

Office Phone _____ Office Fax _____

Applicant Questionnaire

Household Information

List all household members that are applying to live in this apartment with you.

Name <small>First, Middle Initial, Last</small>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <small>Month, Date, Year</small>

Current Address: _____

Daytime Phone: _____ Evening Phone: _____

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you expect any additions to the household within the next twelve months? <i>(Include unborn children)</i>
Form (TC 4.4)
Name & Relationship: _____ Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is there anyone living with you now who won't be living with you at this property?
Name & Relationship: _____ Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you SEPARATED, but not divorced from your spouse? <i>(Answer "no" if living with spouse, single, Legally divorced or widowed) (TC 4.14)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you have full custody of your child(ren)?
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Are there any absent household members who under normal conditions would live with you?
<i>(For example, a household member away in the military.)</i>
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Does your household have or anticipate having any pets other than those used as service animals? |

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Rental History

<u>YES</u>	<u>NO</u>	
<input type="checkbox"/>	<input type="checkbox"/>	7. Have you or any one else named on this application filed for bankruptcy? Explanation: _____
<input type="checkbox"/>	<input type="checkbox"/>	8. Have you or any one else named on this application been convicted of a felony? Explanation: _____
<input type="checkbox"/>	<input type="checkbox"/>	9. Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs Explanation: _____
<input type="checkbox"/>	<input type="checkbox"/>	10. Have you or any one else named on this application been convicted of property damage? Explanation: _____
<input type="checkbox"/>	<input type="checkbox"/>	11. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer? Explanation: _____

Housing References

List the past THREE years of housing references. *(If additional space is required, use the back of this page.)*

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name: _____	_____	_____	Own <input type="checkbox"/>	From: _____
Address: _____	_____	_____	Rent <input type="checkbox"/>	To: _____
	_____	_____		
	()			
<hr/>				
Name: _____	_____	_____	Own <input type="checkbox"/>	From: _____
Address: _____	_____	_____	Rent <input type="checkbox"/>	To: _____
	_____	_____		
Phone: ()				
<hr/>				
Name: _____	_____	_____	Own <input type="checkbox"/>	From: _____
Address: _____	_____	_____	Rent <input type="checkbox"/>	To: _____
	_____	_____		
Phone: ()				

Personal Reference

List a personal reference other than a relative.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

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Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors. **PLEASE COMPLETE ALL PARTS.**

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

<p><input type="checkbox"/> YES TC 3.1, TC 4.2, TC 4.2A</p>	<p><input type="checkbox"/> NO</p>	<p>12. Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i></p> <table border="1"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Name of Company</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><u>Address & Phone</u> _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>	_____	<u>Address & Phone</u> _____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____												
_____	_____	_____												
<p><input type="checkbox"/> TC 4.1</p>	<p><input type="checkbox"/></p>	<p>13. Self-employment? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i></p> <table border="1"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Type of Business</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____			
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_____	_____	_____												
_____	_____	_____												
<p><input type="checkbox"/> TC 3.3</p>	<p><input type="checkbox"/></p>	<p>14. Regular pay as a member of the Armed Forces?</p> <table border="1"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Base Name & Branch</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____			
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_____	_____	_____												
_____	_____	_____												
<p><input type="checkbox"/> TC 3.4</p>	<p><input type="checkbox"/></p>	<p>15. Unemployment benefits or workman's compensation?</p> <table border="1"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Contact Person</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><u>Address & Phone</u> _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>	_____	<u>Address & Phone</u> _____	_____	_____	_____	_____			
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_____	<u>Address & Phone</u> _____	_____												
_____	_____	_____												

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TC 3.5

16. Cash Assistance (ie TANF, General Relief, ABD)? DO NOT INCLUDE FOOD STAMPS

<u>Household Member</u>	<u>Contact Person</u> Address & Phone	<u>Amount</u>
_____	_____	_____
_____	_____	_____

If yes, TC 3.6 If no, TC 4.3

17. (a) **Do you have COURT ORDERED Child Support or Alimony? Complete Parts A, B, & C**

(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)

<u>Household Member</u>	<u>Name of Payor</u> Address & Phone	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) **Do you RECEIVE Child Support or Alimony and how is received? (Check all that apply)**

*REQUIRED

TC 4.4

*RE QUIRED

Child Support Enforcement
Agency
Court of Law
Directly from Individual
Other

Name of Agency: _____

Name of Court: _____

Name of Person: _____

Explain: _____

(If yes, obtain court papers)

(c) If money is not actually received, are you taking legal action to remedy?

