



Affordable Program Applicant Questionnaire

Household Information

*List all household members that are applying to live in this apartment with you.

Name <i>First, Middle Initial, Last</i>	Relation to HOH	M/F	Social Security Number	Birth Date <i>Month, Date, Year</i>	Driver's License Number

Current Address: _____
 Email Address: _____
 Daytime Phone: _____ Evening Phone: _____

YES NO

- 1. Do you expect any additions to the household within the next twelve months?
 Name & Relationship: _____
 Explanation: _____
 - 2. Is there anyone living with you now who won't be living with you at this property?
 Name & Relationship: _____
 Explanation: _____
 - 3. Will there be children living with you?
 If yes, do you have full custody of your child(ren)? *(If no, obtain proof of amount of time child{ren} will be living in unit.)*
 Explanation: _____
 - 4. Are there any absent household members who under normal conditions would live with you? *(For example, a spouse away in the military.)*
 Explanation: _____
 - 5. Does your household have any pets? List (breed/size) _____
- Manager Approval
 Signature: _____

Rental History

YES NO

- 6. Have you at any time used any other name or alias not named on this application?
 Explanation: _____
- 7. Have you or any one else named on this application been convicted of **OR** had adjudication withheld for a felony or misdemeanor?
 Explanation: _____





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YES

NO

8. Have you or any one else named on this application filed for bankruptcy?

Explanation: _____

9. Have you or any one else named on this application been convicted of property damage?

Explanation: _____

10. Have you or any one else named on this application been evicted or are in the process of being evicted from a rental unit of any type including an apartment, home, mobile home or trailer?

Explanation: _____

Housing References

List the past TWO years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	<input type="checkbox"/> Own	From: _____
Address:	_____	_____	<input type="checkbox"/> Rent	To: _____
			Rent or Pmt. Amount	_____
Phone:	() _____	_____		
Name:	_____	_____	<input type="checkbox"/> Own	From: _____
Address:	_____	_____	<input type="checkbox"/> Rent	To: _____
			Rent or Pmt. Amount	_____
Phone:	() _____	_____		
Name:	_____	_____	<input type="checkbox"/> Own	From: _____
Address:	_____	_____	<input type="checkbox"/> Rent	To: _____
			Rent or Pmt. Amount	_____
Phone:	() _____	_____		

Personal Reference

List a personal reference other than a relative.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

All information concerning name and date of birth of all adult applicants has been verified through valid drivers' license or other acceptable form of identification as specified in the rental criteria of this property. Initial: _____





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Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

YES

NO

11. **Current employment wages or salaries?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

(EMC #01)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>	<u>Length of Employment</u>
_____	_____	_____	_____
_____	_____	_____	_____

Previous employer (if less than six months at current employer)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>	<u>Length of Employment</u>
_____	_____	_____	_____
_____	_____	_____	_____

12. **Self-employment?** *(Anticipated net income including overtime, tips, bonuses, commissions and payments received in cash.)*

(EMC #02)

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

13. **Regular pay as a member of the Armed Forces/Military?**

(EMC #03)

<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

14. **Unemployment benefits or workman's compensation?**

(EMC #04)

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

15. **Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)?**

(EMC #05)

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

16. (a) **Child support or Alimony?**

If yes,
(EMC #06)

If no,
(EMC #19)

(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)

<u>Household Member</u>	<u>Pavor</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) **How is the support received?** *(Check all that apply)*

- Child Support Enforcement Agency** *Name of Agency:* _____
- Court of Law** *Name of Court:* _____
- Directly from Individual** *Name of Person:* _____
- Other** *Explain:* _____

(c) **If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?**

(If yes, obtain court papers)

Explanation: _____





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YES NO

- (EMC #07) 17. Social Security, SSI or any other payments from the Social Security Administration?
- | <u>Household Member</u> | <u>SSA Office</u> | <u>Amount</u> |
|-------------------------|-------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- (EMC #08) 18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- (EMC #08) 19. Regular payments from a severance package?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- (EMC #08) 20. Regular payments from any type of settlement? *(For example, insurance settlements.)*
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- (EMC #08) 21. Regular gifts or payments from anyone outside of the household?
(This includes anyone supplementing your income or paying any of your bills.)
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- (EMC #08) 22. Regular payments from lottery winnings or inheritances?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- (EMC #08) 23. Regular payments from rental property or other types of real estate transactions?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- (EMC #08) 24. Any other income sources or types not listed?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
25. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation:

