



RENTAL HOUSING APPLICATION

Please note that special arrangements will be made to assist any individual who is handicapped or disabled fill out this application if such request is made.

___ NEW APPLICATION ___ RE-CERTIFICATION ___ HOUSEHOLD ADDITION ___ TRANSFER

WHAT SIZE APARTMENT ARE YOU APPLYING FOR? ___ Bedroom(s)

Please Print:

Today's Date: _____ Time: _____ Expected Move In Date: _____

Name: _____ Phone: () _____

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

E-mail address: _____

Marital Status (circle one): Divorced / Widowed / Married / Single / Separated

HOUSEHOLD COMPOSITION – List all persons that will occupy the unit

Full Name	Relationship to Head of Household	Gender	Social Security #	Full-Time Student	DOB	*Race	Hispanic/ Not Hispanic
	HOH	M / F		Y / N			H / NH
		M / F		Y / N			H / NH
		M / F		Y / N			H / NH
		M / F		Y / N			H / NH
		M / F		Y / N			H / NH
		M / F		Y / N			H / NH
		M / F		Y / N			H / NH
		M / F		Y / N			H / NH

*Race codes: **AI** (American Indian/Alaskan Native), **A** (Asian), **B** (Black/African American), **PI** (Native Hawaiian/Other Pacific Islander), **W** (White)

If this is for Re-Certification, Renewal or Transfer, please proceed to page 3.

RENTAL HISTORY -- Last Two Years (Use Additional sheet if necessary)

1) Present Landlord Name: _____ Phone: () _____

Landlord Address: _____ City: _____ St: ___ ZIP: _____

Dates of Occupancy: _____ to _____ Related? Y/N How? _____

- 2) Previous Landlord Name: _____ Phone: () _____
 Landlord Address: _____ City: _____ St: ___ ZIP: _____
 Dates of Occupancy: _____ to _____ Related? Y/N How? _____
- 3) Previous Landlord Name: _____ Phone: () _____
 Landlord Address: _____ City: _____ St: ___ ZIP: _____
 Dates of Occupancy: _____ to _____ Related? Y/N How? _____

ELIGIBILITY INFORMATION

- 1) yes no Has anyone in your household ever been evicted?
 If yes, explain: _____
- 2) yes no Have you or any household member ever been arrested or convicted of any criminal
 act? If yes, explain: _____
- 3) yes no Does anyone not listed in the household composition on page one plan to live with you in
 the next 12 months?
 If yes, explain _____
- 4) yes no Are there any absent household members who under normal conditions would live with
 you? If yes, explain _____
- 5) yes no Does an adult of this household have primary physical custody of every child listed on
 this application?
- 6) yes no Does your household have or anticipate having any pets other than those used as a service
 animal?
- 7) yes no Does anyone in your household require a live-in care attendant or have special needs?
 If yes, explain _____
- 8) yes no Has anyone in your household filed for bankruptcy?
 If yes, explain _____
- 9) yes no Are there any adult household members claiming zero income?
 If yes, list name(s) _____
- 10) yes no Are any adult household members part-time students?
 If yes, list name(s) _____

EMERGENCY CONTACT NUMBER

In case of emergency, notify: _____ Relationship: _____
 Address: _____ City, State, Zip _____
 Home Phone: () _____ Work Phone: () _____

How did you hear about our community?

Newspaper Guide Book Internet Drive-By Other _____

TENANT INCOME CERTIFICATION QUESTIONNAIRE

Name _____

HOUSING ASSISTANCE

Yes	No	Will the household receive Section 8 housing assistance? List agency name _____	Amount of monthly rental assistance \$ _____
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INCOME INFORMATION