Explanation: _____

TC 3.7

18. Social Security, SSI or any other payments from the Social Security Administration?

<u>Household Member</u>	<u>SSA Office</u> Address & Phone	<u>Amount</u>
_____	_____	_____
_____	_____	_____

TC 3.8

19. Regular payments from a Veteran's benefit, pension, disability or death benefits, IRA, retirement funds or annuities?

<u>Household Member</u>	<u>Source of Benefit</u> Address & Phone	<u>Amount</u>
_____	_____	_____
_____	_____	_____

TC 3.8

20. Regular payments from a severance package?

<u>Household Member</u>	<u>Source of Benefit</u> Address & Phone	<u>Amount</u>
_____	_____	_____
_____	_____	_____

TC 3.8

21. **Regular payments from any type of settlement?** *(For example, insurance settlements.)*

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

TC 4.4

22. Regular gifts or payments from anyone outside of the household?

(This includes anyone supplementing your income or paying any of your bills.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

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23. Educational grants, scholarships, or other student benefits?
TC 4.5
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
24. Regular payments from lottery winnings or inheritances?
TC 3.8
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
25. Regular payments from rental property or other types of real estate transactions?
TC 3.8 & TC 4.6
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
26. Do you have any assets or any other income sources / types not types not listed? So you have any assets in foreign countries?
TC 3.8
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
27. Do you or any other household members expect any changes to your income in the next 12 months?
Explanation: _____

Asset Information:

Include all assets held and the income derived from the asset. **INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS. Please Complete ALL Questions, CIRCLE WHICH ITEM APPLIES TO YOUR HOUSEHOLD**

Do YOU or ANYONE in your household hold:

- YES NO
28. Checking or savings account?
TC 3.9
- | <u>Household Member</u> | <u>NAME OF BANK</u>
<u>Account Number</u> | <u>Amount</u> |
|-------------------------|--|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
29. CDs, money market accounts or treasury bills?
TC 3.9
- | <u>Household Member</u> | <u>NAME OF BANK</u>
<u>Account Number</u> | <u>Amount</u> |
|-------------------------|--|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
30. Stocks, bonds or securities?
TC 3.10
- | <u>Household Member</u> | <u>NAME OF BANK</u>
<u>Account Number</u> | <u>Amount</u> |
|-------------------------|--|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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TC 3.11 , TC 3.12

31. Trust funds? Life Insurance? (Whole or Universal) ****Do Not include Term Insurance****

Household Member Source of Benefit Amount

TC 3.10

32. Pensions, IRAs, Keogh or other retirement accounts?

Household Member Source of Benefit Amount

Account Number

TC 4.4

33. Do you have any cash on hand?

Household Member Source of Benefit Amount

TC 3.10, TC 4.6

34. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?

(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

Household Member Source of Benefit Amount

Address

TC 3.10

35. **Personal property held as an investment?**

(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

Household Member Source of Benefit Amount

Address

TC 4.4

36. A safe deposit box?

Household Member Source of Benefit Amount

TC 4.7B

37. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: _____ Amount: _____

Explanation: _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES NO

TC 4.8 , TC 4.9

38. Are you or any other ADULT household members claiming zero income?

Household Member: _____

Explanation: _____

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39. Are you or any other household members (INCLUDING MINORS) currently a FULL-TIME STUDENT? Have you been, or do you expect to be, a student for five months during the calendar year? Please circle **yes or no**

Are you or any other household members currently a PART-TIME STUDENT OR expect to be one in the next 12 months? Please circle **yes or no**

TC 4.11 , TC 4.12

If answered yes _____

Household Member(s) _____

40. Will you or any ADULT household member require a LIVE-IN CARE attendant to live independently?

TC 3.14 , TC 4.13 , TC 2.9

Name of Attendant: _____

Relationship (if any): _____

41. Will your household be receiving or applying for SECTION 8 rental assistance at time of move-in?

Name of Agency: _____

Contact Person: _____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

All ADULT household members must sign below:

Signature _____

_____ ate

Signature _____

_____ ate

Management Signature _____

_____ ate

For Office Use Only

Date of Interview: _____

Desired Apt. #: _____

Desired Move-in Date: _____

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