 & OVER MUST SIGN BELOW.

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

SECTION II - EMPLOYMENT & INCOME INFORMATION

CONSENT
 We, the undersigned, authorize and direct any individual, business, organization, federal, state or local agency to release and/or verify any information which is deemed necessary in connection with the processing of my/our application for residency at the above property.

INFORMATION COVERED
 We understand that, depending on the program policies and requirements, previous or current information regarding me/us may be needed. Verification and inquiries that may be requested include, but not limited to:

Identity & Marital Status Credit and Criminal Activity	Residences & Rental Activity Employment, Income & Assets
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GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include, but are not limited to:

Courts & Post Offices Utility Companies State Employment Agencies Law Enforcement Agencies Credit Providers & Bureaus Social Security Administration Previous Landlords (including public housing agencies)	Medical Providers Past & Present Employers Veterans Administration Retirement Systems Welfare Agencies Banks & Financial Institutions Educational & Training Institutions Consumer Report Criminal Background Report
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CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file in the management office and will stay in effect until the end for the fifteen (15) year tax credit compliance period required by the Internal Revenue Service (IRS), beginning on the date signed.

I understand that I have the right to review my file and correct any information that I can prove incorrect.

ALL APPLICANTS 18 & OVER MUST SIGN BELOW.

SIGNATURE:	DATE:
SIGNATURE:	DATE:
SIGNATURE:	DATE:
SIGNATURE:	DATE:
SIGNATURE:	DATE:

APPLICATION FOR RESIDENCY

Thank you for applying for residency. Please remember that it is very important to complete the entire application. When you have completed the application, bring it into or mail it to our leasing office. The address is located on the "CONTACT US" link, on the homepage for the property at which you are applying for residency. In order for your application to be processed, you must include a check or money order in the amount of \$25.00, for each unmarried applicant 18 years or older. The Application fee is nonrefundable.

All application fees and deposits are nonrefundable, subject to the provisions listed below. If a unit is available at the time of application, and should the applicant choose to enter a lease agreement within 90 days of the application, then the deposit money, if any, will be applied toward the required damage deposit.

If at the time of application, there are no units available, and no units become available within 90 days of the date of the application, we will refund any deposit money that has been paid, upon written request any time during the 90 day period. If the 90-day time period expires, and no unit is available, the applicant may elect to hold the applicant's position and deposit money until a unit becomes available. If within 30 days of notice that a unit becomes available and the applicant decides not to take possession of the unit, the applicant may request, in writing, a refund of the deposit money. If 30 days expire after notice of an available unit and the applicant has not entered into a written lease agreement, the deposit money will be retained as nonrefundable.

Notwithstanding anything aforesaid, the agreement to hold the applicant's position beyond the 30 days shall not preclude an increase in rent after the 30-day period. Any lease signed after 30 days of the date of initial application will be subject to the most current rent schedule.

HOW DID YOU HEAR ABOUT US?

_____ Newspaper	_____ Television Ad
_____ Radio	_____ Apartment Blue Book
_____ Student Newspaper	_____ Internet
_____ Flyer	_____ Other

Applicant's Signature _____ **Date** _____

Applicant's Signature _____ **Date** _____

Applicant's Signature _____ **Date** _____

Applicant's Signature _____ **Date** _____