

# RENTAL APPLICATION

**ALL QUESTIONS MUST BE ANSWERED.**

FOR MANAGEMENT USE ONLY	
Date & Time Application Received:	
Requested Accessible Unit:	
AMI Set Aside (20%, 30%, 50%, 60%)	
Program (LIHTC, HOME, etc.):	

Property Name: Colonial Terrace

BR Sizes offered:  1BR  2BR  3BR  4BR  5BR  Other: \_\_\_\_\_

## HOUSEHOLD COMPOSITION

List each person who will reside in the unit along with the all requested information. Do not include minors who will be present less than 50% of the time. If more than 8 household members, list on separate sheet.

Member No.	Full Name, including middle initial	Relationship to HOH	Gender [M/F]	Date of Birth	Age	Full Time Student [Y/N]***	Last 4 Digits of SSN
1		Head of Household					
2							
3							
4							
5							
6							

\*\*\*List Full-Time student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12, college, university, technical, trade, mechanical, and on-line schools.

## CONTACT INFORMATION

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Is or has anyone on this application ever been known by any other name? [ ] YES [ ] NO  
If 'YES' explain: \_\_\_\_\_

Are any household changes expected in the next 12 months? [ ] YES [ ] NO  
If 'YES' explain: \_\_\_\_\_

Are any household members currently absent from the home? [ ] YES [ ] NO  
If 'YES' explain: \_\_\_\_\_

Are any student changes expected in the next 12 months? [ ] YES [ ] NO  
If 'YES' explain: \_\_\_\_\_

Bedroom Size (Please check all you are willing to accept; please see top of page for bedroom sizes offered at this property):

1BR  2BR  3BR  4BR  5BR  Other: \_\_\_\_\_



---

## RENTAL HISTORY

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

Rent: \$\_\_\_\_\_ Length of Residency: \_\_\_\_\_ Landlord's Name: \_\_\_\_\_

Landlord's Phone#: \_\_\_\_\_ Landlord's Address: \_\_\_\_\_

**If you lived at your current Address LESS than three (3) years, provide previous address:**

\_\_\_\_\_

Rent: \$\_\_\_\_\_ Length of Residency: \_\_\_\_\_ Previous Landlord's Name: \_\_\_\_\_

Landlord's Phone#: \_\_\_\_\_ Landlord's Address: \_\_\_\_\_

---

## STUDENT STATUS

**Is every member of the household a Full-Time Student as defined on Pg 1?**  Yes  No

**Are there any Part-Time adult students in the household?**  Yes  No

*If you answered **YES** to either question above, you **MUST** answer the following questions. If you answered, no to both questions above, you may proceed to the next part of the application.*

Are you of legal age in accordance with state law or otherwise legally able to enter into a binding contract under state law?  Yes  No

Is the full-time adult student(s) married and filing a joint tax return?  Yes  No

Does full-time adult student receive assistance under Title IV of the Social Security Act? (i.e, AFDC or TANF, but not SS or SSI)?  Yes  No

Is full-time adult student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?  Yes  No

Is the full-time adult student a single parent who is not claimed as a dependent by another individual?  Yes  No

Was the full-time adult student previously a foster child under Part B of E Title IV of the Social Security Act?  Yes  No

Are the minors in the household claimed as a dependent by a parent?  Yes  No

---



# HOUSEHOLD INCOME

## INCOME INSTRUCTIONS:

- *List GROSS amounts anticipated to be received in the 12-month period following effective date of certification.*
- *For adults include both earned income from jobs and unearned income.*
- *Answer each 'YES' – 'NO' question. For each 'YES' include the GROSS ANNUAL amount.*
- **DO NOT LEAVE ANY UNANSWERED QUESTIONS.**

(For additional household members 18 and older; use a separate sheet of paper.)

Type of Income	Head of Household		Co-Head and/or Other Member	
	Check One	Yearly Amount	Check one	Yearly Amount
1. Employment	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
2. Overtime or Shift Pay	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
3. Bonus/commission/etc	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
4. Tips	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
5. Cash Pay (under the table)	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
6. Self-Employment	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
7. Do you have a 2 <sup>nd</sup> job?	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
8. Periodic Gift Income	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
9. Non-cash Contributions	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
10. Child Support	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
11. Informal Child Support	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
12. Spousal Support	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
13. Informal Spousal Support	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
14. Social Security	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
15. SSI	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
16. SSP	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
17. TANF/AFDC/etc. <i>NOT food stamps</i>	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
18. Unemployment	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
19. Severance Pay	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
20. Pension	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
21. Retirement Account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
22. Investment Account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
23. Worker's Comp	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
24. Annuity Account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
25. Trust Account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
26. Disability/Death Benefits	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
27. Student Financial Aid	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
28. Military Pay	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
29. Real Estate Rental Income	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
30. Veterans/VA Income	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
31. Other:	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
	<b>TOTAL INCOME</b>	<b>\$</b>	<b>TOTAL INCOME</b>	<b>\$</b>



