



RENTAL APPLICATION

APPLICANT

Apt. # _____
MCD or PP

Full Name	M/F	Relationship to Head of Household	Birth Date	Social Security Number

Place of Birth: State: _____ City: _____ County: _____

MARITAL STATUS

SINGLE
 MARRIED
 WIDOWED
 DIVORCED
 SEPARATED

ETHNICITY (Optional)

WHITE (non-Hispanic)
 AMERICAN INDIAN/ ALASKAN NATIVE
 BLACK (non-Hispanic)
 HISPANIC
 ASIAN/ PACIFIC ISLANDER
 OTHER (_____)

EMERGENCY CONTACT

Name: _____	Relationship: _____
Address: _____	Home Phone: _____
_____	Work Phone: _____
Name: _____	Relationship: _____
Address: _____	Home Phone: _____
_____	Work Phone: _____

RESIDENCE HISTORY (Three (3) years of housing history is required)

Current Address:
 RENT
 OWN
 LIVING WITH RELATIVE
 OTHER

Landlord/ Relative: _____
 Street: _____ Dates Lived There: _____
 City: _____ Current Phone #: _____

State/Zip: _____ Work Phone #: _____

Previous Address: RENT OWN LIVING WITH RELATIVE OTHER

Landlord/ Relative: _____

Street: _____ Dates Lived There: _____

City: _____ State/Zip: _____

Previous Address: RENT OWN LIVING WITH RELATIVE OTHER

Landlord/ Relative: _____

Street: _____ Dates Lived There: _____

City: _____ State/Zip: _____

OTHER INFORMATION

YES NO Have you ever been evicted from an apartment for any reason?
Explain: _____

YES NO Have you ever been convicted of a felony?
Explain: _____

YES NO Do you have a Safe Deposit Box?
Monetary Value of Contents: _____

Driver's License Number: _____ State: _____

Vehicle:

License Plate # _____ and State _____

Make: _____ Model: _____ Year: _____

LIVE-IN CARE ATTENDANT

YES NO Will you or anyone in your household require a live-in care attendant?

ZERO INCOME VERIFICATION

YES NO Are you or anyone else in your household claiming ZERO INCOME?

STUDENT INFORMATION

YES NO Are you currently or planning to be a full-time student within the next 12 months?
**Please note – this could affect your eligibility.

POWER OF ATTORNEY

YES NO Does someone have Financial Power of Attorney (POA) for you?
Name of person holding POA: _____
Relationship: _____

YES NO Has a copy of the POA been provided to the facility for file?

CASH ON HAND OVER \$500

YES NO Cash on Hand (not in bank) Amount: _____

PERSONAL REFERENCE

Name: _____
Address: _____
Phone #: _____ Relationship: _____ Years Known: _____

LIFE INSURANCE

YES NO Do you have a life insurance policy?
Whole/ Universal Life Term FACE VALUE: _____
Insurance Company: _____
Address: _____ Phone: _____
Policy #: _____ Fax: _____

INCOME INFORMATION (Include ALL Income anticipated for the next 12 months)

Please mark Yes or No for *each* item. **Fill in other information as completely as possible.**

YES NO Self-Employed Household Member: _____
If yes, please provide copy of your most current Federal Income Tax Form.

YES NO Employment Household Member: _____
____ Wages/ Salary ____ Tips ____ Bonuses
Employer: _____ Annual Amount: _____

Address: _____ Phone/ Fax #: _____

YES NO Name of Gift Giver: _____ Annual Amount: _____
Address: _____ Phone/ Fax #: _____

YES NO Workers' Compensation/ Unemployment Benefits Household Member _____
Source: _____ Annual Amount: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

YES NO Public Assistance/ General Relief Household Member _____
Source: _____ Annual Amount: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

YES NO Military active duty allotments/ GI Bill Benefits Household Member _____
Source: _____ Annual Amount: _____
Address: _____ Phone/ Fax #: _____

YES NO Veteran's Administration Benefits Household Member _____
Source: _____ Annual Amount: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

YES NO Provided Copy of Award Statement from VA?

YES NO Alimony (any AWARDED amount collected or not) Household Member _____
Source: _____ Annual Amount: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

YES NO Social Security or SSI Payments Household Member _____
Source: _____ Annual Amount: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

YES NO Provided Copy of Award Statement from SSA?

