

AFFORDABLE HOUSING APPLICATION

Internal Revenue Code 42 and/or HUD regulations require Owners and/or Managers to acquire all information in regards to the Applicant's anticipated annual income and assets to determine eligibility for the Affordable Housing Program.

It is most significant that all questions are read and answered carefully to the Applicant's best ability. **DO NOT** leave a question unanswered or blank. Indicate 'NONE' should a question not pertain to you, your spouse or other relevant household member.

If an error is made, please mark a single line through the error, correct, initial and date. **PLEASE! NO WHITE OUT!**

I. APPLICANT INFORMATION

Applicant's Name: (Last Name, First Name)	Age:	DOB:	Social Security #:
Marital Status:	<input type="checkbox"/> Never Married	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Spouse's Name: (Last Name, First Name)	Age:	DOB:	Social Security #:
Co-Applicant's Name: (Last Name, First Name)	Age:	DOB:	Social Security #:

II. HOUSEHOLD COMPOSITION

List all household members that will be residing in apartment.

HH Member	Household Composition	Relationship (HOH)	Age	DOB	Social Security	Full Time Student (Yes/No)
1		Head of Household				
2						
3						
4						
5						
6						

1. Y N Are there any household members temporarily absent from the home? If yes, explain: _____
2. Y N Are any household members listed foster children? If yes, who: _____
3. Y N Do you anticipate any household composition changes over the next twelve months? If yes, explain: _____
4. Y N Are any household members planning to attend school full time? If yes, who? _____
5. Y N Are the dependents listed above reside in household at least 50% of the time?
6. Y N Do you have full or joint custody of the dependents listed in Section I?
7. Y N Are any of the household members listed a live-in attendant? If yes, who? _____

III. ANTICIPATED ANNUAL INCOME

Includes Employment, Self Employment, Worker's Compensation, Unemployment Benefits, Social Security income, Death Benefits, Disability, Recurring Gifts, Child Support, Military Pay, Public Assistance, VA Benefits, Stipends, Severance Pay, Lottery Winnings, Alimony, etc.

HH Member #	Name	Type of Income	Employer or Source (Address, City & State)	How long?	Telephone Number	Monthly Income
						\$
						\$
						\$
						\$
						\$



IV. ASSET INFORMATION

Assets include Checking and Savings accounts; Stocks, Bonds, Trust Funds, IRAs, Keogh, CDs, Money Market accounts, Whole Life Insurance policies, Pensions, 401Ks, Cash on Hand, Restitution Payments, etc.

HH Member #	Name	Type of Asset	Name of Institution (Address, City, State)	Value	Interest/Monies Earned
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

1. Y N Have you or any other household member disposed of any assets for less than Fair Market Value over the past 24 months?

V. RENTAL HISTORY (Previous address required if current residency is less than three years)

Current Address: (street, city, state and zip code)	Landlord/Mortgage Name:	Tel#:	How long?	Rent/Own?
Previous Address: (street, city, state and zip code)	Landlord/Mortgage Name:	Tel#:	How long?	Rent/Own?

VI. REFERENCES

List relatives and/or friends not living with you.

1. Name:	Address:	Tel#:	Relationship?	Acquainted for how long?
2. Name:	Address:	Tel#:	Relationship?	Acquainted for how long?

VII. PETS

Do you own any pets? Y N How many? _____

Type(s): _____ Weight: _____ Size: Sm Med Lg

VIII. CERTIFICATION OF INCOME AND ASSETS

Make certain that all answers checked 'yes' are listed in sections II and/or III of this application.

Income	Assets (Complete Value and Income to be Earned)	Value of Asset	Income to be Earned
<input type="checkbox"/> Y <input type="checkbox"/> N Employment	<input type="checkbox"/> Y <input type="checkbox"/> N Checking	\$	\$
<input type="checkbox"/> Y <input type="checkbox"/> N Self Employment	<input type="checkbox"/> Y <input type="checkbox"/> N Savings	\$	\$
<input type="checkbox"/> Y <input type="checkbox"/> N Retirement Fund	<input type="checkbox"/> Y <input type="checkbox"/> N Stocks	\$	\$
<input type="checkbox"/> Y <input type="checkbox"/> N Pension	<input type="checkbox"/> Y <input type="checkbox"/> N CDs	\$	\$
<input type="checkbox"/> Y <input type="checkbox"/> N Disability	<input type="checkbox"/> Y <input type="checkbox"/> N IRA	\$	\$
<input type="checkbox"/> Y <input type="checkbox"/> N Social Security Benefit (SSA)	<input type="checkbox"/> Y <input type="checkbox"/> N Keogh	\$	\$
<input type="checkbox"/> Y <input type="checkbox"/> N Supplemental Security Income	<input type="checkbox"/> Y <input type="checkbox"/> N Personal Property held as investment	\$	\$
<input type="checkbox"/> Y <input type="checkbox"/> N Unemployment	<input type="checkbox"/> Y <input type="checkbox"/> N Cash on Hand	\$	\$
<input type="checkbox"/> Y <input type="checkbox"/> N Workers Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N 401k (only if fully vested and may withdraw while employed)	\$	\$
<input type="checkbox"/> Y <input type="checkbox"/> N Severance Pay	<input type="checkbox"/> Y <input type="checkbox"/> N Money Market	\$	\$
<input type="checkbox"/> Y <input type="checkbox"/> N Public Assistance	<input type="checkbox"/> Y <input type="checkbox"/> N Bonds	\$	\$
<input type="checkbox"/> Y <input type="checkbox"/> N Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N Whole Life Insurance Policy (not term)	\$	\$
<input type="checkbox"/> Y <input type="checkbox"/> N Alimony	<input type="checkbox"/> Y <input type="checkbox"/> N Lump Sum Payments	\$	\$
<input type="checkbox"/> Y <input type="checkbox"/> N Recurring Gift/Contribution	<input type="checkbox"/> Y <input type="checkbox"/> N Real Estate Property	\$	\$
<input type="checkbox"/> Y <input type="checkbox"/> N Other: _____	<input type="checkbox"/> Y <input type="checkbox"/> N Disposed Assets	\$	\$

I/WE CERTIFY under penalty of law that the above given herein are true and complete to the best of my knowledge and belief. I authorize investigation of all statements contained in this application for tenant screening including, but not limited to a credit consumer report inquiry. I understand that the Application is an element of the Lease Agreement and used for determining eligibility in accordance to the IRC 42 and HUD guidelines as set forth. I/WE duly understand that the Owner/Management may terminate any agreement entered into for any misrepresentations made above.

Owner/Management and Applicant acknowledges that applicant has paid herewith a NON-REFUNDABLE Application fee of \$_____. Applicant has submitted the sum of \$_____ as security deposit in consideration for Management taking the apartment off the market while considering approval of this application. You have 72 hours to cancel this application. After 72 hours the deposit will only be refunded if the application is not approved. The application fee is non-refundable. This application is a preliminary only and does not obligate Management to deliver possession of the apartment. No refunds will be made until check has cleared the bank. Your deposit will be returned upon completion and adherence to the terms of your lease. Your Security Deposit will be held at _____, Account Number _____.

Signature: _____ Hm#:(____) Wk#:(____) Date: _____

Signature: _____ Hm#:(____) Wk#:(____) Date: _____

Management: _____ Date: _____

Non-refundable application fee: \$ _____ Deposit Amount: \$ _____ Anticipated Move-in Date: _____ Apt#: _____

