



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

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

<b>TOTAL GROSS ANNUAL INCOME</b> (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:**

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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 \_\_\_\_\_)  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