YES NO Pensions, Retirement Benefits Household Member _____

Source: _____ Annual Amount: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

Pensions, Retirement Benefits Household Member _____

Source: _____ Annual Amount: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

YES NO Disability or Death Benefits (other than Social Security) Household Member _____

Source: _____ Annual Amount: _____
Address: _____ Phone/ Fax #: _____

YES NO Periodic Payments from an Annuity, Inheritance or Insurance

Source: _____ Household Member _____
Annual Amount: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

Source: _____ Household Member _____
Annual Amount: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

YES NO Long-Term Care Insurance Payments Household Member _____

Source: _____ Annual Amount: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

YES NO Periodic Payments from Lottery Winnings, Settlements/ Severance Household Member _____

Source: _____ Annual Amount: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

YES NO Income from Rental of Real Estate/ Real Property Household Member _____
Source: _____ Annual Amount: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

YES NO Income from Land Contracts Household Member _____
Source: _____ Annual Amount: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

YES NO Gaming Payments as a member of a Native American Tribe Household Member _____
Source: _____ Annual Amount: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

YES NO Income from Sources Not Listed Above Household Member _____
Source: _____ Annual Amount: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

YES NO Trust Account Household Member _____
_____ Revocable _____ Irrevocable Total Value: _____
Income Received to Date: _____ Account #: _____

ASSET INFORMATION (An asset is defined as any lump sum amount that you currently hold)

Please mark Yes or No for *each* item. **Fill in other information as completely as possible.**
Please provide copies of most recent statements if possible.

YES NO Checking/ Savings/ CD Accounts Household Member _____
_____ Checking _____ Savings _____ CD
Bank: _____ Amount: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

YES NO Checking/ Savings/ CD Accounts Household Member _____
____ Checking ____ Savings ____ CD
Bank: _____ Amount: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

YES NO Checking/ Savings/ CD Accounts Household Member _____
____ Checking ____ Savings ____ CD
Bank: _____ Amount: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

YES NO IRAs/ Keoghs/ Other Retirement Accounts Household Member _____
Institution: _____ Amount: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

YES NO SECURITIES (Stocks, Bonds, Mutual Funds, Money Markets) Household Member _____
Institution: _____ Value: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

YES NO SAVINGS BONDS/ Treasury Bills Household Member _____
Type of Bond: ___ I ___ EE ___ H How many? _____
(Please provide copies)

YES NO Personal Property Held as an Investment Household Member _____
(This includes collections, artwork, show cars, antiques)
Type of Collection: _____ Value: _____
Type of Collection: _____ Value: _____

YES NO Home and Real Estate Household Member _____
(This includes your residence, mobile home, vacation home, commercial property, vacant land, farms, etc.)

Address: _____ Value: _____
_____ Mortgage Amt: _____

You will need to provide third party verification of value (a recent appraisal or last year's tax assessment).

YES NO Lump Sum Receipts (Inheritance, Capital Gains, Lottery, Settlements) Household Member _____

Source: _____ Value: _____
Address: _____ Account #: _____
_____ Phone/ Fax #: _____

YES NO Other Assets Not Listed Above Household Member _____

Type: _____ Value: _____
Type: _____ Value: _____

YES NO I (We) have joint ownership of one or more of the above assets with a person who does Not reside with me(us).

Please designate which ones have joint ownership.

YES NO I have sold, given away or otherwise transferred ownership of assets within the last two (2) years for LESS THAN FAIR MARKET VALUE. If yes, please list items and date sold.

Item: _____ Date Sold: _____
Item: _____ Date Sold: _____
Item: _____ Date Sold: _____

All items that are marked "YES" will be verified through the appropriate third party source.

Signature

This application is not a rental agreement, contract or lease. All applications are subject to the approval of the owner or managing agent.

I (we) certify under penalty of perjury that the information and statements provided above are true and complete to the best of my (our) knowledge. I (we) consent to disclose this information in order to qualify for Section 42 (Tax Credit) Housing. I (we) understand that providing false information may be grounds for denial of my (our) application and may subject me (us) to criminal penalties.

***** I (we) give consent and authorization to have management verify the information contained in this application for the purpose of approving my (our) credit for occupancy.***

I (we) will provide all necessary information to expedite this process. I (we) understand that my (our) occupancy is contingent on meeting management's resident selection criteria and the Low Income Housing Tax Credit Program guidelines. I (we) understand and agree that inquiries may include information related to credit, employment, rental and criminal records. I (we) further agree that verification of all information and references regarding sources of income and assets may be conducted.

***** I (we) release all parties for any liability of disclosing factual information obtained by management. I(We) understand and agree that a photocopy or FAX of this authorization can be used in lieu of an original.***

X
Applicant

Date

X
Co-Applicant

Date

X
Power of Attorney for Applicant

Date