

Name	Relationship to head	Birth Date	Age (Optional)	SS#	Student Y/N
Head					
Co-T					
3.					
4.					
5.					
6.					
7.					
8.					

Have there been any changes in household composition in the last twelve months? Yes No

If yes, explain: _____

Do you anticipate any changes in household composition in the next twelve months? Yes No

If yes, explain: _____

Will all of the persons in the household be or have been full-time students during five calendar months of 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:

Are any full-time student(s) married and filing a joint tax return? Yes No

Are any student(s) enrolled in a job-training receiving assistance under the Job Training Partnership Act? Yes No

Are any full-time student(s) a TANF 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

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	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Payments in excess of \$180/day	

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Alimony	
	Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are entitled to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you receive.	\$
	Child Support	
	Are you legally entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are entitled to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you receive.	
	Other Income	\$
	Other Income	\$
	Other Income	\$

TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS UEAR	\$

Do you anticipate any changes in this income in the next 12 months? Yes No

Is any member of the household legally entitled to receive income assistance? Yes No

Is any member of the household likely to receive income or assistance from someone who is not a member of the household as listed on page 2? Yes No

If yes to any of the above explain:

Is the income received? Yes 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 N/A.

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

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

Trust Account	#	Bank	Balance \$
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Certificates	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$

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

Life Insurance Policy	#		Cash Value \$
Life Insurance Policy	#		Cash Value \$

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\$
	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 Property: Do you own any property? Yes No
If yes, Type of property _____
 Location of property _____
 Appraised Market Value \$ _____
 Mortgage or outstanding loans balance due \$ _____
 Amount of annual insurance premium \$ _____
 Amount of most recent tax bill \$ _____

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2? Yes No

If yes, describe:

Do they have access to the asset(s)? Yes No

Have you sold/dispensed of any property in the last 2 years? Yes No
If yes, Type of property:
 Market value when sold/dispensed \$ _____
 Amount sold/dispensed for \$ _____
 Date of transaction: _____

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up a trust, etc.)? Yes No
If yes, describe the asset: _____
 Date of disposition: _____
 Amount disposed: \$ _____

Do you have any other assets not listed above (excluding personal property)? Yes No
If yes, please list:

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance? Yes No
 Have you or any member of you family ever been convicted of a felony? Yes No
If yes, describe:

Have you or any member of your family ever been evicted from any housing? Yes No

If yes, describe _____

Have you ever filed for bankruptcy? Yes No

If yes, describe _____

Will you take an apartment when one is available? Yes No

Briefly describe your reasons for applying: _____

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

Credit Reference #1:

Address: _____

Account # _____ Phone #: _____

Credit Reference #2:

Address: _____

Account # _____ Phone #: _____

Credit Reference #3:

Address: _____

Account # _____ Phone #: _____

Personal Reference #1:

Address: _____

Relationship: _____ Phone #: _____

Personal Reference #2:

Address: _____

Relationship: _____ Phone #: _____

Personal Reference #3:

Address: _____

Relationship: _____ Phone #: _____

In case of emergency notify:

Address: _____

Relationship: _____ Phone #: _____

G. VEHICLE AND PET INFORMATION (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: _____

Do you own any pets? [] Yes [] No

If yes, describe: _____

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 my 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. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date