

APPLICATION FOR HOUSING
Affordable Communities

Date Received: _____

Time Received: _____

This is an application for housing at:	Community:
	Address:
	Phone:

Applications are placed in order of date and time received. An applicant may be considered only after the receipt of this completed application. In the event that housing has not been provided within 120 (90 if USDA) days, this application will need to be updated.

How did you hear about us? _____

What are your three options of desired move in dates? (in order of preference)

1.) _____ 2.) _____ 3.) _____

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Email Address: _____

Amount of current monthly rental or mortgage payment: \$ _____ RENT or DOWN

Check utilities paid by you: Heat Electric

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Apartment size requested: Eff 1 BR 2 BR 3/4 BR Handicap Unit

Current Landlord (36 months)	Name:	
	Address:	
	Phone:	
	How Long?	
Prior Landlord (if less than 36 months above)	Name:	
	Address:	
	Phone:	
	How Long?	

Would any household member benefit from or require a reasonable accommodation or modification? If yes, describe:

B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Date of Birth	Age	Marital Status	SS#	Student Y/N
Head							
Co-Head							
3.							
4.							
5.							
6.							
7.							
8.							

Yes	No	Do you anticipate any changes to your household in the next 12 months? If yes, please explain.
_____	_____	

C. STUDENT STATUS

Yes	No	Are you or anyone in your household:
_____	_____	
_____	_____	Currently a full time student. If yes, list all full time students.

_____	_____	Not a full time student. Who?

_____	_____	Been a full time student for any part of 5 months this calendar year? Who?

_____	_____	Plan to be a full time student any time in the next 12 months? Who and when?

D. INCOME

Yes	No			
Are you or anyone in your household currently or plan to be:				
_____	_____	Employed? List information for each household member 18 or older.		
		<i>Household Member</i>	<i>Employer</i>	<i>Monthly Income</i>
_____	_____	Self-employed? List information for each household member below.		
		<i>Household Member</i>	<i>Business Name</i>	<i>Annual Income</i>
_____	_____	Receive Social Security benefits? Example: SSA, SSDI, SSI		
		<i>Household Member</i>	<i>Source</i>	<i>Monthly Income</i>
_____	_____	Veteran's benefits or other government pensions?		
		<i>Household Member</i>	<i>Source</i>	<i>Monthly Income</i>
_____	_____	Pensions or regular withdrawals from retirement account(s)?		
		<i>Household Member</i>	<i>Source</i>	<i>Monthly Income</i>

Yes	No			
_____	_____	Military pay? Include all allowances.		
		<i>Household Member</i>	<i>Source</i>	<i>Monthly Income</i>
<hr/>				
<hr/>				
_____	_____	Child Support or alimony?		
		<i>Household Member</i>	<i>Source</i>	<i>Monthly Income</i>
<hr/>				
<hr/>				
_____	_____	Government assistance, TANF, SNAP, housing assistance, utility grants, etc?		
		<i>Household Member</i>	<i>Source</i>	<i>Monthly Income</i>
<hr/>				
<hr/>				
_____	_____	Unemployment compensation or Workman's Comp?		
		<i>Household Member</i>	<i>Source</i>	<i>Monthly Income</i>
<hr/>				
<hr/>				
_____	_____	Student Financial Aid? (Do not include student loans)		
		<i>Household Member</i>	<i>Source</i>	<i>Annual Income</i>
<hr/>				
<hr/>				
_____	_____	Financial Contributions to the household? This includes payment of expenses, bills, cash contributions, etc from someone outside of the household.		
		<i>Household Member</i>	<i>Source</i>	<i>Monthly Income</i>
<hr/>				
<hr/>				

E. ASSETS

Yes	No					
		Do you or anyone in your household have:				
_____	_____	Checking account(s) and/or savings account(s)?				
		<i>Member</i>	<i>Institution</i>	<i>Balance</i>	<i>Interest Rate</i>	<i>Type</i>

_____	_____	CDs, Money Markets, Mutual Funds, etc?				
		<i>Member</i>	<i>Institution</i>	<i>Balance</i>	<i>Annual Income</i>	<i>Type</i>

_____	_____	Retirement accounts? IRA, 401k, 403a, 403b, TSP, etc.				
		<i>Member</i>	<i>Institution</i>	<i>Balance</i>	<i>Annual Income</i>	<i>Type</i>

_____	_____	Cash, Direct Express or other pre-paid debit cards?				
		<i>Member</i>		<i>Balance</i>		<i>Type</i>

_____	_____	Whole or universal life insurance policy?				
		<i>Member</i>	<i>Institution</i>	<i>Balance</i>	<i>Annual Income</i>	<i>Type</i>

Yes	No				
_____	_____	Real estate, land, etc.?			
		<i>Member</i>	<i>Address</i>	<i>FMV</i>	<i>Rental Amount</i>

		Publically traded or privately held company stocks?			
_____	_____	<i>Member</i>	<i>Company</i>	<i># Shares</i>	<i>Price /Share</i>
					<i>Dividends/ Share</i>

		Treasury, Municipal, Corporate, or other types of bonds?			
_____	_____	<i>Member</i>	<i>Institution</i>	<i>Value</i>	<i>Interest Rate</i>
					<i>Type</i>

		Revocable and Non-revocable Trusts?			
_____	_____	<i>Member</i>	<i>Institution</i>	<i>Balance</i>	<i>Annual Income</i>
					<i>Type</i>

		Personal property held for investment? Examples stamp or coin collections			
_____	_____	<i>Member</i>	<i>Value</i>	<i>Type</i>	

Yes	No	Sold any assets for less than fair market value in the last 24 months?		
_____	_____	<i>Member</i>	<i>Value</i>	<i>Type</i>

_____	_____	Given away any assets for less than fair market value in the last 24 months, including cash or donations of money to churches or charities?		
		<i>Member</i>	<i>Value</i>	<i>Type</i>

In case of emergency notify:	
Address:	
Relationship:	Phone #:

F. VEHICLE AND PET INFORMATION			
List any cars, trucks, or other vehicles owned.			
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?	Yes	No	
<i>If yes, describe:</i>			

Are you or any member of the household subject to a Lifetime Sex Offender Registration in any state?

Yes

No

Please list all states where you or any members of the household have resided:

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Management Agent)

Date

REV: 7/2015