			MONTHLY GROSS INCOME
1	Yes	No	I/we am self-employed. (List nature of self-employment) _____ \$ _____
2	Yes	No	I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <u>Name and phone # of Employer(s) / Name of Household Member</u> 1) _____ / _____ \$ _____ 2) _____ / _____ \$ _____ 3) _____ / _____ \$ _____
3	Yes	No	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me. \$ _____
4	Yes	No	I/we receive unemployment or Workman's Comp benefits. \$ _____
5	Yes	No	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income. \$ _____
6	Yes	No	I/we receive payments for social security and/or Supplemental Security Income (SSI). \$ _____
7	Yes	No	This household receives <u>unearned</u> income from family members age 17 or under (i.e., Social Security payments, Trust Fund disbursements, etc.). \$ _____
8	Yes	No	I/we receive payments for disability, death benefits, or adoption assistance. \$ _____
9	Yes	No	I/we receive Public Assistance Income (examples: TANF, AFDC) DO NOT INCLUDE FOOD STAMPS \$ _____
10	Yes	No	I/we am entitled to receive child support payments through court order or other agreement. If yes, how many orders/agreements do you have? _____ If yes, from how many persons do you receive support? _____ \$ _____
11	Yes	No	I/we am entitled to receive alimony/spousal maintenance payments \$ _____
12	Yes	No	I/we receive periodic payments from trusts, annuities, inheritance, severance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ \$ _____ 2) _____ \$ _____
13	Yes	No	I/we receive income from real or personal property. (use <u>net</u> earned income) \$ _____
14	Yes	No	I/we am a full-time student and receive Section 8 assistance. I receive student financial assistance (i.e., grants, private sources) in amounts that exceed tuition costs. \$ _____

ASSET INFORMATION

			INTEREST RATE	BALANCE/CASH VALUE
1	Yes	No	I/we have a checking account(s). # of accounts held _____ If yes, list bank(s): 1) _____ 2) _____	6-MONTH AVERAGE BALANCE \$ _____ \$ _____
2	Yes	No	I/we have a savings account(s). # of accounts held _____ If yes, list bank(s): 1) _____ 2) _____	CURRENT BALANCE \$ _____ \$ _____
3	Yes	No	I/we have a debit card or paycard for direct deposits of benefits. # of debit cards held _____ # of paycards held _____	CURRENT BALANCE \$ _____ \$ _____
4	Yes	No	I/we have a revocable trust(s). If yes, list bank(s): 1) _____	\$ _____
5	Yes	No	I/we own real estate. If yes, provide description: _____ I intend to: ___ Keep ___ Sell ___ Rent ___ Give Away ___ Foreclose	\$ _____
6	Yes	No	I/we own stocks, bonds, or Treasury Bills. List sources/bank names 1) _____ 2) _____ 3) _____	\$ _____ \$ _____ \$ _____
7	Yes	No	I/we have Certificates of Deposit (CD) or Money Market Account(s). # of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____	\$ _____ \$ _____
8	Yes	No	I/we have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	\$ _____ \$ _____
9	Yes	No	I/we have a whole life insurance policy (policy has CASH VALUE). If yes, how many policies _____	\$ _____ \$ _____
10	Yes	No	I/we have cash on hand.	\$ _____
11	Yes	No	I/we have disposed of assets (i.e., a home) for less than the fair market value within the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____	\$ _____ \$ _____
12	Yes	No	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____	\$ _____
13	Yes	No	I/we have other personal property held as an investment and/or income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	\$ _____ \$ _____

SIGNATURE CLAUSE

Applicant certifies the above information is true and accurate and understands that false or inaccurate information shall be cause for denial of this application or termination of any subsequent rental agreements. I/We are the only person(s) who will reside in the apartment if this application is approved. Apartment owner or agents may verify all information given directly or through reporting agencies. Acceptance of the application is not binding on apartment owner or agent until approved in writing.

You have applied to live in an apartment that is governed by the Low Income Housing Tax Credit Program. This Program requires us to certify all of your income asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit. You hereby authorize RealAmerica Management and its staff or authorized representatives to contact any agencies, including city, county, state, federal agencies, past/present employers, local police departments, offices, credit bureaus, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete your application for housing.

If applicant cancels after two (2) days, all moneys deposited shall be forfeited to the apartment owner. If approved all moneys deposited with this application will be applied toward security deposit and/or processing fee at owner's discretion. If an application is denied for ANY reason, a 90-day wait period is required before reapplying to this property.

Under penalties of perjury, I/we certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement.

Head Signature: _____ Date: _____

Co-Head Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

We encourage and support the nation's Affirmative Housing Program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap, familial status, sexual orientation, gender identity, or marital status.

