

RENTAL APPLICATION INSTRUCTIONS

Thank you for your interest in our community! Please read all instructions carefully- incomplete or incorrect applications could delay your approval process.

Please call to make an appointment to return your application.

- Anyone over the age of 18, regardless of relationship to head-of-household, must complete their own application.
 - All applicants (over the age of 18) must bring:
 - Check or money order for \$ 11
 - A driver's license or state issued id
 - A Social security card for each household member
 - Occupants under the age of 18: must have copy of social security card
1. Anyone planning to reside in the household must be listed on the application. No exceptions.
 2. **PLEASE COMPLETE ALL QUESTIONS ON THE APPLICATION.** If a question does not apply to you, answer "no" or write in "n/a" or "none". Incomplete information will delay your application. All questions must be answered. **DO NOT write N/A across forms that you think do not apply to you. If you aren't sure, please ask.**
 3. Mistakes must be crossed out and initialed- **DO NOT USE WHITE OUT!**
 4. **ALL FORMS ATTACHED** MUST BE COMPLETED- **EXCEPT** FOR THE UNEMPLOYMENT AFFIDAVIT- if you are employed do not complete this page.
 5. **THE AFFIDAVIT OF ALIMONY/CHILD SUPPORT** must be completed, regardless of whether you do or do not receive alimony or child support or have no children- just mark the boxes that state you are not entitled to receive any monies and sign form.
 - If you are entitled to child support: we need your obligation summary from the DCSDE &
 - 12-month history of payments (available from website or local child support agency)
 6. **WHEN RETURNING**, be sure to include:
 - If you receive SSA, SSD, or SSI: Current benefit letter from social security office (Dates within the last 30 days & all pages are needed)
 - If employed: Six - eight most recent, consecutive, paystubs including 1st paystub of current year (ytd and gross will be the same) = Must equal 2 months of income
 - All pages of most recent bank statement- all accounts!
 - Signed inquiry slip from ATM for cash cards, benefit pay cards (NetSpend, GreenDot, VAPay, etc)
 - Most recent statements for 401(k) or the like (Dated in the last 30 days)
 - Copies of WHOLE life insurance policy(s), all pages are needed
 7. **All of our communities are non-smoking community- smoking will not be allowed in the building or on the grounds. If you cannot adhere to this policy- please do not apply.**



RENTAL APPLICATION

Office Use Only:

Date Rec'd: _____ Time: _____ am/pm

By (initials): _____

Development Name: _____

Address: _____

Email: _____

Phone Number: _____ Fax Number: _____

of Bedrooms Desired: ☐ Eff ☐ 1 Br ☐ 2 Br ☐ 3 Br ☐ 4 Br

How many people live in your home now? _____

The following is to be completed in its entirety by household members ages 18 and older.
Please answer ALL questions. Do not leave any blank spaces. Write NONE or N/A where appropriate. Please print.

PART 1 – HEAD OF HOUSEHOLD DATA:

HH First Name:	M.I.:Text	Last Name:
Mailing Address:		Phone #:
City/State/Zip:		Email:
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name:		

<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult		
First Name:	M.I.:	Last Name:
Mailing Address:		Phone #:
City/State/Zip:		Email:
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name:		

Directions to Member: Please complete the table below listing each member of the household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% or more of the time during the next 12 months. (A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive).

PART 2 – HOUSEHOLD COMPOSITION:

	HOUSEHOLD MEMBER NAME(S)	RELATIONSHIP TO HEAD	DATE OF BIRTH	FULL TIME STUDENT (Y/N)	GENDER	SSN NUMBER
1.		Head			<input type="checkbox"/> M <input type="checkbox"/> F	
2.					<input type="checkbox"/> M <input type="checkbox"/> F	
3.					<input type="checkbox"/> M <input type="checkbox"/> F	
4.					<input type="checkbox"/> M <input type="checkbox"/> F	
5.					<input type="checkbox"/> M <input type="checkbox"/> F	
6.					<input type="checkbox"/> M <input type="checkbox"/> F	
7.					<input type="checkbox"/> M <input type="checkbox"/> F	

