



**PREVIOUS HOUSING STATUS**

Your previous address \_\_\_\_\_

How long did you live at your previous address? From \_\_\_\_\_ To \_\_\_\_\_ Is this family or a friend? [ ] Yes [ ] No

Name of Owner/Manager \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

List every state in which each household member has lived: \_\_\_\_\_

**ELIGIBILITY INFORMATION**

*The following questions pertain to yourself and every member of your household who will occupy the unit. Check either Yes or No in response to each question. All questions must be answered; for those questions that do not apply, you are required to indicate so by answering "not applicable" or "n/a".*

1. Do you certify that this will be your only place of residence? ..... [ ] Yes [ ] No

2. Are you or any member of your household currently receiving Rental Assistance?..... [ ] Yes [ ] No

**[ ] I am currently receiving housing assistance in another complex. I understand that, according to my current lease, I must provide the required written notice to the agent currently managing the property where I live.**

3. Have you or any member of your household ever been evicted from any type of housing? ..... [ ] Yes [ ] No

4. Have any household members: [ ] Been Homeless [ ] Lived in Public Housing [ ] Fled Housing Due to Violence [ ] None

5. Are you or any member of your household a veteran?..... [ ] Yes [ ] No

6. Have you or any member of your household ever been convicted of a felony? ..... [ ] Yes [ ] No

7. Is at least one member of your household a US citizen or eligible immigrant?..... [ ] Yes [ ] No

8. Are ANY members of your household currently or expected to be a student within the next 12 months? ..... [ ] Yes [ ] No

If YES, then list all household members (including children) who are or will be students:

| Student Name | Age   | School Name & City | Full/Part Time<br>(Check One) |        | Financial Aid<br>(Check One) |        |
|--------------|-------|--------------------|-------------------------------|--------|------------------------------|--------|
|              |       |                    | [ ] FT                        | [ ] PT | [ ] Yes                      | [ ] No |
| _____        | _____ | _____              | [ ] FT                        | [ ] PT | [ ] Yes                      | [ ] No |
| _____        | _____ | _____              | [ ] FT                        | [ ] PT | [ ] Yes                      | [ ] No |
| _____        | _____ | _____              | [ ] FT                        | [ ] PT | [ ] Yes                      | [ ] No |
| _____        | _____ | _____              | [ ] FT                        | [ ] PT | [ ] Yes                      | [ ] No |
| _____        | _____ | _____              | [ ] FT                        | [ ] PT | [ ] Yes                      | [ ] No |

**HOUSEHOLD INFORMATION**

9. Is there someone not listed on this application who would normally be living in the household? ..... [ ] Yes [ ] No

If YES, please explain: \_\_\_\_\_

10. Do you have a live-in care attendant? ..... [ ] Yes [ ] No



**HOUSEHOLD INFORMATION (cont.)**

11. Do you expect the following change(s) to your household? ..... [ ] Yes [ ] No

If YES, baby due/obtaining custody: \_\_\_\_\_ OR, adopting/receiving a foster child: \_\_\_\_\_ OR, any addition: \_\_\_\_\_  
Date Date Date

12. Do you wish to have priority for a handicap accessible unit with special design features? ..... [ ] Yes [ ] No

13. Do you have a pet? ..... [ ] Yes [ ] No

14. Are you, or any member of the household, subject to a lifetime sex offender registration in any state? ..... [ ] Yes [ ] No

If YES, which household member: \_\_\_\_\_

**INCOME**

Do you or any household members, including minor children, currently receive or expect to receive income from the following?

**15. Employment**..... [ ] Yes [ ] No

If YES, complete the following *and include 4 to 6 current, consecutive pay stubs.*

| Household Member Name | Employer Name, Full Address, & Phone Number |
|-----------------------|---|
| _____                 | _____                                       |
| _____                 | _____                                       |
| _____                 | _____                                       |
| _____                 | _____                                       |

**16. Unemployment Benefits or Severance Pay** ..... [ ] Yes [ ] No

If YES, household member name: \_\_\_\_\_ *and include a copy of your 12-month benefit payment history.*

**17. Worker's Compensation**..... [ ] Yes [ ] No

If YES, household member name: \_\_\_\_\_ *and include 4 to 6 current, consecutive pay stubs.*

**18. Are you self-employed or run your own business?** (At home party sales, babysitting, cleaning, etc.)..... [ ] Yes [ ] No

