



**Walk-ins' days to return application are Monday, Tuesday, Thursday, Friday Between the hours of 9:15am-2:00pm.**

**Office closed on Wednesdays**

**Please have the following documents listed below in order to return application:**

**Application fee is NON-REFUNDABLE and in form of Money Order**

- 1 adult \$35 / 2 adults \$70 ~ Money Order
- Driver's License or State I.D. for all adults over 18 yrs. of age that will be living in the unit
- Birth Certificate for all persons in the household
- Social Security Cards for all persons in the household

**Contact us for any additional questions or if you need to bring an application back outside of walk-in hours/tour apartment @ 216-561-3826**

**Qualifying guidelines:**

- You cannot make more than these (Gross amount) for the **year** to live here listed below.
- You must make twice the income for any bedroom size.
- We do accept vouchers (for example Section 8, Eden, etc.)

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**1- person household \$37,980**

**2-person household \$43,440**

**3-person household \$48,840**

**4-person household \$54,240**



**FOR OFFICE USE ONLY**

|   |  |
|---|--|
| <b>Date &amp; Time Received:</b>                    | (Record with a date & time stamp OR write in and initial the date and time the application was received) |
|   |  |
| <b>Property Name:</b><br>Livingston Park Apartments |  |
| <b>Unit Number:</b>                                 | <b>Effective Date:</b>   |

**TO BE COMPLETED BY APPLICANT**

|   |                    |
|---|--------------------|
| <b>Head of Household Name:</b>                |                    |
| <b>State Issued ID # (Head of Household):</b> | <b>State:</b>      |
| <b>Home phone:</b>                            | <b>Cell phone:</b> |
| <b>Email:</b>                                 |                    |
| <b>Preferred Number of Bedrooms:</b>          |                    |



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**FOR APPLICANT USE ONLY**

Please answer all applicable questions. Each household member age 18 years or older and under 18 if head, spouse, or co-head must sign and date the application.

NOTE: Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility, or submits inaccurate and/or incomplete information on this application or during the interview, may be rejected for housing.

**HOUSEHOLD COMPOSITION**

1. **List the Head of Household and all other persons who will be living in the unit. Give the relationship of each household member to the head of household.**

| Member # | Member Name | Relationship | Date of Birth | Sex<br><small>If decline, put "D"</small> | Marital Status<br><small>(optional)</small> | Student Status<br>this and/or next calendar year   | Disabled?   | SSN |
|----------|-------------|--------------|---------------|---|---|--|---|-----|
| 1        |             | HEAD         |               |   |   | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time<br><input type="checkbox"/> Not a Student | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Decline |     |
| 2        |             |              |               |   |   | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time<br><input type="checkbox"/> Not a Student | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Decline |     |
| 3        |             |              |               |   |   | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time<br><input type="checkbox"/> Not a Student | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Decline |     |
| 4        |             |              |               |   |   | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time<br><input type="checkbox"/> Not a Student | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Decline |     |
| 5        |             |              |               |   |   | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time<br><input type="checkbox"/> Not a Student | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Decline |     |
| 6        |             |              |               |   |   | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time<br><input type="checkbox"/> Not a Student | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Decline |     |
| 7        |             |              |               |   |   | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time<br><input type="checkbox"/> Not a Student | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Decline |     |
| 8        |             |              |               |   |   | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time<br><input type="checkbox"/> Not a Student | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Decline |     |
| 9        |             |              |               |   |   | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time<br><input type="checkbox"/> Not a Student | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Decline |     |



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## HOUSEHOLD QUESTIONS

The following questions pertain to yourself and everyone who will occupy the unit. Check either **Yes** or **No** in response to each question. An explanation must be provided below if the answer is **Yes**. Use additional sheets, if necessary.