Anticipated changes in household size within the next 12 months? ☐ Yes ☐ No If Yes, explain: _____

Are there any absent household members who normally reside in the household? ☐ Yes ☐ No If Yes, explain: _____

Anticipated change in number of students within the next 12 months? ☐ Yes ☐ No If Yes, explain: _____

PART 3 – HOUSEHOLD INFORMATION:

RENTAL HISTORY (Head of Household - must show most recent 2-year rental history)		
Household Member Name:		
	Current Residence	Previous Residence
Street Address:		
City, State, Zip:		
Select One:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
If other, explain:		
Owner/Landlord Name:		
Owner/Landlord #		
Reason for Leaving		
Dates of Residency mm/yy	From: _____ To: _____	From: _____ To: _____

RENTAL HISTORY (Co-Head / Other Adult - must show most recent 2-year rental history)		
Household Member Name:		
	Current Residence	Previous Residence
Street Address:		
City, State, Zip:		
Select One:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
If other, explain:		
Owner/Landlord Name:		
Owner/Landlord #		
Reason for Leaving		
Dates of Residency mm/yy	From: _____ To: _____	From: _____ To: _____

Have you or any member(s) of the household ever had your lease terminated or been evicted? ☐ Yes ☐ No

Are you or any member(s) of your household receiving rental assistance (voucher, public housing, etc.) ☐ Yes ☐ No

Are you or any member(s) of your household currently fleeing from an abusive situation? ☐ Yes ☐ No

Are there any animals in the household? ☐ Yes ☐ No

Would you or any member(s) of the household benefit from the features of an accessible unit? ☐ Yes ☐ No

Do you or any member(s) of the household require any accommodations and/or modifications to the unit for any disability? ☐ Yes ☐ No

Have you or any member(s) of your household ever been convicted of a crime? ☐ Yes ☐ No

Are you or any member(s) of your household subject to state lifetime sex offender registration? ☐ Yes ☐ No

If yes to any question(s) above, please explain: _____

EMERGENCY CONTACT INFORMATION		
Name:		
Relationship:	Phone #:	Email:

PART 4 – EMPLOYMENT INFORMATION:

EMPLOYMENT HISTORY (Head of the Household)			
Household Member Name:			
ARE YOU SELF-EMPLOYED? (Gig Income: Ride Share, Food Delivery, etc.)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, complete the Self-Employment Affidavit form.			
Current Employer			
Employer Name:			Phone:
Street Address:			
City:		State:	Zip:
Date Started: mm/yy		Position:	Supervisor:
Salary:	Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other		
If other, explain:			

DO YOU HAVE A SECOND JOB? (HEAD OF THE HOUSEHOLD)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, complete below:			
Employer Name:			Phone:
Position:			Supervisor:
Salary:	Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other		
If other, explain:			

EMPLOYMENT HISTORY (Co-Head / Other Adult)			
Household Member Name:			
ARE YOU SELF-EMPLOYED? (Gig Income: Ride Share, Food Delivery, etc.)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, complete the Self-Employment Affidavit form.			
Current Employer			
Employer Name:			Phone:
Street Address:			
City:		State:	Zip:
Date Started: mm/yy		Position:	Supervisor:
Salary:	Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other		
If other, explain:			

DO YOU HAVE A SECOND JOB? (CO-HEAD / OTHER ADULT)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, complete below:			
Employer Name:			Phone:
Position:			Supervisor:
Salary:	Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other		
If other, explain:			

PART 5 – HOUSEHOLD ASSETS:

Have you disposed of any assets for less than Fair Market Value within the last two years? ☐ Yes ☐ No

Do you or anyone in the household have any of the following assets? Please mark “yes” or “No” for each source of income.

