

Appendix F

APPLICATION FOR AFFORDABLE HOUSING

APPLICANT NAME: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIPCODE: _____

HOME PHONE: _____ WORK PHONE: _____ OTHER: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.

#	MEMBERS FULL NAME	RELATION	BIRTH DATE	SEX	SOCIAL SECURITY #
1		Applicant			
2					
3					
4					
5					
6					
7					
8					
9					

2. Does anyone live with you now who is not listed above: Yes No

3. Do you expect a change in your household composition? Yes No
Explain if you answered yes to either questions: _____

4. Please identify any special housing needs. _____

5. Number of bedrooms requested based on family composition: _____

6. Have you ever been arrested or convicted of a crime? Yes No
Explain if you answered yes: _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each “yes”, provide details in the charts below.

Does any member of your household:

Yes	No	1.	Work full-time, part-time or seasonally?
Yes	No	2.	Expect to work for any period during the next year?
Yes	No	3.	Work for someone who pays you cash?
Yes	No	4.	Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
Yes	No	5.	Now receive or expect to receive unemployment benefits?
Yes	No	6.	Now receive or expect to receive child support?
Yes	No	7.	Entitled to child support that he/she is not now receiving?
Yes	No	8.	Now receive or expect to receive alimony?
Yes	No	9.	Have an entitlement to receive alimony that is not currently being received?
Yes	No	10.	Now receive or expect to receive public assistance (welfare)?
Yes	No	11.	Now receive or expect to receive Social Security or disability benefits?
Yes	No	12.	Now receive or expect to receive income from a pension or annuity?
Yes	No	13.	Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
Yes	No	14.	Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
Yes	No	15.	Own real estate or any assets for which you receive no income (checking account, cash)?
Yes	No	16.	If you own a home, do you maintain a mortgage on the property?
Yes	No	17.	Have you sold or given away real property or other assets (including cash) in the past two years?
Yes	No	18.	Are you responsible for paying child support or alimony? This amount will be deducted from your total annual income. Amount Paid Monthly: \$

MEMBER NO.	SOURCE OF INCOME / TYPE OF INCOME	TOTAL GROSS ANNUAL INCOME

ASSETS

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificate of Deposit) of all household members.

MEMBER NO.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List all stocks, bonds, trusts, pensions, or other assets, including real estate, and their value, owned by any household member:

3. List any assets disposed of for less than their fair market value during the past two years:

PREVIOUS RENTAL HISTORY OR OWNERSHIP HISTORY

Name and address of your Present Landlord or Current Address:

_____ Telephone: _____
How long have you lived here? _____
Reason for leaving? _____

Name and address of your Former Landlord or Previous Address:

_____ Telephone: _____
How long did you live there? _____
Reason for leaving? _____

EMPLOYMENT HISTORY

Name and address of Head of Household's present employment:

Telephone: _____

Supervisor's Name? _____

How long have you worked there? _____

Name and address of spouse's or co-head employer:

Telephone: _____

Supervisor's Name? _____

How long have you worked there? _____

APPLICANT CERTIFICATION

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law. I/we provide authorization to the Administrative Agent to obtain all income and asset information from third party sources in order to verify that the information contained in the application is accurate.

Signature of Head of Household _____ Date: _____

Signature of Spouse/Co-Head _____ Date: _____

Signature of Administrative Agent _____ Date: _____

We Do Business in Accordance With the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988). It is Illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin.



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The following documentation (if it applies) must be provided so we can verify your income and household size.

Personal identification

Driver's License,

**US passport, US birth certificate, Certificate of Naturalization
or front and back of resident card**

Social Security card

Checking - 6 months of statements

Savings Account (CD's, IRA's, etc) statements and current interest rates

Bonds

Stocks

Real Estate (total value minus any outstanding mortgage balance, closing costs, broker's fees, etc) and income from real estate or businesses.

(4) most recent consecutive pay stubs for all employed household members

Social Security: S.S. Computer Printout or Award Letter

Pension Letter received from pension fund

Verification of Temporary Assistance for Needy Families (TANF)

Verification of Support (Child Support and/or Alimony)

Verification of Military Pay

Workers' Compensation - Letter from Workmen's Compensation.

Verification of Unemployment Benefits

1040 Federal Tax Return (Both front and back) (last 3 years)

State Tax Return (last 3 years)

*Execute all third party verification forms and attach to completed applications (Forms 1-5)

Please advise us if you currently own a pet _____ yes _____ no

Page 7 must be Notarized

Appendix G

CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate.)

Household Name: _____ Unit No. _____

Development Name: _____ City: _____

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I will be using the following sources of funds to pay for rent and other necessities:

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Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

On this the ___ day of _____, 20___ before me came _____,
known and known to me to be the applicant/tenant identified as such in the foregoing
certification.

NOTARY PUBLIC

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