

Property Name: _____ Date: _____

To Be Completed by each Household Member ages 18 and older.
PLEASE ANSWER ALL QUESTIONS! Do not leave any space blank, write "No or N/A" where appropriate.
PLEASE PRINT:

1. FAMILY DATA:

Household Member						
Current Address: Street		City	State	Zip	Day Phone	Night Phone
From: _____		To: _____		Landlord Name: _____		
Landlord Address: _____				Phone Number:(____) _____		
Previous Address (if current address less than 3 years):						
Street		City	State	Zip		
From: _____		To: _____				
Current Marital Status: Single ____ Married ____ Divorced ____ Separated ____ Widowed ____						
Have you ever used another name? (Y/N) ____ If so please indicate name _____						

Directions to Member: Please complete the table below listing each member of the household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% or more of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses, which are considered full-time attendance by that institution. The five months need not be consecutive).

If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number and your name.

2. HOUSEHOLD COMPOSITION: List each person living in the unit.

Member	Name(s)	Relationship To Head	Date of Birth	Gender (M/F)	Full Time Student (Y/N)	Employed (Y/N)	Social Security Number
1.		Head					
2.							
3.							
4.							
5.							
6.							
7.							

Do all of the above household members reside in the household 100% of the time? (Y/N) ____ If no, please list those not living in the household 100% of the time _____

Anticipated changes in household size within the next 12 months? (Y/N) ____ If Yes, explain _____

Anticipated change in number of students within the next 12 months? (Y/N) ____ If Yes, explain _____

Are all occupants' full time students? Yes ____ No ____ If Yes, please complete student status affidavit.

Do you have a pet? Yes ____ No ____ **If yes, pets can not be more than 10lbs at adult age. Only 1 (one) pet per household is permitted.**

Name: _____

3. CURRENT EMPLOYMENT INFORMATION

Employer's Name			
Street Address		City	State Zip Code
Date Hired	Gross Salary \$ _____	Hourly <input type="checkbox"/> <input type="checkbox"/> Weekly <input type="checkbox"/> bi-Weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	Hours worked per week
Termination Date	Supervisor's Name	Work Telephone #	Work Fax #

ADDITIONAL EMPLOYMENT

Employer's Name			
Street Address		City	State Zip Code
Date Hired	Gross Salary \$ _____	Hourly <input type="checkbox"/> <input type="checkbox"/> Weekly <input type="checkbox"/> bi-Weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	Hours worked per week
Termination Date	Supervisor's Name	Work Telephone #	Work Fax #

IF CURRENTLY UNEMPLOYED, LIST PREVIOUS EMPLOYMENT

Employer's Name			
Street Address		City	State Zip Code
Date Hired	Gross Salary \$ _____	Hourly <input type="checkbox"/> <input type="checkbox"/> Weekly <input type="checkbox"/> bi-Weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	Hours worked per week
Termination Date	Supervisor's Name	Work Telephone #	Work Fax #

4. SOURCE OF INCOME

Is income received from any of the following? Please mark "yes" or "no" for each source of income.

Employment Income	Check one	Amount Received	
Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Commission /fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Overtime pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<input type="checkbox"/> Typical overtime worked throughout the year		Hourly Rate \$ _____ Hours Worked _____	<input type="checkbox"/> Week <input type="checkbox"/> Pay Period <input type="checkbox"/> Month
<input type="checkbox"/> Occasional or seasonal overtime		Hourly Rate \$ _____ Overtime Hours _____	<input type="checkbox"/> Week <input type="checkbox"/> Pay Period <input type="checkbox"/> Month
Workers compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount / Month \$ _____	
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount / Month \$ _____	

Name: _____

5. OTHER SOURCES OF INCOME

Is income received from any of the following sources? Please mark “yes” or “No” for each source of income.

Type of Asset	Check One	Monthly Amount
Wages, Salary, etc. thru Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Income from a Business or Profession	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	
AFDC or other Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Retirement Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Annuities Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance Policies Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disability or Death Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Income from Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Regularly Recurring monetary gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Educational Entitlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Regular, Special Armed Forces Allowances	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Study Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Regular Occurring Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Long Term Care Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Income from Training Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Students	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name: _____

6. HOUSEHOLD ASSETS

Do you or anyone in the household have any of the following assets? Please mark “yes” or “No” for each source of income.

Type of Asset	Check One	Value of Asset	Name of Institution
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Certificates of Deposits*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Money Market Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mutual Funds/Stock*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IRA 401K*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Company Retirement Accounts*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Annuities Income*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Life Insurance Policies (Whole Life)*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension Funds*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trust Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is it revocable?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Property Held for Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mortgage or Deed of Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cash held in Safety Deposit Boxes, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
House/Real Estate*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you received any lump sum payments such as the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Inheritances	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lottery or other Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Workers' Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unemployment Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No		
VA Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Capital Gains	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Name: _____

For each "Yes" marked above, please complete the following:

Household member name	Type of asset	Value (see note)	Interest / Income

Note: *When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdrawal, or any fees deducted to convert the asset to cash. For example, if you owned a home, and sold it, how much cash would you have after you paid off the mortgage, the realtor etc.? That's the amount you should list in the "value" column.

Have you disposed of any assets for less than it's worth within the last two year? (State if the sale was due to foreclosure, bankruptcy or divorce, answer no)

Yes No _____

I understand that the above information is being collected to determine my eligibility for residence. I authorize the owner/manager to verify information provided on this application and my signature is my consent to obtain such verification. I certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property). I further certify that the statements made in this application are true and complete to the best of my knowledge and belief and am aware that false statements are punishable under Federal law. The security deposit will not be refunded after 72-hours unless management has rejected the rental application. Deposits are non-refundable until lease is fulfilled.

****ELIGIBILITY OF STUDENTS****

The following rules apply to qualify as a student (only if the entire household is comprised of full-time students, would one of the following exceptions need to be used to qualify the household).

Full-time students cannot be considered low-income unless:

1. They are married and have filed a joint federal tax return
2. The household receives AFDC benefits
3. They are involved in certain federal or state job training
4. They are a single parent and his/her minor children and non of the tenants are a dependent of third party

I understand that this application and all related inquires will be used only for its relevance to screening and occupancy at this property.

Signature Date

We would like to know how you heard about us? () Newspaper () Internet () Drive By () Resident

Desired Move in Date: _____ Apartment Size Desired: Number of Bedrooms _____

GENERAL CONSENT

I / We _____, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and / or assets to **_Office of Special Housing Needs_** for purposes of verifying information on my / our apartment rental application.

INFORMATION COVERED

I / we understand that previous or current information regarding me / us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, assets, or medical or childcare allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are NOT limited to:

Past and Present Employers
Veterans Administration
Public Housing Agencies
Welfare Agencies
Retirement Systems
State Unemployment Agencies
Social Security Administration
Support and Alimony Providers
Banks and Other Financial Institutions
Medical and Child Care Providers
Current and Previous Landlords

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and six months from the date signed. I/We understand that I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

Applicant / Resident

Print Name

Date

Co-Applicant / Resident

Print Name

Date