	HEAD OF HOUSEHOLD		CO-HEAD		ADDITIONAL HOUSEHOLD MEMBERS	
Type of Asset	Check One	Cash Value	Check One	Cash Value	Check One	Cash Value
Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Money Cards (Chime, SmiOne, Way2GO, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Savings/Money Market Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Certificates of Deposits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Trust Funds (excluding irrevocable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Real Estate/Land	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mortgage or Deed of Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Cryptocurrency (Bitcoin, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Life Insurance (excluding Term)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
GoFundMe/Crowdsourcing	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mobile Payment Services (Venmo, CashApp, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Personal Property (Held as an investment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Have you received any lump sum payments such as the following:						
Inheritances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Lottery or other Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
VA Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Capital Gains	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

ASSET DETAILS (detail ALL assets for ALL household members marked yes above)

HOUSEHOLD MEMBER NAME	TYPE OF ASSET	BANK/FINANCIAL INSTITUTION NAME	# OF ACCOUNTS

PART 6 – SOURCES OF INCOME:

Is income received from any of the following sources? Please mark “yes” or “No” for each source of income.

	HEAD OF HOUSEHOLD		CO-HEAD		ADDITIONAL HOUSEHOLD MEMBERS	
Type of Income	Check One	Monthly \$	Check One	Monthly \$	Check One	Monthly \$
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Self-Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Gig Income (Ride Share, Food Delivery, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Regularly Recurring gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security / SS Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
SSI (Supplemental Security Income)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Retirement Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Disability or Death Benefits (not SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TANF or other Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Military Pay, including all allowances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuities Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Policies Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Scholarships/Grants/Work Study	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Long Term Care Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Training Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
List Other Income:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

INCOME DETAILS (detail ALL income for ALL household members marked yes above)

HOUSEHOLD MEMBER NAME	TYPE OF INCOME	COMPANY/PROVIDER NAME	CONTACT INFO

PART 7- OTHER INFO2- ! 4)/ .

Head of Household Drivers license number / State ID#:	State Issued:
Spouse / Co-Head Drivers license number / State ID#:	State Issued:
Other Adult Drivers license number / State ID#:	State Issued:

PART 8- VEHICLE INF/ 2- ! 4)/ .

Year:	Make:	Model:	Color:
License Plate #:		State:	

Year:	Make:	Model:	Color:
License Plate #:		State:	

Year:	Make:	Model:	Color:
License Plate #:		State:	

PART 9- SIGNATURES:

Must be signed and dated by all members of the household age 18 & older: Drivers license

I/we understand that the above information is being collected to determine eligibility for residence.

I/we certify that all assets currently held or previously disposed of and all income sources have been listed on this application.
I/we further certify that the statements made in this application are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

I/we authorize the owner/manager to verify information provided on this application and the signature(s) below are the consent to obtain such verification.

_____ Head of Household Printed Name	_____ Head of Household Signature	_____ Date
_____ Spouse / Co-Head Printed Name	_____ Spouse / Co-Head Signature	_____ Date
_____ Other Adult Printed Name	_____ Other Adult Signature	_____ Date
_____ Other Adult Printed Name	_____ Other Adult Signature	_____ Date

DISPOSED ASSETS CERTIFICATION

Assets listed as disposed of during the past two (2) years for less than the fair market value prior to this certification/recertification, will be counted as assets if the difference in the value of the asset and the amount received for the asset exceeds \$1,000.00.

Development Name: _____

Head of Household Name: _____ Unit No: _____

Certification Type: ☒ Initial ☐ Recertification (Effective Date: _____)

PART 1 – SELECT ONE OPTION:

Fair Market Value is the market value of the asset minus reasonable cost incurred in selling/converting the asset into cash. Such costs include: 1-penalties for early withdrawal; 2- broker/legal fees for the sale of assets, and 3- settlement costs for real estate transactions.

☐ I HAVE NOT disposed of any assets for less than fair market value in the past two (2) years.

(If selected, STOP and sign bottom of form)

☐ I HAVE disposed of assets for less than fair market value in the past two (2) years.

(If selected, complete part 2 and sign bottom of form)

PART 2 – COMPLETE:

Please list any assets disposed of within the past two (2) years for less than fair market value:

Type of Asset	_____
Fair Market Value	_____
Allowable Deductions	_____
Cash Value of Asset	_____
Amount Received	_____
Amount of Disposition	_____

Assets disposed of as a result of foreclosure, bankruptcy or divorce need not be counted.