If YES, household member name: \_\_\_\_\_ Date business opened: \_\_\_\_\_

**19. Cash Benefits from the County** (Do not include food or medical support) ..... [ ] Yes [ ] No

If YES, household member name: \_\_\_\_\_ If YES, County contact info: \_\_\_\_\_

**20. Military pay** (including allowances) ..... [ ] Yes [ ] No

If YES, household member name: \_\_\_\_\_ *and include 4 to 6 current, consecutive pay stubs.*

**21. Veteran's Administration Benefits**..... [ ] Yes [ ] No

If YES, household member name: \_\_\_\_\_ *and include a copy of a current award letter less than 120 days old. The letter must be dated by the Veterans Administration.*

**22. Social Security Benefits, Disability, or Death Benefits** ..... [ ] Yes [ ] No

If YES, household member name: \_\_\_\_\_ *and include a copy of a current award letter less than 120 days old. The letter must be dated by the SS Administration.*

**23. Regular payments from a pension or retirement plan** (PERA, Railroad, etc.) ..... [ ] Yes [ ] No

If YES, household member name: \_\_\_\_\_ Company Information: \_\_\_\_\_



**INCOME (cont.)**

**24. Regular payments from an annuity, trust, or insurance policy** ..... [ ] Yes [ ] No

If YES, household member name: \_\_\_\_\_ Company Information: \_\_\_\_\_

**25. Court Ordered Child Support or Alimony** (answer yes even if it is NOT being received)..... [ ] Yes [ ] No

If YES, household member name: \_\_\_\_\_ *and include a printout showing payments received in last 12 months. This cannot be a ReliaCard printout.*

**26. Non-Court Ordered Child Support or Alimony** (paid directly from other parent, not through county/state)..... [ ] Yes [ ] No

Name \_\_\_\_\_ Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

**27. Student Financial Aid in excess of tuition** (from public or private sources; do not include student loans)..... [ ] Yes [ ] No

If YES, household member name: \_\_\_\_\_ Name of School: \_\_\_\_\_

**28. Regular contributions from persons outside the household** (including rent, utilities, groceries, cell phone, etc.) ..... [ ] Yes [ ] No

If YES, contact person: \_\_\_\_\_ Address & Phone: \_\_\_\_\_

**29. Any other source not listed above**..... [ ] Yes [ ] No

If YES, please specify: \_\_\_\_\_

**30. Does any adult member of your household have zero income?**..... [ ] Yes [ ] No

If YES, household member name: \_\_\_\_\_

**ASSETS**

Do you or any household member, including minor children, have any of the following assets?

**31. Checking or Savings accounts**..... [ ] Yes [ ] No

If YES, complete the following for each checking or savings account:

| Household Member Name | Institution Name & Full Address |
|-----------------------|---------------------------------|
| _____                 | _____                           |
| _____                 | _____                           |
| _____                 | _____                           |

**32. Certificate of Deposit or Money Market Fund, IRA, Annuity, 401K account, or Keogh account**..... [ ] Yes [ ] No

If YES, complete the following for each account:

| Household Member Name | Institution Name & Full Address |
|-----------------------|---------------------------------|
| _____                 | _____                           |
| _____                 | _____                           |
| _____                 | _____                           |

**33. Cash Cards** (to receive pay from employment or government benefits such as Direct Express, NetSpend, ReliaCard, EBT, etc.) .... [ ] Yes [ ] No

If YES, household member name: \_\_\_\_\_ *and include a current printout of the balance, or a copy of your most recent statement, AND a copy of the card.*



**ASSETS (cont.)**

**34. Pension or Retirement funds** .....[  Yes [  No

If YES, household member name: \_\_\_\_\_ Agency: \_\_\_\_\_

**35. Stocks, Bonds, Securities or Treasury bills** .....[  Yes [  No

If YES, household member name: \_\_\_\_\_ Agency: \_\_\_\_\_

**36. Trust fund** .....[  Yes [  No

If YES, household member name: \_\_\_\_\_ Agency: \_\_\_\_\_

**37. Whole life or Universal life insurance policy** .....[  Yes [  No

If YES, household member name: \_\_\_\_\_ Agency: \_\_\_\_\_

**38. Do you or any other members of the household own Real Estate or hold a contract for deed?** .....[  Yes [  No

If YES, household member name: \_\_\_\_\_ Address: \_\_\_\_\_

**39. Have you sold or disposed of any assets for less than Fair Market Value during the two-year (24-month) period prior to the date of your application?** .....[  Yes [  No

**40. Any other assets not listed above** .....[  Yes [  No

If YES, household member name: \_\_\_\_\_ Specify: \_\_\_\_\_