Asset Information:

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

YES NO

- (EMC #09) 26. Checking or savings account? *(Need 6 month average checking balance and/ or current savings balance)*
- | <u>Household Member</u> | <u>Financial Institution</u> | <u>Six Month Average Checking Balance or Current Savings Balance</u> |
|-------------------------|------------------------------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |





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YES **NO**

(EMC #09)

27. CDs, money market accounts or treasury bills?

Household Member Financial Institution Amount

(EMC #10)

28. Stocks, bonds or securities

Household Member Company or Broker Amount

(EMC #09)

29. Trust Funds

Household Member Financial Institution Amount

(EMC #09)

30. Pensions, IRAs, Keogh or other retirement accounts?

Household Member Financial Institute Amount

(EMC #09)

31. Whole life insurance policy?

Household Member Insurance Carrier Amount

(EMC #13)

32. Cash on hand over \$500?

Household Member Amount

(EMC #10)

33. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?

(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

Household Member Address of Property Amount

(EMC #10)

34. Personal property held as an investment?

(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

Household Member Item Amount

(EMC #13)

35. A safe deposit box?

Household Member Financial Institute Amount

(EMC #11)

36. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: _____ Amount: _____

Explanation: _____





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Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES

NO

(EMC #20)

37. Are you or any other ADULT household members claiming zero income?

Household Member: _____

Explanation: _____

(EMC #13)

38. Are you or any other ADULT household members claiming unearned income only? (This includes income derived only from sources such as Social Security, child support, gift contributions, public assistance, unemployment, etc.)

Household Member: _____

Explanation: _____

(EMC #12 & #18)

39. Are you or any other household members (INCLUDING MINORS) currently a full-time student OR expect to be one in the next 12 months?

Minors Children

Adults

(Under 18 yrs old)

(EMC 18 Required for Each Adult)

(EMC #15 & #21)

40. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (if any): _____

41. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: _____

Contact Person: _____

42. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Expected Date: _____

Name of Agency: _____

Contact Person: _____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date





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Agreement / Deposit and Fee Disclosure:

Initial:

_____ I (we) hereby make application for occupancy of the described apartment unit on the terms specified.

_____ I (we) understand that the Application Fee is non-refundable.

If application is withdrawn within three (3) days of final management approval, only the Application Deposit will be returned. After said three (3) day period, this Application Deposit is non-refundable.

If this application is approved, I (we) agree to enter into an Agreement of Lease for the apartment unit, terms and rental as outlined herewith. If I (we) refuse to enter into an Agreement of Lease when offered by the management, or if occupancy is not taken within five (5) days after the occupancy date indicated, the Application Deposit made herewith shall be retained by the management as liquidated damages.

At the time the Agreement of Lease is executed, the Application Deposit made herewith shall be applied to and become a part of the Performance and Damage Deposit. Miscellaneous fees and the first month's rent will become due at that time.

I (we) affirm the above information to be true and correct. All persons and/or firms named above may freely give any requested information concerning me (us), and I (we) hereby waive all right of action for any consequence resulting from such information.

This is to inform you that as part of our procedure for processing your application an investigative consumer report and criminal history may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

Fair Credit Reporting Act 606(a)(1)

Signed (Applicant) _____ Date _____

Signed (Applicant) _____ Date _____

This application shall not be changed orally but shall be changed only by written agreement. Any provision not set forth above must be shown in writing below.

Approved by Property Manager _____ Date _____

Application Fee \$ _____ Security Deposit \$ _____

Pet Fee \$ _____ Pet Deposit \$ _____

Washer/Dryer Fee \$ _____ Monthly Rent \$ _____

Leasing Agent _____ Marketing Source _____

For Office Use Only		
Date of Interview: _____	Apt Size: _____	Desired Move-in Date: _____
<input type="checkbox"/> Approved by Management	Applicant Contacted on (Date) _____	Contacted by (initial) _____
	Notes (Applicant accept or decline?) _____	
<input type="checkbox"/> Declined by Management	Applicant Contacted on (Date) _____	Contacted by (initial) _____
	Notes (Refund issued/date, etc.) _____	
Date Assigned: _____	Apt No.: _____	Scheduled Move-in Date: _____

