



Property _____

Apartment # _____

Move-In Date _____

APPLICATION FOR RESIDENCY

I. APPLICANT INFORMATION- PART 1 (Each Co-Resident/ Occupant over 18 must submit separate application. Spouses may submit a joint application.)

LAST NAME	FIRST	MIDDLE	DRIVERS LICENSE # / GOV'T ID
HOME PHONE #	CELL PHONE#	WORK PHONE #	E-MAIL ADDRESS
SOCIAL SECURITY #	BIRTH DATE	HEIGHT	EYE COLOR
MARITAL STATUS: () SINGLE () MARRIED () DIVORCED () WIDOWED		U.S. CITIZEN: () YES () NO	
LAST NAME	FIRST	MIDDLE	DRIVERS LICENSE # / GOV'T ID
MARITAL STATUS: () SINGLE () MARRIED () DIVORCED () WIDOWED		U.S. CITIZEN: () YES () NO	
SOCIAL SECURITY #	BIRTH DATE	HEIGHT	EYE COLOR
HOME PHONE #	CELL PHONE#	WORK PHONE #	E-MAIL ADDRESS

I. APPLICANT INFORMATION- PART 2

PRESENT ADDRESS () OWN () RENT	CITY	STATE/ZIP	MONTHLY RENT/MORTGAGE	LANDLORD/PHONE #
WHY ARE YOU MOVING? () LEASE END () SOLD HOME () OTHER () EVICTION			How Long At This Address? _____	
PREVIOUS ADDRESS (If less than 3 years at present address)	CITY	STATE/ZIP	MONTHLY RENT/ MORTGAGE	
WHY ARE YOU MOVING? () LEASE END () SOLD HOME () OTHER () EVICTION			How Long At This Address? _____	
PREVIOUS LANDLORD/ PROPERTY/ MORTGAGE CO.	ADDRESS	PHONE #		

II. HOUSEHOLD COMPOSITION All occupants that will reside in this apartment.

The maximum number of people allowed to occupy an apartment at anytime is two people per bedroom.

NAME	SEX M/F	AGE	BIRTH DATE	*FULL TIME STUDENT (YES/NO)	RELATIONSHIP TO LESSOR	SOCIAL SECURITY NUMBER

*NOTE: A student is a person carrying a subject load considered full-time by the educational institution being attended, or will be a full-time student at an educational institution with regular facilities and students other than correspondence schools during five (5) months of the certification year.

1a. Are any of the students listed above eligible to file a joint federal tax return? Yes ___ No ___

If Yes, Name(s) _____

1b. Are any of the students listed above enrolled in a government sponsored job training program? Yes ___ No ___

III. VEHICLES (List all vehicles owned or operated by you, your spouse or other occupants including recreational vehicles)

MODEL	MAKE/TYPE	YEAR	STATE/TAG #	COLOR
MODEL	MAKE/TYPE	YEAR	STATE/TAG #	COLOR
MODEL	MAKE/TYPE	YEAR	STATE/TAG #	COLOR

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IV. EMPLOYMENT INCOME List all full-time or part-time employment, including self-employment of all household members and the anticipated income for the next 12 months if applicable to Tax Credit.

PRESENT EMPLOYER	EMPLOYER ADDRESS	POSITION	PHONE #
SUPERVISOR NAME	PHONE #	DATE OF EMPLOYMENT	MONTHLY INCOME
PREVIOUS EMPLOYER	EMPLOYER ADDRESS	POSITION	PHONE #
PREVIOUS SUPERVISOR NAME	PHONE #	DATES OF EMPLOYMENT	MONTHLY INCOME

V. OTHER INCOME List all other types of income such as alimony, child support, social security, pensions, disability compensation, unemployment compensation, welfare, SSI or recurring monetary contributions or gifts regularly received.

NAME	TYPES OF INCOME	ANNUAL AMOUNT

Do not include reimbursable medical expenses, foster child care payments, income from the employment of children under the age of 18, inheritance, or education scholarships.

VI. ASSETS

1. List the amount of money you and any household member have in a checking/ savings account at a bank, savings and loan, or credit union.

NAME	BANK/S&L/CREDIT UNION	STREET ADDRESS CITY/STATE/ZIP	ACCOUNT #	CASH VALUE	INTEREST INCOME

2. Does any household member have any assets, ie. stocks, bonds, equity in real property, other form of capital investment, etc? Y N
If yes, list the household member's name & describe the asset.

NAME	TYPE OF ASSET	CASH VALUE OF ASSET	ANNUAL AMOUNT FROM ASSET

3. A. The total value of all such assets owned by all occupants \$ _____
 B. The amount of income expected to be derived from such assets in the 12 month period commencing with certification of the unit: \$ _____. (Required to meet Tax Credit Program Guidelines-Anticipated Income)

VII. RENTAL/CRIMINAL HISTORY Circle Answer Yes or No

Have you or your spouse or any occupant listed on this application:

- Y / N Been evicted? Y / N Moved out of a dwelling before the end to the lease without management's consent?
 Y / N Declared Bankruptcy? Y / N Have an Outstanding Account Balance?
 Y / N Been charged, detained or arrested for a felony or a sex crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision or pre-trial diversion?
 Y / N Been detained or arrested for a felony or sex related crime that has not been resolved by another method? Please indicate the location and type of each felony and sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision.

If you answered yes to any of the above questions, please explain: _____