Are any income changes expected in the next 12 months? [ ] YES [ ] NO

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

Does any member of your household who is not now working, expect to work for any period during the next twelve months? [ ] YES [ ] NO

**Employment Information:**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Date of Hire: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**2<sup>nd</sup> Employer (if applicable):**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Date of Hire: \_\_\_\_\_ Supervisor: \_\_\_\_\_

*(If more than 2 employers, please use a separate sheet of paper.)*

**ASSETS**

Assets include cash (wherever held), all bank accounts, stocks, bonds, money market accounts, IRA's, annuities, retirement/pension funds, 401K's, 403B's, cash value of whole or universal life insurance policies, equity in real estate or capital investments, items held as an investment, ( jewelry, art, coin or stamp collections, etc), etc. You must also include the value of any assets disposed of in the past 24 months for less than fair market value.

**ASSET INSTRUCTIONS:**

- List assets for all household members, including minors.
- Cash value is market value minus any costs/penalties/fees required to convert to cash.

*(Additional household members—use a separate sheet of paper. Do not complete for Minors who do NOT have assets.)*

Type of Asset	Head of Household			Co-Head and/or Other Member		
	Check One	Approx Cash Value	Income from Asset	Check one	Approx Cash Value	Income from Asset
1. Checking Acct	[ ] YES [ ] NO	\$	\$	[ ] YES [ ] NO	\$	\$
2. 2 <sup>nd</sup> Checking Acct	[ ] YES [ ] NO	\$	\$	[ ] YES [ ] NO	\$	\$
3. Savings Acct	[ ] YES [ ] NO	\$	\$	[ ] YES [ ] NO	\$	\$
4. 2 <sup>nd</sup> Savings Acct	[ ] YES [ ] NO	\$	\$	[ ] YES [ ] NO	\$	\$
5. Debit Card Payroll	[ ] YES [ ] NO	\$	\$	[ ] YES [ ] NO	\$	\$
6. Direct Express (SS/SSI)	[ ] YES [ ] NO	\$	\$	[ ] YES [ ] NO	\$	\$
7. ACCESS Card (SSP/TANF)	[ ] YES [ ] NO	\$	\$	[ ] YES [ ] NO	\$	\$
8. Reliacard (Unemployment)	[ ] YES [ ] NO	\$	\$	[ ] YES [ ] NO	\$	\$
9. EPPICARD (Child Support)	[ ] YES [ ] NO	\$	\$	[ ] YES [ ] NO	\$	\$



10. Prepaid Debit Card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
11. Cash on Hand	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
12. Certificate of Deposit(s) (CD's)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
13. Other Bank Accts	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
14. Mutual Fund	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
15. Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
16. Portfolio, Brokerage, Investment Accts	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
17. IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
18. 2 <sup>nd</sup> IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
19. Savings Bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
20. Treasury Bills	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
21. Annuity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
22. Revocable trust	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
23. Life Insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
24. Real estate	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
25. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
26. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
	<b>TOTALS</b>	\$	\$	<b>TOTALS</b>	\$	\$

Imputed Income. If total assets are more than \$5,000 multiply by .06%: \$ \_\_\_\_\_

Has anyone received any lump sum amounts in the past 2 years (i.e., lottery/ inheritance)?  YES  NO

Has anyone disposed of any assets for less than fair market value in the past 2 years?  YES  NO

If you answered 'YES' to either question above, please explain:

*For each asset on the Asset Chart checked 'YES', please complete the following:*

Type of Asset	HH Member	Name of Financial Institution/Company

*(If necessary, please use an additional sheet to list additional asset sources.)*



## OTHER INFORMATION

Have eviction charges ever been filed against you at a District Magistrate's office for nonpayment and/or late payment of rent to your landlord or for any other reason?  Yes  No

Have you or any other household member or person you wish to reside with you ever been convicted of a crime? (Omit only minor Traffic Violations; DUI is considered a crime.)  Yes  No

Are you or any other member of your household subject to any state or federal lifetime sex offender registration in this or any other state? If yes, who? \_\_\_\_\_  Yes  No

Do you have a Housing Choice Voucher?  Yes  No

Do you have a pet? If yes, describe: \_\_\_\_\_  Yes  No

Are there any special housing needs or reasonable accommodations, (Examples; a unit for mobility impaired, visually-impaired or hearing-impaired person, a live-in aide, etc.), that the household will require to meet the needs of a disabled family member?  Yes  No. If Yes, please list:  
\_\_\_\_\_

Will you or anyone in your household require a live-in care attendant?  Yes  No  
If yes, please provide name of the live-in care attendant and relationship (if any):  
\_\_\_\_\_

---

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

---

I/We certify that if selected, the unit I/we occupy will be my/our only residence. I/We understand the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which may be released to appropriate federal, state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that providing false statements or information is punishable under federal law.

## ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Head or Adult Member: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Member: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Member: \_\_\_\_\_ Date: \_\_\_\_\_

---

**Warning:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder

---