|    |  |  |   |
|----|--|--|---|
| 2. | <b>Will any member of the household require a live-in aide?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If <b>Yes</b> , list name(s) below:   |
| 3. | <b>Is any member of this household temporarily absent, but under normal conditions would live in the unit?</b>                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | If <b>Yes</b> , list name(s) below:   |
| 4. | <b>Have you or any member of your household ever used different names from the names given on this application?</b>                | <input type="checkbox"/> Yes <input type="checkbox"/> No | If <b>Yes</b> , explain:  |
| 5. | <b>Have you or any member of your household ever used social security numbers different from those listed on this application?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | If <b>Yes</b> , explain:  |
| 6. | <b>Do you anticipate any change in your household (someone moving in or out) during the next 12 months?</b>                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | If <b>Yes</b> , list name(s) below:   |
| 7. | <b>Will all minor household members live in this unit with a parent or guardian who has at least 50% custody?</b>                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If <b>No</b> , list name(s) below: <input type="checkbox"/> N/A                                 |
| 8. | <b>Does/Will this household receive rent assistance?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If <b>Yes</b> , please indicate the source (Housing Choice Voucher, Rural Development RA, etc.) |
| 9. | <b>Please list all states where members on this application have lived:</b>  |  |   |



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## INCOME INFORMATION

For each household member (including temporarily absent and/or foster family members), list current and anticipated income sources for the twelve-month period beginning on the anticipated move-in date. All information must be verified. Include all full-time, part-time, or seasonal income even if completing this application in the off-season.

Include income for all members of the household

|  |  |
|--|--|
| 10. <b>Employment wages/salaries</b> (include tips, bonuses, commissions, and seasonal employment)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. <b>Military Pay</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. <b>Self-Employment</b> (Including digital income sources such as app-based driving services, e-commerce sales, and video-based platforms)                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. <b>Unemployment Benefits</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. <b>Workers Compensation</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. <b>Social Security Benefits</b> (Including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI)) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. <b>Supplemental Security Income (SSI)</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. <b>Benefits from Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC)</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. <b>Child Support</b> (Answer yes if you have a court order or informal agreement, even if you are receiving less than the full amount awarded)                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. <b>Alimony/Spousal Support</b> (Answer yes if you have a court order or informal agreement, even if you are receiving less than the full amount awarded)             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. <b>Regular Cash and Non-Cash Contributions, Assistance with Paying Bills, or Gifts from Individuals not Living in the Unit</b> (excluding groceries)                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. <b>Student Financial Aid</b> (public or private, not including student loans)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. <b>Regular payments received from a pension or the Veteran's Administration</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. <b>Periodic payments from Indian Trusts</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. <b>Periodic payments received from peer-to-peer payment systems</b> (e.g. Paypal, Venmo, Blockchain, Square, etc.)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25. <b>Regular payments received from a trust, annuity or other claim</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. <b>Other (list)</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

27. **Does any adult member of the household have zero income?** ☐ Yes If Yes, please list name(s): ☐ No



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## Move-In Application

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## INCOME DETAILS

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**ASSET INFORMATION**

For each household member (including children), list all assets. All information must be verified.

Include assets for all members of the household

|   |  |
|---|--|
| 28. <b>Checking Accounts</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29. <b>Savings/Holiday Accounts</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30. <b>Direct Express Cards</b> (or any card where benefits or pay is deposited)                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 31. <b>Stocks, Bonds, or Annuities</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 32. <b>Treasury Bills</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 33. <b>Money Market/Mutual Funds</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 34. <b>Certificates of Deposit</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35. <b>Lump Sum Receipts</b> (e.g. from inheritances, insurance settlements, lottery winnings, capital gains) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36. <b>IRA, 401(k), or Keogh Account</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37. <b>Capital Investments</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 38. <b>Real Estate</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 39. <b>Internet based funding/crowdsourcing accounts</b> (e.g. GoFundMe)                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 40. <b>Bitcoin/Cryptocurrency</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 41. <b>Universal or Whole Life Insurance policies</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 42. <b>Safety Deposit Boxes</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 43. <b>Cash on Hand/Cash Savings</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 44. <b>Personal items held as an investment</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 45. <b>Other (list):</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE**

46. I/We hereby certify that I/We ☐ HAVE ☐ HAVE NOT sold or given away assets for less than their fair market value within the last two years.

