

Rental Application

Thank you for applying to live at our community. We have enclosed the full application packet for your completion. Please complete each page of the application form. All persons that will be living in the home 18 years old and older will need to complete this full application packet. A legally married couple is permitted to use one packet adding all information for both individuals.

To make the process move as quickly as possible, we ask that you please provide all necessary information when you return the packet.

Proof of Identity – we must verify identification for all adult applicants. Please bring or email copies of the following to our management office. We will need ONE form of ID from EACH of the categories listed below:

Acceptable Proofs of ID:

- ✓ Driver's License or Government issued Photo ID
AND
- ✓ SS Card, Tax Identification Number, VISA, Permanent Resident Card
 - Valid Passport(adults),US Birth Certificate(minors)

Proof of income: (Overtime we do not have to count if it is not anticipated overtime)

Acceptable Proof of Income:

- ✓ W2 (if current employment is for entire year)
- ✓ Income Tax Return
- ✓ Pay Stubs (4 stubs needed biweekly)(weekly stubs need 6)
- ✓ Employment Verification (VOE)-Form attached
- ✓ Offer letters signed
- ✓ Social Security, SSI, VA, Pension (Award Letters)
- ✓ Cash Payments (need 4 consecutive months showing in bank account)

Once your application and all documents are received, we will review as well as run Credit and Criminal Checks according to our Resident Selection Criteria. (Packet provided). We strive to make this process as quick and easy for you as possible. We look forward to serving you and having you join our community.

Date Received: _____
 OFFICE USE ONLY
 Time Received: _____
 Desired Move In Date: _____
 Desired unit type: _____

Application taken by: _____

RENTAL APPLICATION

ANY QUESTIONS THAT DO NOT APPLY, PLEASE MARK "NONE" OR \$0.00. DO NOT LEAVE ANY BLANK LINES.

APPLICANT AND FAMILY INFORMATION

MARITAL STATUS (check one): Legally Married Divorced Separated * Never Married Widowed
*If separated, form AOPAAM must be provided.

List all permanent household members who will live in the apartment home during the next 12 months. Be sure to list any temporarily absent family members, foster children/adults, unborn children (AOUCA) or Live In Care Attendants (AOLICA/VOLICAN).

#	FULL LEGAL NAMES OF ALL HOUSEHOLD MEMBERS	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	AGE	SOCIAL SECURITY #	ARE YOU A STUDENT? List "No", "Part Time", or "Full Time" **
1	_____	_____	/ /	_____	- -	_____
2	_____	_____	/ /	_____	- -	_____
3	_____	_____	/ /	_____	- -	_____
4	_____	_____	/ /	_____	- -	_____
5	_____	_____	/ /	_____	- -	_____
6	_____	_____	/ /	_____	- -	_____
7	_____	_____	/ /	_____	- -	_____
8	_____	_____	/ /	_____	- -	_____

** When the individual has been enrolled full time for at least 5 months of current calendar or is / will be attending any educational institution full time in the next 12 months including kindergarten through post graduate school & trade schools.

Where are you attending? _____ Expected date of graduation _____

HOME/CELL PHONE #: _____ WORK PHONE #: _____ EMAIL ADDRESS: _____

EMPLOYMENT INFORMATION

Employer: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Started: _____ Occupation / Title: _____

Supervisor's Name: _____ Gross Monthly Income: \$ _____ include bonuses, overtime, tips, commission, etc.

Do you have a **second job**? (Circle one) Yes No If yes, where: _____ Gross Monthly Income \$ _____

Date Started: _____ Occupation / Title: _____

SPOUSE INFORMATION (CO-HEADS AND ROOMMATES MUST COMPLETE SEPARATE APPLICATIONS)

Employer: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Started: _____ Occupation / Title: _____

Supervisor's Name: _____ Gross Monthly Income: \$ _____ include bonuses, overtime, tips, commission, etc.