**** Please provide documentation to support.**

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, information may result in the termination of a lease agreement. misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

UNEMPLOYED APPLICANT/RESIDENT AFFIDAVIT

I have applied/reside at: _____

Name: _____ Unit No: _____

I attest to the following:

I am not presently employed and not aware of an employment start date, but anticipate becoming employed within the next twelve (12) months.

Based on my past work experience, skills, and income history as shown on my most recent tax return (copy attached) and adjustments to reflect circumstances anticipated within the next twelve (12) months, I expect to earn \$ _____ per year once I become employed.

If no tax return has been filed with the Internal Revenue Service or with the state, please attach notarized self-affidavit for explanation.

I am not presently employed, but I am aware of an employment start date of _____ at a rate of \$ _____ per (hour/ week/ month).

I am not presently employed and *do not anticipate* becoming employed within the next twelve (12) months.

Warning: Section 1010 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

Signature

Date

CHILD SUPPORT CERTIFICATION

One form to be completed per household when applicable.

Development Name: _____

Applicant/Resident Name: _____

Unit No: _____

Certification Type: ☐ Initial ☐ Recertification (Effective Date: _____)

PART 1 – SELECT ONE OPTION:

☐ **Yes** Child Support **IS** being collected and distributed to this household through a child support enforcement agency.

(Include CSE printout as documentation of child support received over the past 12 months.)

☐ **No** Child Support is **NOT** being collected and distributed to this household through a child support enforcement agency.

PART 2 – CHECK ALL THAT APPLY:

☐ In addition to any child support disclosed in Part 1, support/compensation **IS** being received for the following:

NAME	AMOUNT	FREQUENCY
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:

☐ Support/compensation is **NOT** being received from any source for the following:

NAME

NAME

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature

Date

ANNUAL STUDENT CERTIFICATION

Complete one form per household.

Development Name: _____

Head of Household Name: _____

Unit No: _____

Certification Type: ☐ Initial ☐ Recertification (Effective Date: _____)

SELECT ONE OPTION:

****Note:** Students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online, or mechanical schools, but does not include those attending on-the-job training courses:

☐ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **(If selected, STOP and sign bottom of form)**

☐ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART-TIME student(s) who have not been/will not be a full-time student for five months or more of the current and/or upcoming calendar year. *Verification of part-time student status is required for at least one occupant.* **(If selected, STOP and sign bottom of form)**

☐ Household contains all students who were, are, or will be FULL-TIME for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **(If selected, questions 1-5 below must be completed)**

1.	Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Is at least one student a single parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

*Full-time student households that satisfy one of the above conditions are considered eligible.
If questions 1-5 are marked **NO** or verification does not support the exception indicated, the household is considered ineligible.*

All household members age 18 or older must sign and date.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

RELEASE AND CONSENT OF INFORMATION

I _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to _____ for the purpose of verifying information on my rental application and continued residency.

I understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, credit history, civil and criminal information, records of arrest, rental history, employment, details of income and assets, and student status. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation as a qualified resident.

I hereby expressly release _____ and any procurer or furnisher of information from any liability in the use, procurement, or furnishing of such information, and further understand that my application information may be provided to various local, state, and/or federal government agencies, including, without limitation, various law enforcement agencies.

"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 United States 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 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).

HUD (Department of Housing & Urban Development) and the IRS Low Income Housing Tax Credit Guidelines (Section 42 of the Internal Revenue Service Code) require this Apartment Community to verify this information for the above referenced individual.

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past or Present Employers	Welfare Agencies	Veterans Administration
Previous and Current Landlords	State Unemployment Agencies	Retirement Systems
Child Support Providers	Alimony Providers	Banking Institutions
Schools and Colleges	Social Security Administration	Courts
Law Enforcement Agencies	Utility Providers	Public Housing Agencies

I 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 as long as I am a resident of this property. I understand that I have a right to review this file and correct any information that is incorrect.

SIGNATURE:

Applicant/Resident

Printed Name

Date

Each adult member applying for residency must complete a resident release and consent form.

Return Verifications to:
THE PROPERTY YOU ARE APPLYING FOR

EQUAL HOUSING OPPORTUNITY

Rev. 06-12-2015

