

## APPLICATION FOR RESIDENCY



*Please note: Each adult 18 years of age and older needs to complete a separate application unless a married couple.*

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last First Middle Initial

Spouse: \_\_\_\_\_  
Last First Middle Initial

Current Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_

### HOUSEHOLD INFORMATION

Please list all information for ALL household members who will occupy the unit, including yourself.

Name (First, MI, Last)	Relationship to Head of Household	Male/Female (Optional)	LAST FOUR DIGITS - Social Security Number	Date of Birth (MM/DD/YYYY)	Student? If yes, FT or PT
	Head of Household				

- Do you anticipate a change in household composition during the next twelve (12) months?       Yes    No
- Will any of the above household members live anywhere except in the apartment?       Yes    No
- Will any other persons live in the apartment on a less than full-time basis?       Yes    No
- Does any member of the household have a need for accessible features (i.e. barrier-free apartment, grab bars, etc.)       Yes    No

If answered yes to any of the above, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name of Primary Contact: \_\_\_\_\_  
Last First Middle Initial

Current Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_  
Daytime Evening

Name of Secondary Contact: \_\_\_\_\_  
Last First Middle Initial

Current Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_  
Daytime Evening



APPLICATION FOR RESIDENCY

**HOUSING HISTORY**

Please include the previous two (2) years of rental / housing history. If additional space is necessary, please attach a separate sheet.

Present Residence:  Rent  Own  Other Monthly Amount \$ \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's Telephone: \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Previous Residence:  Rent  Own  Other Monthly Amount \$ \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's Telephone: \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Have you ever been evicted?  Yes  No If yes, please explain \_\_\_\_\_

**VEHICLE / DRIVER INFORMATION**

Vehicle #1: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

License Plate \_\_\_\_\_ State \_\_\_\_\_

Vehicle #2: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

License Plate \_\_\_\_\_ State \_\_\_\_\_

**OTHER INFORMATION**

Have you or any other adult member ever used any name(s) or Social Security Number(s) other than the one you are currently using?  Yes  No

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

Do you have any pets?  Yes  No If yes, what kind and size \_\_\_\_\_

Has any household member ever been convicted of any drug offense?  Yes  No

If yes, who and explain \_\_\_\_\_

Has any household member ever been convicted of a criminal offense?  Yes  No

If yes, who and explain \_\_\_\_\_

Are you or any household member listed on a state or federal sex offender registry?  Yes  No

Does anyone in your household have any criminal charges pending against them?  Yes  No

If yes, who and explain \_\_\_\_\_



**EMPLOYMENT INFORMATION**

Include all **current** employers. If more space is needed, attach a separate sheet.

**Present Employer:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_  
Street City State Zip

**Employer's Telephone:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_

**Occupation / Title:** \_\_\_\_\_ **Salary:** \$ \_\_\_\_\_ / hour week month year

**Average Hours worked / week** \_\_\_\_\_

**Do you work overtime at this job?**  Yes  No **If yes, average OT hours per week** \_\_\_\_\_

**Do you receive any commissions, tips, or bonuses at this job?**  Yes  No **If yes, amount \$** \_\_\_\_\_ / hour week month quarter year

**Second Employer:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_  
Street City State Zip

**Employer's Telephone:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_

**Occupation / Title:** \_\_\_\_\_ **Salary:** \$ \_\_\_\_\_ / hour week month year

**Average Hours worked / week** \_\_\_\_\_

**Do you work overtime at this job?**  Yes  No **If yes, average OT hours per week** \_\_\_\_\_

**Do you receive any commissions, tips, or bonuses at this job?**  Yes  No **If yes, amount \$** \_\_\_\_\_ / hour week month quarter year

**Spouse's Employer:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_  
Street City State Zip

**Employer's Telephone:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_

**Occupation / Title:** \_\_\_\_\_ **Salary:** \$ \_\_\_\_\_ / hour week month year

**Average Hours worked / week** \_\_\_\_\_

**Do you work overtime at this job?**  Yes  No **If yes, average OT hours per week** \_\_\_\_\_

**Do you receive any commissions, tips, or bonuses at this job?**  Yes  No **If yes, amount \$** \_\_\_\_\_ / hour week month quarter year

