

Development: _____ Unit #: _____ # Bdrms: _____ Anticipated Move-In Date: _____

Other Needs: _____ Home Phone #: _____ Work Phone #: _____

All applicants 18 years of age and older, not related by blood, marriage, or adoption, must complete their own application.

PERSON'S OCCUPYING THE UNIT			RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	STUDENT (circle one)
Last	First	Middle				
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No

Proof of age will be requested if you are applying to live in a designated Elderly Development. Acceptable age verifications include a copy of: (1) a Birth Certificate, (2) a valid State Driver's License or (3) a valid State I.D. Card.

A. General Information:

1. Do you own a pet? YES NO If yes, what kind? _____ Weight: _____
2. Have you ever filed for bankruptcy? YES NO If yes, please explain (include dates): _____
3. Have you ever been convicted of a felony? YES NO If yes, please explain: _____
4. Have you ever been evicted from an apartment for any reason? YES NO If yes, please explain: _____

B. Housing Reference: (List all residences and applicable landlord reference in the past three years)

Present Address _____ City _____ State _____ Zip _____

From _____ To _____ (Mth/Yr) _____ Reason for Leaving _____

Do you own this residence? YES NO If No, do you rent this residence? YES NO

Landlord _____ Address _____ City _____

State _____ Zip _____ Landlord phone # (_____) _____ Rent per month \$ _____

Previous Address _____ City _____ State _____ Zip _____

From _____ To _____ (Mth/Yr) _____ Reason for Leaving _____

Do you own this residence? YES NO If No, do you rent this residence? YES NO

Landlord _____ Address _____ City _____

State _____ Zip _____ Landlord phone # (_____) _____ Rent per month \$ _____

C. Employment or Other Income Sources: (List all sources of income for all adult household members)

Income Source _____ Monthly Gross Income \$ _____

Contact Person _____ Phone Number (_____) _____

Income Source _____ Monthly Gross Income \$ _____

Contact Person _____ Phone Number (_____) _____

D. Emergency Contact: (Other than person listed on application). Please list someone in the immediate area if possible.

Name _____ Relationship _____

Home Phone Number (_____) _____ Work Phone Number (_____) _____

Driver's License #: _____ State Issued: _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

- Y N 1. Are you or anyone in the household currently or soon to become a student?
 Name of student _____ full-time part-time
 Name of student _____ full-time part-time
- Y N 2. Are you separated, but not divorced from your spouse? _____
 Y N 3. Are any household members temporarily absent? _____
 Who? _____ How long? _____
- Y N 4. Do you expect any changes to your household within the next 12 months?
 If yes, please explain: _____
- Y N 5. Are you receiving Section 8 Assistance? Agency _____ Phone # _____

ASSETS

Please list where the asset(s) is held, the current value of each asset(s), and all income derived from the assets over the previous 12 months, for all household members, including minor children. (Attach additional page(s) if necessary)

CIRCLE ONE	TYPE OF ASSET	WHERE HELD Please list addresses on attached form	BALANCE/VALUE	ANNUAL ASSET INCOME
YES NO	Checking Acct. #1			
YES NO	Checking Acct. #2			
YES NO	Savings Acct. #1			
YES NO	Savings Acct. #2			
YES NO	Trust Account			
YES NO	Certificate of Deposits			
YES NO	Certificate of Deposits			
YES NO	Certificate of Deposits			
YES NO	Money Market			
YES NO	Mutual Funds			
YES NO	Pension/Annually (NOT Paid Periodically)			
YES NO	IRA/Keough/401K			
YES NO	Stocks/Bonds			
YES NO	Real Estate (FMV - Mortgage Balance)			
YES NO	Land Contract (provide amortization schedule)			
YES NO	Personal Property/Investment			
YES NO	Cash kept at home - \$500 or more on hand, not in checking/savings account			
YES NO	Safe Deposit Box			
YES NO	Lump Sum Payment			
YES NO	Assets disposed of in the past 2 years			
YES NO	Whole Life Insurance Policy			
YES NO	Total Household Assets Less Than \$5,000			



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INCOME

Please indicate each source of ESTIMATED ANNUAL income that you receive or anticipate receiving in the next twelve (12) months, including unearned income from minor children (i.e. Social Security).

CIRCLE ONE	DESCRIPTION	FAMILY MEMBER	SOURCE	INCOME
YES NO	Employment #1			
YES NO	Employment #2			
YES NO	Self-Employment (2 years taxes)			
YES NO	Social Security			
YES NO	Social Security (SSI)			
YES NO	Public Assistance			
YES NO	Veterans Benefit			
YES NO	Pension/Annuity (Periodic Payments)			
YES NO	Disability			
YES NO	Child Support/Alimony (Court Ordered)			
YES NO	Military Compensation			
YES NO	Unemployment			
YES NO	Rental Income/Land Contract Pymts.			
YES NO	Other Income			
YES NO	Lottery Payments (periodic)			
YES NO	Workers Compensation			
YES NO	Previous Employment			
YES NO	Unemployed Affidavit Zero Income Affidavit			
YES NO	Recurring Gift			

The undersigned certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to release the information in order to qualify for Section 42 Housing. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We agree to provide verifications of all income and assets as required by the Owner or its agent. I/We further authorize disclosure of all information which will verify my/our income and assets. I/We understand applicants must be eligible for the Section 42 Tax Credit program. Subject to approval, this will be my/our primary residence.

A credit check will be completed through a credit bureau. By completing this application, applicant grants management permission to confirm the above information supplied by applicant. The Fair Credit Reporting Act requires that management discloses to applicant that an investigative consumer report including information as to applicant's character, general reputation, personal characteristics and mode of living will be made.

Each Applicant, 18 years of age or older must sign and date below.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Property Manager is acting on behalf of and performing compliance services for the owner.



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