Do you have a **second job**? (Circle one) Yes No If yes, where: _____ Gross Monthly Income \$ _____

Date Started: _____ Occupation / Title: _____



INCOME INFORMATION					
Please indicate each source of income received or anticipated within the next 12 months					
DESCRIPTION OF INCOME OR STATUS	RECEIVES NOW OR ANTICIPATES RECEIVING <i>(must circle Yes or No)</i>		IF YES, HOUSEHOLD MEMBER NAME	GROSS AMOUNT REC'D MONTHLY	IF YES, COMPLETE FORM
Employment (W-2) / Anticipated Employment	YES	NO		\$	If YES, VOE/EV If NO, AONE & applicable documentation If no spouse, documentation is not required Note: Seasonal (AONE) Tipped: AOTI
Spouse Employment (W-2) / Anticipated Employment	YES	NO		\$	
Self-employment (1099)	YES	NO		\$	AOSE & applicable documentation
Military Pay	YES	NO		\$	VOMP
Do you have court ordered child support/alimony?	YES	NO		Ordered Amount \$	If YES, AOCSA & VOCSA If NO, AOCSA only If no children, documentation not required
Do you receive child support/alimony not court ordered? (include non-monetary support such as diapers, clothing, etc)	YES	NO		\$	AOCSA & AORGS
Unemployment Benefits	YES	NO		\$	VOUB & AONE
Social Security, SSI, SSD	YES	NO		\$	SS Benefit Printout/VOSSB
V.A. Benefits	YES	NO		\$	VOVAB
TANF/AFDC (Not Food Stamps)	YES	NO		\$	VOTANF
Disability, Worker's Comp.	YES	NO		\$	VODOWC & AONE
Recurring Gift of monetary value	YES	NO		\$	AORGS
Recurring Gift of non-monetary value (clothing, etc)	YES	NO		\$	AORGS
Regular Pmts from Retirement Acct.	YES	NO		\$	VORA
Financial Aid (grants, scholarships, etc)	YES	NO		\$	VOFA
Regular Pmts from Trust Account	YES	NO		\$	VOB
Income from Temporarily Absent Family Member	YES	NO		\$	Applicable documentation
Other: Type _____	YES	NO		\$	VOOI

*If no income listed above, applicant must also complete form **COZI**.

Housing Assistance	YES	NO	If yes, Public Housing Authority: _____	VOS8
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ASSET INFORMATION						
Please include all assets, including assets for children						
DESCRIPTION OF ASSET	CURRENTLY HAVE		IF YES, HOUSEHOLD MEMBER NAME	VALUE	IF ALL ASSETS COMBINED OVER \$5,000 <i>(AOA req + below)</i>	IF ALL ASSETS COMBINED UNDER \$5,000
Checking Acct (6 mo. avg. balance)	YES	NO		\$	VOB	U5KAC
Savings Account (current balance)	YES	NO		\$	VOB	U5KAC
Cash Held	YES	NO		\$	Add to CTAWS	U5KAC
Pay Card	YES	NO		\$	Add to CTAWS	U5KAC
Online account / app such as PayPal, Venmo, Square Cash, etc.	YES	NO		\$	Online Printout	U5KAC
Cryptocurrency (Bitcoin, etc)	YES	NO		\$	Online Printout	U5KAC
Certificate of Deposit	YES	NO		\$	VOB	U5KAC
Trust Account	YES	NO		\$	VOB	U5KAC
Treasury Bills, Money Market Fund	YES	NO		\$	VOB	U5KAC
Stocks or Mutual Funds	YES	NO		\$	VOSAMF	U5KAC
Bonds	YES	NO		\$	VOBD	U5KAC
Retirement Plan Account:						
IRA / Keogh / PERS	YES	NO		\$	VORA	U5KAC
Pension/401(k)/403 (b)/Annuities	YES	NO		\$	VORA	U5KAC
Other: _____	YES	NO		\$	VORA	U5KAC
Life insurance policy (not Term)	YES	NO		\$	VOLI	U5KAC
Real Estate currently owned/Sold in last 2 years	YES	NO		\$	COA & applicable documentation	
Rental Property	YES	NO		\$	CORI & applicable documentation	
Assets disposed of for less than Fair Market Value in past 2 yrs	YES	NO		\$	CODA & applicable documentation	
Personal Property held for investment	YES	NO		\$	COPP & applicable documentation	
Other: _____	YES	NO		\$	Applicable documentation	



Applicant Name: _____

RESIDENCE HISTORY

must list at least 2 years history

Current Address: _____

City: _____ State: _____ Zip: _____

Do you: Rent Own your home Other _____ Month and year moved in: _____

Monthly Rent/Mortgage: \$ _____ Reason for moving: _____

Landlord / Mortgage Company: _____ Phone#: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Did you: Rent Own your home Other _____ Month and year moved in: _____
Month and year moved out: _____

Monthly Rent/Mortgage: \$ _____ Reason for moving: _____

Landlord / Mortgage Company: _____ Phone#: _____

Previous Address 2: _____

City: _____ State: _____ Zip: _____

Did you: Rent Own your home Other _____ Month and year moved in: _____
Month and year moved out: _____

