

3. Previous Rental Information for your landlords over the past 5 years:
(If more than 2 previous landlords, please list the required information for the additional landlords on a separate sheet of paper.)

Name: _____ Home Phone: _____
Present Address: _____
Street City State Zip

Name: _____ Home Phone: _____
Present Address: _____
Street City State Zip

4. Household Composition: (List persons who will be living in your home, including yourself.)

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5a. Income Adult 1: (List below all income for every person occupying the apartment)

a.) Employment #1: _____
Name of household member who is employed

- Full Time Part Time Unemployed Retired

Employer #1:

Name Address Phone Number

Name of Supervisor: _____

Dates of Employment: _____

Gross Wage: \$ _____ per _____
Hours worked: _____ per _____
Overtime? _____

b.) Employment #2: _____
Name of household member who is employed

- Full Time Part Time Unemployed Retired

Employer #2:

Name Address Phone Number

Name of Supervisor: _____

Dates of Employment: _____

Gross Wage: \$_____ per _____

Hours worked: _____ per _____

Overtime? _____

c.) Other sources of Income: (Please state monthly amounts.)

❑ Social Security & SSI: Monthly Amount: \$_____ Claim No.: _____

❑ Veterans Benefits: Monthly Amount: \$_____ Claim No.: _____

❑ Pension: Monthly Amount: \$_____ Claim No.: _____

Pension Name: _____ Address: _____

Other: (Unemployment, Alimony, Child Support, ETC.)

❑ Welfare: _____ Monthly Amount: \$_____

Caseworker Name: _____ Case Number: _____

❑ Source: _____ Monthly Amount: \$_____

❑ Source: _____ Monthly Amount: \$_____

6a. Bank Reference Adult 1:

Type of Account Bank Name & Address Account Number Balance

_____ \$

_____ \$

_____ \$

Visa, Mastercard, Discover, American Express, ETC.: \$_____

Certificate of Deposit \$_____

5b. Income Adult 2: (List below all income for every person occupying the apartment)

a.) Employment #1: _____

Name of household member who is employed

❑ Full Time ❑ Part Time ❑ Unemployed ❑ Retired

Employer #1:

Name Address Phone Number

Name of Supervisor: _____

Dates of Employment: _____

Gross Wage: \$_____ per _____

Hours worked: _____ per _____

Overtime? _____

b.) Employment #2: _____

Name of household member who is employed

Full Time Part Time Unemployed Retired

Employer #2:

Name Address Phone Number

Name of Supervisor: _____

Dates of Employment: _____

Gross Wage: \$_____ per _____

Hours worked: _____ per _____

Overtime? _____

c.) **Other sources of Income: (Please state monthly amounts.)**

Social Security & SSI: Monthly Amount: \$_____ Claim No.: _____

Veterans Benefits: Monthly Amount: \$_____ Claim No.: _____

Pension: Monthly Amount: \$_____ Claim No.: _____

Pension Name: _____ Address: _____

Other: (Unemployment, Alimony, Child Support, ETC.)

Welfare: _____ Monthly Amount: \$_____

Caseworker Name: _____ Case Number: _____

Source: _____ Monthly Amount: \$_____

Source: _____ Monthly Amount: \$_____

6b. Bank Reference Adult 2:

<u>Type of Account</u>	<u>Bank Name & Address</u>	<u>Account Number</u>	<u>Balance</u>
			\$
			\$
			\$

Visa, Mastercard, Discover, American Express, ETC.: \$ _____
Certificate of Deposit \$ _____

If more than 2 adults are in the household, please include the required information for Income and Bank Reference for all additional adults on a separate sheet of paper.

7. Have you ever been evicted from public housing and /or any other federal housing program?
 Yes No

If yes: Where: _____
When: _____
Why: _____

8. Have you ever been evicted from housing?
 Yes No

If yes: Where: _____
When: _____
Why: _____

9. Are you currently using marijuana for recreational or medicinal purposes?
 Yes No

If yes: ___Recreational ___Medicinal

10. Have you ever been convicted of selling illegal drugs or a controlled substance?
 Yes No

11. Are you currently using illegal drugs or any controlled substance that hasn't been prescribed to you?
 Yes No

12. Have you ever been convicted of selling, distributing, or manufacturing illegal drugs or a controlled substance?
 Yes No

13. Have you ever been charged, arrested, and/or convicted of any crime?
 Yes No

If yes: Where: _____
When: _____

14. Are you subject to a lifetime registration requirement with any State Sexual Registration Program?

Yes No

If yes, which State? _____

15. How did you hear about this housing? _____

16. Will you take an apartment when one is available? Yes No

17. Briefly describe your reason for applying _____

18. Other Required Information:

Vehicles

Do you have any vehicles? Yes No

If yes, we will need a copy of your registration for each vehicle.

Pets

Do you own any pets? Yes No

If yes, describe _____

19. Name of Person to Contact in Emergency:

Name

Phone Number

Please Complete for the Head of Household

The following will be required by the Federal Government to monitor the Owner’s compliance with Equal Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against based on the information below, or if the information is not provided.

1. Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

2. Race:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaii or Other Pacific Islander
- White
- Other

I do not wish to provide the above requested information.

I/We hereby, certify that all information given in this application is true and correct to the best of my/our knowledge.

Signature Date

Signature Date

Please sign the following release form(s) so that your references can be verified. When we receive these forms, you will be contacted for a personal interview where more detailed information may be requested. Thank you for your interest in our apartments.

Waiting List Certification for Applicants for Housing

The selection of tenants for vacant units in this housing development is based in part on the position of applicants on the waiting list.

Whenever a housing unit is available, the first person on the waiting list is contacted and so on. Over time, each applicant on the waiting list usually moves up in position, eventually reaching number one.

Because of the large demand for housing units in this development, the amount of time an applicant is on the waiting list before the applicant reaches the number one position can be quite long.

Periodically, it is necessary for the owner to update the waiting list to determine if applicants on it are still eligible or interested in residing in one of Affordable Housing Advocate's properties. **If the applicant can no longer be contacted and/or does not respond to requests for current information, that applicant's name will be withdrawn from the waiting list.**

For the waiting list to be kept current, the owner requires all applicants to sign the following certification:

I/We certify that I/We will notify owner or its authorized representatives whenever I/We move to a location different than listed on this application as My/Our current place of residence and will provide the owner or it's representative with the address and telephone information needed to contact me/us.

Signature

Date

Signature

Date

RELEASE FOR VERIFICATION FORM TO PROCESS CREDIT AND CRIMINAL

_____ has applied for residency (or is a current resident), as part of our processing and ongoing compliance, it is necessary to obtain various forms of documentation including income, assets, credit, and criminal verification.

The information obtained will be used solely for the purpose of determining eligibility.

I hereby authorize the AGENT of Affordable Housing Advocates without liability to the Agent all information they may request concerning my income, wages, salaries, credit report, criminal record, and all references in connection with my application to determine whether I am eligible to occupy the apartment.

Please have each adult in the household complete their own individual release form, if you need more than the two included copies of the release form, please print additional copies of this form and include it with your completed application.

Date

Signature

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Date

Signature