

# APPLICATION FOR HOUSING

PROPERTY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Applications are placed in order of date received. An applicant may be interviewed only after the receipt of this tenant application, which must be fully completed and signed by all family members 18 of age and older. **Please answer every question! Partially filled out applications will be returned for completion.**

How did you learn about this property: \_\_\_\_\_

**PLEASE PRINT CLEARLY**

## **A. GENERAL INFORMATION**

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Street Apt # City State ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_ Do you  RENT or  OWN or  Live w/ family

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_ Do you currently reside at a HUD property and do you receive a subsidy?  Yes  No

If owned, do you receive monthly rental income from property?  Yes  No

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested:  One BR  Two BR  Three BR

Do you or any member of your household need any specific unit designs, such as wheelchair accessibility, visual aids (Braille) or apparatus for hearing assistance?  Yes  No

If Yes, describe: \_\_\_\_\_

If a member of a household needs reasonable accommodations in order to participate in the application process or to make effective use of the housing program, the applicant has the right to request such an accommodation. \_\_\_\_\_

Will you be making any reasonable accommodation requests for any members of your household?  
 Yes  No

Describe: \_\_\_\_\_

The owner and management do not discriminate against applicants on the basis of limited access or any other reason



### B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to Head	Marital Status D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Full or Part Time Student Y/N
Head		Head					
Co-T							
3							
4							
5							
6							
7							
8							

Are you enrolled as a student in an institute of higher education?  Yes  No  
(Institutions of higher education include post-secondary and vocational institutions)

**Have you or will you** be a full time student for at least 5 months this calendar year?  Yes  No  
(Five calendar months do not need to be consecutive)

Do you anticipate any additions to the household in the next twelve months?  Yes  No

If yes, explain

Will all of the persons in the household be full-time students this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?  
 Yes  No

**IF YES, ANSWER THE FOLLOWING QUESTIONS:** (Please circle the correct answer)

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full-time student(s) an AFDC or a title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?	Yes	No
Have any full-time students previously been in foster care?	Yes	No

### C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, **cross out** or write **N/A**.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	401-K	\$
	Veteran's Benefits (list claim #)	\$
	Reverse Mortgage Income	\$
	Unemployment Compensation	\$
	Long Term Insurance	\$
	AFDC/TANF	\$
	AFDC/TANF	\$
	Regular payments from a severance package?	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	<b>Regular gifts from anyone outside the household? (Recurring Gifts)</b>	\$

Household Member Name	Source of Income	Monthly
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		<b>Amount</b>
	<b>Employment amount</b>	\$
	Employer:	
	Position Held:	
	How long employed:	

	<b>Employment amount</b>	\$
	Employer:	
	Position Held:	
	How long employed:	

	<b>Employment amount</b>	\$
	Employer:	
	Position Held:	
	How long employed:	

	<b>Self-Employment amount</b>	\$
	Description:	
	How long has applicant been self-employed doing this work?	

	<b>Alimony</b>	
	Are you <i>entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list amount you receive	\$

	<b>Child Support</b>	
	Is your child support court – ordered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive	\$
	If entitled but do not receive, <b>what attempts have been made to collect?</b>	

	Other Income	\$
	Other Income	\$

<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)	\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR	\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**If yes, explain:**

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**MISCELLANEOUS:**

Do you have a voucher from DCA or the housing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.

**If a section doesn't apply, cross out or write NA.**

Cash	#	Bank	Balance \$
Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

Trust Accounts	#	Bank	Balance \$
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IRA Accounts	#	Where?	Balance \$
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Certificates of Deposit	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

401(k)/Retirement Accounts	#	Where?	Balance \$
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Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$

Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$

Life Insurance Policy	#		Cash Value \$
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Life Insurance Policy	#		Cash Value \$
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Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$

Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

Investment Property		Appraised Value \$
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Real Estate (home, land, camp, mobile home, etc.: <b><i>Do you own any property?</i></b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>If yes, Type of property</i>	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction	

Has anyone in the household disposed of any asset in the last 2 years (Example: given away money, sold property to a relative, set up Irrevocable Trust Accounts, etc.) <b>for less than fair market value?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, describe the asset</i>	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above or are you holding jewelry, coins, stamps, etc. as an investment (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	

<b>E. ADDITIONAL INFORMATION</b>		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of any crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you or any member of your family ever been evicted from any housing or denied subsidy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		
Have you ever experience a fire in your apartment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If so what was your address at the time and who was your landlord?</i>		

<b>F. REFERENCE INFORMATION</b>
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Current Landlord	Name of Landlord:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
	Applicants Address:	
Prior Landlord	Name of Landlord:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
	Applicants address when renting from this landlord:	
Prior Landlord	Name of Landlord:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
	Applicants address when renting form this landlord:	
Personal Reference:		
Address:		
Relationship:		Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

<b>G. VEHICLE INFORMATION</b> (if applicable)	
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:

**CERTIFICATION**

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that our eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We further consent to have the Owner/Management Agent verify all of the information contained in this Rental Application as well as my/our credit, landlord, criminal background and personal references.

**Any changes in family household income or student status changes are required to be reported to the management office within 10 days of the change.**

**All adult applicants, 18 or older, are required to sign application.**

SIGNATURE(S):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date