Monthly Rent/Mortgage: \$ _____ Reason for moving: _____

Landlord / Mortgage Company: _____ Phone#: _____

How did you hear about our community? _____

If a resident referral, Resident Name: _____ Unit # _____

Is there a need for an accessible unit or features due to a disability for any household member? (circle one) Yes No

Provide Details: _____

OTHER INFORMATION

Your Driver's License / State ID # : _____ State Issued: _____

Spouse's Driver's License / State ID # : _____ State Issued: _____

Vehicles:

Year: _____ Make: _____ Model: _____ Color: _____ Tag #: _____

Year: _____ Make: _____ Model: _____ Color: _____ Tag #: _____

All vehicles must be registered with the Management Office.

Do you have any pets? (circle one) Yes No If Yes, what type and weight? _____

EMERGENCY CONTACT: List someone NOT in this household Name: _____

Address: _____ Phone #'s _____



I / we hereby apply to lease an apartment at the above named community on the terms set forth herein. I/we attest to Agent for the Owner of the property, that all statements contained herein are true and correct. I/we have been advised, understand, and agree that residency at this community entails certain income restrictions and that residency is subject to rental qualifications. I/we understand and agree that deliberately submitting false information or withholding information constitutes fraud. **If application is falsified, Federal Law specifies fines up to \$5,000 and imprisonment for terms of up to five years and is grounds for eviction.** I / we understand and agree that, in addition to execution of a lease agreement and necessary addenda, I / we will execute a Resident Certification attesting to the information contained herein, which will be made under the penalty of perjury. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, or income situation changes, or whenever you need to add or remove a household member from your application.

I / we have received a copy of the qualifying criteria, and I / we hereby offer \$ _____ as a non-refundable application fee. If I / we do not meet any of the Qualifying Criteria, my / our application will be rejected and my / our application fee WILL NOT be refunded under ANY circumstances. Reports and checks determining my/our qualifications may be made by a separate party.

I / we hereby waive any claim to damages by reason of non-acceptance. Upon acceptance of this application, my / our security deposit shall be due in full. When so approved and accepted, I / we understand and agree to pay the full security deposit within 72 hours. The full deposit is \$ _____. In addition, a pet privilege charge of \$ _____ is due (if applicable). I / we agree to execute a lease agreement before possession is delivered and to pay the balance of any other deposits and / or fees in the form of a certified check or money order. **I / we understand if I / we fail to take possession of the apartment, after the deposit(s) is / are paid, that my / our security deposit will be forfeited.**

If management cannot have an apartment for me / us by the desired move in date listed on page 1 of this application because the apartment is not ready for occupancy or because another resident holds over or for any other reason Management is not liable to me / us for damages. I / we will not be required to pay any rent until the apartment is available. If Management is not able to deliver possession to me / us within 30 days of projected date, I / we may cancel the application without further obligation and my / our security deposit will be refunded.

I / we agree: (a) to be bound by and comply with the Lease and all addenda; (b) that the community will retain this application whether or not it is approved; (c) that everything stated in this application is true to the best of my / our knowledge; and (d) that I / we grant the community authority to check my / our credit, employment, rental and criminal history, and to secure follow up credit reports and employment verifications. If rejection of my / our application occurs, I / we hereby authorize the community to share information with the Management Agent for Owner for purposes related to the rental of an apartment or residency of any type or other pur

I / we agree that if this application is denied for any reason, there is a six (6) month waiting period to reapply.

RESIDENT RELEASE AND CONSENT

I / we, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, credit history, criminal history, previous residencies, income, and / or assets to the above named community, its owners, and agents for purposes of verifying information on my / our rental application.

I / we understand that this authorization cannot be used to obtain any information about me / us that is not pertinent to my / our eligibility for and continued participation as a Qualified Resident.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

Past & Present Employers
 Past & Present Landlords
 Support & Alimony Providers
 Public Housing Agencies
 Utility Companies

State Unemployment Agencies
 Welfare Agencies
 Social Security Administrations
 Federal / State / Local Law Enforcement Agencies
 Credit Reporting Bureaus

Veterans Administration
 Retirement Systems
 Banks and Other Financial Institutions
 Medical and Child Care Providers

CONDITIONS

I / we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for the length of my financial obligation.

SIGNATURES

 Applicant Signature Printed Name Date

 Spouse Signature Printed Name Date

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "REQUEST FOR COPY OF TAX FORM" must be prepared and signed separately.