**STUDENT STATUS**

Are there any **adult** family members who are full-time or part-time students?  Yes  No

If yes, list whom and status (PT/FT) \_\_\_\_\_

Are there any **adult** family members who will become full-time or part-time students during the next 12 months?  Yes  No

If yes, list whom and status (PT/FT) \_\_\_\_\_

If there are **adult** students in your household, how is tuition being paid? \_\_\_\_\_

If there are **adult** students in your household, please list the institutions in which they attend: \_\_\_\_\_

Student Name \_\_\_\_\_ School \_\_\_\_\_ Student Name \_\_\_\_\_ School \_\_\_\_\_



**BENEFIT INCOME**

Please list the total benefit income of all household members.  
If a divorce decree, separation agreement, or court order exists, but payments are not received, list the amount ordered by the document.

Benefit Type	Received?	Household Member receiving benefit	Gross Benefit Amount	Time Period (per week, month, etc.)
Social Security (Adult)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security (Child)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
SSI (Adult)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
SSI (Child)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Disability or Death Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Public Assistance (AFDC, TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**OTHER INCOME**

Does any member of the household have income from any of the following? If yes, state the amount, frequency, and the household member who receives the income.

Benefit Type	Received?	Household Member receiving benefit	Gross Income Amount	Time Period (per week, month, etc.)
Self Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Recurring cash or gift payments, including rent, utility, diapers, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Military/Reserves/National Guard Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Retirement Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pension Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			
GI Bill Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Periodic Payments from Lottery Winning	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Regular Payments from Trust Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**ASSET INFORMATION**

Does any member of the household own any of the following types of assets?

Asset	Own?	Household Member who owns asset	Current Balance	Interest Rate (If applicable)	Bank / Institution
Checking Account	Yes No		(average 6 month balance)		
Savings Account	Yes No				
Stocks / Bonds	Yes No				
Treasury Bills	Yes No				
Certificate of Deposit	Yes No				
Rental Property	Yes No				
Real Estate / Mortgage / Mobile Home	Yes No				
Safe Deposit Box	Yes No				
Deeds or Trusts	Yes No				
Annuities	Yes No				
IRA or Keogh	Yes No				
Personal Property (held for investment purposes)	Yes No				
Life Insurance Policy (not Term)	Yes No				
Pre-Paid Debit Card	Yes No				
Cash on Hand	Yes No				
Other	Yes No				

Has any household member given away / sold any of the above assets at less than fair market value during the past two years?  Yes  No

If yes, when and explain \_\_\_\_\_



APPLICATION FOR RESIDENCY

CONSENT / SIGNATURES

I/WE authorize the release of information from the persons / companies required for verification in order to complete my application for residency

I/WE understand that the agent or owner shall have all rights to review my credit information, criminal record, rental application, payment history, and occupancy history for review purposes.

I/We understand that past or current information about me may be required at any time. Verifications and inquiries that may be requested include, but are not limited to personal identity, employment, student status, income, assets, medical allowances, alimony, child support, and utility history. I understand that this authorization cannot be used to obtain information about me that is not regarding my eligibility as a qualified resident under the LIHTC Program.

The groups/individuals that may be asked to release the above information include, but are not limited to:

- Past and Present Employers
Banks and Financial Institutions
State Unemployment Agencies
Social Security Administration
Public Housing Agencies
Educational Institutions
Support and Alimony Providers
Veterans Administration
Retirement Systems
Previous Landlords
Welfare Agencies
Medical / Child Care Providers

I/WE agree that a photocopy or fax of this authorization may be used for the purposes stated above.

SIGNATURES:

Applicant:

Spouse:

Signature

Signature

Printed Name

Printed Name

Date

Date

Please note: Each adult 18 years of age and older needs to complete a separate application unless a married couple

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department of the United States Government. HUD and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

DO NOT WRITE BELOW THIS LINE - MANAGEMENT USE ONLY

Application

Approved: Date

By: Signature

Declined: Date

By: Signature

Reason