If applicable: Identify assets sold or disposed of for fair market value

| Household Member | Asset Type | Market Value | Date Sold/Disposed | Amount Received |
|------------------|------------|--------------|--------------------|-----------------|
|                  |            | \$           |                    | \$              |
|                  |            | \$           |                    | \$              |
|                  |            | \$           |                    | \$              |
|                  |            | \$           |                    | \$              |

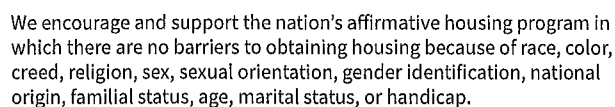


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[illegible]



**SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE**47. **Applicant name**48. **Applicant signature****Date**

The following section is optional and is used to help determine eligibility for special accessible housing features. All answers will be verified.

49. **Would you like to provide information to help determine your eligibility for special accessible housing features?**☐ **Yes**    ☐ **No** (If No, skip to the next page)

To qualify for an accessible unit, a household member must have a physical impairment that:

- is expected to be of long-continued and indefinite duration
- substantially impedes the person's ability to live independently
- is such that the person's ability to live independently could be improved by more suitable housing conditions

50. **Do you or a household member have a mobility impairment which meets the definitions stated above?** ☐ **Yes**    ☐ **No**51. **If yes, list name(s) of family members:**52. **Do you or a household member have a condition which requires (check those that apply):**

- ☐ a separate bedroom
- ☐ a unit for a visually-impaired person
- ☐ a unit for a hearing-impaired person
- ☐ a barrier-free apartment
- ☐ a one-level unit
- ☐ a bathroom on the first floor
- ☐ other physical modifications, please explain: \_\_\_\_\_

53. **Please explain exactly what you need to accommodate your situation:**54. **Who should we contact to verify your need for the above housing features?**

Name

Address

City

State

Zip

Phone



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**SIGNATURES**

I/We understand the information in this application will be used to determine eligibility for housing assistance programs and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit. I/We hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorized the owner to make inquiries to verify the statement herein. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement. I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or nonverbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing. I/We understand that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list or processing of my/our housing application is grounds for management to decline my/our application for housing. I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. If my/our application is approved, and move-in occurs, I/we certify that only the occupants listed on this application will occupy the unit, and that this will be my/our only residence. I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition. My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

All household members age 18 or older (and under age 18 if Head, Spouse, or Co-Head) must sign and date below:

Under penalty of perjury, I/we certify that the information presented in this application 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.

|                               |             |
|-------------------------------|-------------|
| 1. <b>Applicant Signature</b> | <b>Date</b> |
| 2. <b>Applicant Signature</b> | <b>Date</b> |
| 3. <b>Applicant Signature</b> | <b>Date</b> |
| 4. <b>Applicant Signature</b> | <b>Date</b> |
| 5. <b>Applicant Signature</b> | <b>Date</b> |
| 6. <b>Applicant Signature</b> | <b>Date</b> |
| 7. <b>Applicant Signature</b> | <b>Date</b> |
| 8. <b>Applicant Signature</b> | <b>Date</b> |
| 9. <b>Applicant Signature</b> | <b>Date</b> |



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## Housing History Disclosure

Property name Livingston Park Apartments  
Unit number \_\_\_\_\_

Head of household \_\_\_\_\_  
Member name \_\_\_\_\_

Please provide the last 24 months of housing history. Each adult household member must complete this form at move-in.

☐ This member has no address history from the required timeframe.  
(If this box is checked, please provide an explanation below.)

