

Received by: _____ Date: _____ Time: _____

APPLICATION FOR OCCUPANCY

Community name: _____

Complete in pen only. Each section must be completed. If a question does not apply, please indicate by inserted N/A in the blank

Applicant Name: _____ Phone Number: _____

Address: _____ Alternate Number: _____

City, State, Zip: _____

Email Address: _____

Part A: Household Information

1. Household Members

	Name	Relationship to head S-Spouse O-other adult D-Dependant	Marital Status D-Divorced M-Married S-Single L-Legally Separated W-Widowed	Social Security Number	Age	Date of Birth	Is this member a student? Yes or No
Head							
Co-head							
3							
4							
5							
6							
7							

2. Will the number of household members change in the next 12 months? Yes or No

If Yes, please explain: _____

3. Apt. size(s) for which you are applying: (Check all that apply): Studio 1 2 3 Bedroom(s)

4. Will you or a member of your household benefit from an apartment with accessibility features? Yes or No

If yes, what features? _____

5. Do you have any pets? Yes or No

If so, what kind? _____ How many? _____

6. How many vehicles in your household? _____

Are you interested in renting a carport(s)? Yes or No

7. Have you been convicted of a crime? Yes or No

If Yes, When: _____ State: _____ County: _____

What was the nature of the crime: _____

8. Do you currently use or distribute any illegal controlled substances? Yes or No

9. Have you ever been evicted or removed from rental housing due to non-payment of rent, fraud, failure to comply with the recertification process, etc? Yes or No

Part B: Rental History

1. Do you currently own your home? Yes or No
2. Are you currently living in a HUD subsidized apartment? Yes or No
3. If you accept an apartment here, will this be your only residence? Yes or No
4. Current Landlord Information

Landlord Name: _____
Address: _____
Phone number: _____
Reason for moving: _____

5. What was your previous address? _____
6. Previous Landlord Information

Landlord Name: _____
Address: _____
Phone number: _____
Reason for moving: _____

Part C: Student Information

1. Are you a student or have you been a student in the past 12 months? Yes or No
2. Do you anticipate being a student in the next 12 months? Yes or No
If no to both, skip the remainder of this section and proceed to Part D.
3. Name of school you were, are, or will be attending? _____
4. Are you attending part time or full time? _____
5. Are you receiving financial assistance in the form of grants and/or scholarships? Yes or No

Full-time students or applicants who anticipate becoming a full-time student should answer the questions below:

- a. Are you married and filing a joint tax return? Yes or No
- b. Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act? Yes or No
- c. Are you a AFCE or Title IV Recipient? Yes or No
- d. Are you a single parent living with your minor child who is not a dependent on another's tax return? Yes or No

Part D: Income and Assets

Include gross Income expected during the next 12 months

	Name of Source (s)	Income expected	How often? Annually, Monthly, Weekly
Wages, Salary			
Tips, Bonuses			
Business or Rental Income			
Social Security			
SSI			
Do you receive \$42 every three months from the DHS? Yes or No			
Pension or Annuities How Many?			
Retirement Funds or IRA Accounts			
VA Benefits			
TANF			
Child Support			
Unemployment Benefits			
Cash contributions			
*Other:			

* Other Income may include: Disability Compensation; Workman's Compensation; Severance Pay; Regular or Special Pay and Allowances for Head of Household in the Armed Forces

Assets

	Name of Financial Institution(s)	Account Number(s)	Current Balance or Current Value	Amount of income or dividends expected.
Checking				
Checking				
Savings				
Savings				
CD				
CD				
Money Market Fund				
Stocks: -#of Shares				
Stocks: -#of Shares				
Bonds: Type: How Many?				
Bonds: Type: How Many?				
Whole or Universal Life Insurance				

Other Assets not listed on page 3:

Asset Type	Name of Financial Institution(s)	Account Number(s)	Current Balance or Current Value	Amount of income or dividends expected.

Real Estate Owned:

Address: _____ SEV: _____
_____ Rental Income: _____
Mortgage Balance \$ _____ Mortgage Company: _____
Plans for home once occupancy has been accepted: _____

Property Sold Under Land Contract

Original Amount of Land Contract: \$ _____ Outstanding Balance: \$ _____
Terms of Contract: \$ _____ per month OR \$ _____ per year
Interest Rate: % _____

Asset Disposed:

Have you disposed of any assets for less than fair market value in the past 2 years? Yes or No
If yes, please explain: _____

Emergency Contact Information

Person to contact in case of emergency:

Name: _____
Address _____
Relationship: _____
Contact Number: _____

Alternate:

Name: _____
Address _____
Relationship: _____
Contact Number: _____

Acknowledgement and Signatures

I certify that I am not presently using or addicted to a controlled substance, nor have I ever been convicted of possession or distribution of a controlled substance. I certify that all of the information on this application is true and correct to the best of my knowledge and belief. Inquiries may be made to verify this information. Falsification of any information will result in automatic rejection of my application. I understand that a background investigation will be performed using a crime data report issued by Crimecheck America, Inc., on all household members, age 18 or older. I understand that a consumer credit report will be ordered from a consumer-reporting agency and that this information will be reviewed and used in determining qualification for tenancy as initiated by this application. If the application is approved, resident expressly authorizes Owner or Owner's Agent (including a collection agency) to obtain resident's consumer credit report, which Owner or Owner's Agent may use if attempting to collect past due rent payments, late fees, or other charges from resident, both during the term of the lease and thereafter. No tenancy is created by the signing of this application. *For Non-HUD communities only: In the event the applicant does not see fit, for any reason, to execute a lease with Landlord, the sum of not less than \$100.00 shall be deducted from the deposit monies and retained by Landlord for expenses incurred in re-renting the apartment. The applicant may be held accountable for any additional loss occasioned by the Landlord by virtue of withholding the apartment described herein from the rental market after the date of acceptance of this application.* The standard lease is required to be executed prior to occupancy. ***I certify that the rental unit, which I/we will occupy, will be my/our permanent residence and further certify that I/we do not and will not maintain a separate subsidized rental unit in a different location.***

Applicant

Date