



13. Will any above household members live anywhere except the apartment? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Are there any other persons who will live in the apartment in a less than full time basis? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If either question is answered yes, explain: \_\_\_\_\_

14. List all full time, and / or seasonal employment for head, spouse / co-applicant and other household members age 18 or older, including the self employed.

Household Member	Place of Employment	Employer Address	Employer Phone#	Supervisor	Estimated Total Earnings Coming year

15. Income from other sources. List non-employment income for all household members. This included interest, dividends, income from rental property, social security, pensions, public assistance, SSI, unemployment compensation, alimony, child support, workers compensation, disability compensation, the portion of educational grants and scholarships allotted for subsistence and all other income.

Household Member	Type of income & Who Pays It	Address of income Source	Contact Person & Phone #	Est. Total \$ for Coming Year

16. List assets of all household members, including bank accounts, stocks, bonds, credit union shares, land and real estate:

Household Member	Description of Asset	Estimated Current Value	Estimated Annual Income from Assets

Race and ethnicity of head of household: HUD requires us to report the race and ethnicity of the head of Household for all applicants.

17. Complete Ethnicity and Racial Data Attachment Form.

18. List names of 3 references, credit and personal:

Name	Address	Phone #

19. In case of emergency notify:

Name	Address	Phone	Relationship

20. Handicapped care/ expenses:

- a. List amounts you pay for care or apparatus on behalf of a handicapped / disabled family member to permit an adult family member to work: \$ \_\_\_\_\_
- b. If such amounts are claimed, list the name of the handicapped / disabled family member on whose behalf they are claimed \_\_\_\_\_
- c. If an adult member can work because of care or apparatus, list amount of income earned: \$ \_\_\_\_\_

21.

- a. Elderly and handicap allowance: An elderly and handicap household is one in which the head, spouse or sole member is 62 or older, disabled or handicapped. Such households qualify for a \$400 deduction in computing rent. Check to claim this deduction. \_\_\_\_\_
- b. Medical expenses: Elderly and handicap households qualify for a medical expense deduction. If your household is an elderly or handicap household and you wish to claim this deduction, check here \_\_\_\_\_ and indicate the medical expenses you anticipate for the coming year \$ \_\_\_\_\_

**Questions for all applicants:** The following questions pertain to you and all household members. Answer yes or no in response to each question and use the space provided to explain any yes answers.

- 22. Yes \_\_\_\_\_ No \_\_\_\_\_ Does any member of your household receive regular cash contributions from agencies from individuals not living with you?
- 23. Yes \_\_\_\_\_ No \_\_\_\_\_ Does any member of your household receive income from assets, including interest, dividends, stocks or bonds?
- 24. Yes \_\_\_\_\_ No \_\_\_\_\_ Does any member of your household receive money from school aid, scholarship or educational grants?
- 25. Yes \_\_\_\_\_ No \_\_\_\_\_ Have you sold or given away any real property or assets in the past 2 years?
- 26. Yes \_\_\_\_\_ No \_\_\_\_\_ Does any member of your household attend school full time?
- 27. Yes \_\_\_\_\_ No \_\_\_\_\_ Do you, or any member of your household currently use illegal drugs or other illegal controlled substances? If yes, describe: \_\_\_\_\_
- 28. Yes \_\_\_\_\_ No \_\_\_\_\_ Have you or any member of your household ever engaged in drug related criminal activity, such as use, possession, distribution, trafficking or manufacture of an i I legal drug? If yes, explain circumstances, outcome and present status: \_\_\_\_\_  
\_\_\_\_\_
- 29. Yes \_\_\_\_\_ No \_\_\_\_\_ Have you or any member of your household been involved in criminal activity that *poses a* threat to the safety or welfare of others? If yes, when and where: \_\_\_\_\_  
\_\_\_\_\_
- 30. Yes \_\_\_\_\_ No \_\_\_\_\_ Have you, your spouse or co-applicant ever applied for a government subsidized apartment before? If yes, where: \_\_\_\_\_



Statement by all adult household members; We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application, or, if move in has occurred, terminate our rental agreement.

We authorize the property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate federal, state or local agencies.

If our application is approved and move in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence and that there are no other persons for whom we have or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

We have read and understand the information in this application, in particular, the information contained in the instructions for Head of Household and we agree to comply with such information.

We have been notified that the Resident Selection Plan which summarizes the procedures for processing applications is posted in the management office.

We understand that if this application is placed on a Waiting List, we may request sample copies of the rental agreement and Policies and Guidelines. If this application is approved, and move in occurs, we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages and security deposits.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681 a(d), seeking information in our credit worthiness, credit standing, credit capacity, character, general reputation, criminal history, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household and all of our income is available for its needs.

**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.**

\_\_\_\_\_
Date

\_\_\_\_\_
Signature of Head of Household

\_\_\_\_\_
Date

\_\_\_\_\_
Signature of Management Representative

This project does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs activities.

6/8/2007