

# TENANT APPLICATION

## PART I - FAMILY COMPOSITION - To be completed by applicant

**Directions to Applicant:** Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months.

Name ALL People To Occupy Unit			DOB	Gender	Relationship	Social Security #:
Last Name	First Name	MI	MM/DD/YY			
1				M / F		
2				M / F		
3				M / F		
4				M / F		
5				M / F		

## PART II - HOUSEHOLD INCOME - To be completed by applicant

For questions (6) through (26), indicate the amount of anticipated income for all household members named in the table in Part I, during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

- (6) Wages or salaries, (include overtime, tips, bonuses, commissions and payments received in cash) \$ \_\_\_\_\_
- (7) Child support, (include child support you are entitled to but may not be receiving) \$ \_\_\_\_\_
- (8) Alimony (include alimony you are entitled to but may not be receiving) \$ \_\_\_\_\_
- (9) Social Security \$ \_\_\_\_\_
- (10) Supplemental Security Income (SSI) \$ \_\_\_\_\_
- (11) Public Assistance - ADC, General Relief, and/or Aid to Families w/Dependent Children (AFDC) \$ \_\_\_\_\_
- (12) Veterans Administration benefits, pensions, retirement benefits or annuities \$ \_\_\_\_\_
- (13) Pensions and or Retirement Funds \$ \_\_\_\_\_
- (14) Unemployment Compensation \$ \_\_\_\_\_
- (15) Income from Insurance Policies \$ \_\_\_\_\_
- (16) Disability, Death Benefits and/or Life Insurance Dividends \$ \_\_\_\_\_
- (17) Workers' Compensation \$ \_\_\_\_\_
- (18) Severance Pay \$ \_\_\_\_\_
- (19) Net Income from a Business (including rental property, land contracts or other forms of real estate) \$ \_\_\_\_\_
- (20) Interest, Dividend & Other Income from Net Family Assets \$ \_\_\_\_\_

**PART II - HOUSEHOLD INCOME (CONT'D) - To be completed by applicant**

(21)	Regular Contributions and/or Gifts from Person not residing at unit	\$	_____
(22)	Lottery Winnings or Inheritances (paid as an annuity)	\$	_____
(23)	All regular pay paid to members of the Armed Forces	\$	_____
(24)	Annuities	\$	_____
(25)	Self Employment	\$	_____
(26)	Other _____	\$	_____
	<b>TOTAL</b>	\$	_____

**PART III - ASSET INCOME - To be completed by applicant**

**CURRENT ASSETS** – In general, the income counted is the actual income generated by the asset (e.g., interest on a savings or checking account). However, any assets converted to cash during the current rental period must be listed as income and reported to the property manager at each yearly income review. List all assets currently held by all household members and the cash value of each.

YES	NO		ACCOUNT NO.	
<b>Do You or Anyone in Your Household Have:</b>				
(27) _____	_____	A Savings Account?	_____	\$ _____
			Bank _____	
(28) _____	_____	A Checking Account?	_____	\$ _____
			Bank _____	
(29) _____	_____	Certificates of Deposit?	_____	\$ _____
			Bank _____	
(30) _____	_____	Money Market Account?	_____	\$ _____
			Bank _____	
(31) _____	_____	A Safety Deposit Box?	_____	\$ _____
			Bank _____	
(32) _____	_____	Money Held in Trust?	_____	\$ _____
			Bank _____	
(33) _____	_____	Any Stocks, Bonds or Securities?	_____	\$ _____
			Bank _____	
(34) _____	_____	Any Treasury Bills?	_____	\$ _____
			Bank _____	
(35) _____	_____	A Retirement Fund?	_____	\$ _____
		(include IRA's, Keogh accounts)	Bank _____	
(36) _____	_____	A Pension Fund?	_____	\$ _____
			Bank _____	

**PART IV - EMPLOYMENT HISTORY - To be completed by applicant**

(37) Applicant Employed By: \_\_\_\_\_  
How Long? \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Circle One:  Annually  Weekly  Bi-weekly  Monthly  
Employer Address: \_\_\_\_\_  
Address City State Zip Phone

(38) Spouse Employed By: \_\_\_\_\_  
How Long? \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Circle One:  Annually  Weekly  Bi-weekly  Monthly  
Employer Address: \_\_\_\_\_  
Address City State Zip Phone

(39) Other Applicant Employed By: \_\_\_\_\_  
How Long? \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Circle One:  Annually  Weekly  Bi-weekly  Monthly  
Employer Address: \_\_\_\_\_  
Address City State Zip Phone

**PART V - CREDIT REFERENCES - To be completed by applicant**

	<u>Name</u>	<u>Address / Phone</u>	<u>Monthly Payment</u>
(40)	_____	_____	\$ _____
(41)	_____	_____	\$ _____
(42)	_____	_____	\$ _____
(43)	_____	_____	\$ _____
(44)	Present Landlord: _____	From / To: _____	
	Address City State Zip Phone		
(45)	Previous Landlord: _____	From / To: _____	
	Address City State Zip Phone		
(46)	Previous Landlord: _____	From / To: _____	
	Address City State Zip Phone		

If yes, explain: \_\_\_\_\_

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**PART VI - OPTIONAL HOUSEHOLD CHARACTERISTICS - To be completed by Applicant**

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The following demographic information is strictly OPTIONAL and has NO bearing on eligibility for participating in our program.

Marital Status:  Single  Married Head of Household:  Male  Female

Number of older adults (62+): \_\_\_\_\_

Are any members of your household physically or mentally disabled?  Yes  No

If yes, number of people with disabilities: \_\_\_\_\_

Race (applicant):  Caucasian  African American  Hispanic  Native American  Asian

Other: Please Specify \_\_\_\_\_

Race (co-applicant):  Caucasian  African American  Hispanic  Native American  Asian

Other: Please Specify \_\_\_\_\_



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**PART VII - TOTAL HOUSEHOLD INCOME - To be completed by Owner / Property Manager**

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Annual Household Income \$ \_\_\_\_\_

Actual Income from Assets \$ \_\_\_\_\_

Total Household Income \$ \_\_\_\_\_

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**PART VIII - RESIDENT'S STATEMENT - To be completed by applicant**

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How did you hear about the rental unit? \_\_\_\_\_ Advertisement \_\_\_\_\_ Referral \_\_\_\_\_ Word of Mouth \_\_\_\_\_ Internet

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

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**Applicant Signature (Head)** \_\_\_\_\_

**Date** \_\_\_\_\_

**Phone (home)** \_\_\_\_\_

**(work)** \_\_\_\_\_

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**Applicant Signature (Co-Head)** \_\_\_\_\_

**Date** \_\_\_\_\_

**Phone (home)** \_\_\_\_\_

**(work)** \_\_\_\_\_

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**Other Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Phone (home)** \_\_\_\_\_

**(work)** \_\_\_\_\_

**To be completed by Owner / Property Manager:**

**APPLICATION RECEIPT:** **Date** \_\_\_\_\_ **Time** \_\_\_\_\_

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**OWNER'S STATEMENT:** Based on the representations herein and upon the proof and documentation obtained, the household named in Section 1 of this Application/Certification is eligible per Annual Income as Defined in 24 CFR Part 5.609, to live in a unit in the development.

**Signature of Owner's**

**Authorized Representative:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_