FOR OFFICE USE ONLY

Mgr Approval or Denied Date: _____ By: _____

If denied, reason for denial: _____

Additional Options (washer/dryer, etc) _____

Notes / Comments: _____



RESIDENT RELEASE AND CONSENT

Complete only one form per household

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, assets, criminal and credit history, and / or utility history. This information may be released to the above named community, it's owners, and agents for purposes of verifying information on my rental application or recertification application.

I/We understand that should I/we lease an apartment, the community's owner or agents shall have the continuing right to review my credit information, rental application, payment history and occupancy history for account review purposes and for improving application review methods.

INFORMATION COVERED

I/We understand that previous 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, income, assets, medical and child care allowances, and utility history. I/We understand this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility and continued participation as a qualified resident under one of the following programs: IRS Section 42 Program, HOME 236, Rural Housing, or Project Based Section 8.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

They include, but are not limited to:

- | | |
|--|--|
| Past, Present, and Future Employers | Past and Present Landlords (including PHA) |
| Support and Alimony Agencies | TANF Agencies |
| Unemployment Agencies | Social Security Administration |
| Banks and other Financial Institutions | Medical / Child Care Providers |
| Veterans Administration | Retirement Systems |
| Utility Companies | Law Enforcement Agencies |
| Credit Bureaus | Education Institutions |
| Military Offices | Bureau of Workers Compensation |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original authorization is on file at the above location. This authorization is in effect for the length of my financial obligation. **NOTE: This general consent may not used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506 ("Request for Copy of Tax Form") must be prepared and signed separately.**

Applicant / Resident Printed Name	Signature	Date
Applicant / Resident Printed Name	Signature	Date
Applicant / Resident Printed Name	Signature	Date
Applicant / Resident Printed Name	Signature	Date

PENALTIES FOR MISUSE: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the "Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8)."



AFFIDAVIT OF STUDENT STATUS

Under the Low Income Housing Tax Credit Program households comprised of full time students are not eligible for tax credits unless they meet one of the student exceptions. This document is to confirm the student status of the resident(s) residing in the following unit:

Head of Household Name: _____ Unit Number: _____

Definition of full-time student: A full-time student is any individual who is currently enrolled in an educational institution (kindergarten through post graduate) on a full-time basis, expects to be enrolled on a full-time basis within the next 12 months, or has been enrolled on a full-time basis for any part of 5 months of the current calendar year. Individuals enrolled in technical, trade and mechanical schools or enrolled in online courses full time are considered full-time students.

Please choose one option below that best describes your household. Check A, B, or C.

A. Household contains at least one occupant who is not a student and has not been or will not be a student for five months or more out of the current and/or upcoming calendar year (months do not need to be consecutive). If checked, no further information is necessary.

B. Household contains all students, but is qualified because the following occupant(s) is/are part time student(s). Verification of part time student status is required for at least one resident.
Part time Student(s): _____

C. Household contains all FULL TIME students for five or more months out of upcoming calendar year (months need not be consecutive). If this box is checked, answer questions 1-5 below:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Any Household member participates in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act or under similar Federal, State, or local job training program (attach proof of participation) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any household member receiving Temporary Assistance to Needy Families (TANF) (attach verification of assistance) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Head of household is a single parent with dependents, none of whom are dependent of a third party other than the parent of such children. (attach divorce or child custody agreement or parent's most recent tax return) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Students are married and eligible to file a joint tax return. (attach an affidavit or tax return) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Any household member is a former foster care participant. (attach verification of participation) | <input type="checkbox"/> | <input type="checkbox"/> |

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. I/we understand there are IRS regulations that prohibit my household from being comprised entirely of full-time students unless my household is able to meet one of the required student exceptions listed above. I/we understand changes in my student status may affect my eligibility to participate in this program and agree to notify management immediately of any changes in the student status of any household member. I/we understand that providing false information or making false representations constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Applicant/Resident Signature	Date	Applicant/Resident Signature	Date
Applicant/Resident Signature	Date	Applicant/Resident Signature	Date

Signature witnessed this same day by:

Staff Member Signature

Staff Member Printed Name



EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer)

Date: _____

RE: _____
Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent Phone: _____

Please Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Date First Employed _____ No _____ Last Day of Employment _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly Other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ through _____ / _____ / _____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly Other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature Printed Name of Signatory Date

Employer [Company] Name and Address

Phone Number Fax Number E-mail Address

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.