Explanation: \_\_\_\_\_

|   |                       |                              |   |
|---|-----------------------|------------------------------|---|
| 1.  | Street Address: _____ |                              |   |
| City: _____   |                       | State: _____                 | Zip Code: _____                                     |
| Reason for leaving: _____   |                       |                              |   |
| Start Date (Month/Year): _____  |                       | End Date (Month/Year): _____ |   |
| (Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____ |                       |                              | Rent per month: _____                               |
| Landlord Name: _____  |                       | Landlord Phone: _____        |   |
| Is this a government subsidized development? <input type="checkbox"/> Yes <input type="checkbox"/> No       |                       |                              | This is my current address <input type="checkbox"/> |

|   |                       |                              |   |
|---|-----------------------|------------------------------|---|
| 2.  | Street Address: _____ |                              |   |
| City: _____   |                       | State: _____                 | Zip Code: _____                                     |
| Reason for leaving: _____   |                       |                              |   |
| Start Date (Month/Year): _____  |                       | End Date (Month/Year): _____ |   |
| (Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____ |                       |                              | Rent per month: _____                               |
| Landlord Name: _____  |                       | Landlord Phone: _____        |   |
| Is this a government subsidized development? <input type="checkbox"/> Yes <input type="checkbox"/> No       |                       |                              | This is my current address <input type="checkbox"/> |

|   |                       |                              |   |
|---|-----------------------|------------------------------|---|
| 3.  | Street Address: _____ |                              |   |
| City: _____   |                       | State: _____                 | Zip Code: _____                                     |
| Reason for leaving: _____   |                       |                              |   |
| Start Date (Month/Year): _____  |                       | End Date (Month/Year): _____ |   |
| (Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____ |                       |                              | Rent per month: _____                               |
| Landlord Name: _____  |                       | Landlord Phone: _____        |   |
| Is this a government subsidized development? <input type="checkbox"/> Yes <input type="checkbox"/> No       |                       |                              | This is my current address <input type="checkbox"/> |

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.

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_\_



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# Emergency Contact Form

Property name Livingston Park Apartments  
Unit number

Head of household  
Member name

## APPLICANT/RESIDENT CONTACT INFORMATION:

Applicant/Resident Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (Optional):

**Instructions:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Name of Emergency Contact Person or Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_  
Email Address (if applicable): \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

### Reason for Contact (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency  | <input type="checkbox"/> Assist with recertification process |
| <input type="checkbox"/> Unable to contact you                            | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance (if applicable) | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit                               | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent                             |  |

*If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.*

**Confidentiality Statement:** The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Signature of Applicant

Date



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# Applicant / Tenant Sworn Income and Asset Statement

NOTE: All household members 18 years of age or older are required to complete a separate income and asset statement. All applicable questions must be completed in their entirety.

Name: \_\_\_\_\_

S.S.# (Last four digits): \_\_\_\_\_

Date: \_\_\_\_\_

Document **YES** answers with third party verification.

| INCOME   |  |   |                  |
|--|--|---|------------------|
| Income Sources   | I have or receive the following:<br>(Check YES or NO)    | Monthly Amount  | Notes            |
| Job 1  | YES <input type="checkbox"/> NO <input type="checkbox"/> | _____   | _____            |
| Job 2  | YES <input type="checkbox"/> NO <input type="checkbox"/> | _____   | _____            |
| Self Employment  | YES <input type="checkbox"/> NO <input type="checkbox"/> | _____   | _____            |
| <i>Includes digital income sources such as and others:</i><br><i>App Based Driving Services (e.g. Uber, Lyft, Doordash); Sales with E-commerce (e.g. Shopify, Ebay, Etsy);</i><br><i>Video-based platforms (e.g. Youtube Influencer)</i> |  |   |                  |
| Social Security  | YES <input type="checkbox"/> NO <input type="checkbox"/> | _____   | _____            |
| Supplemental Security Income (SSI)   | YES <input type="checkbox"/> NO <input type="checkbox"/> | _____   | _____            |
| Pension / Veteran's Administration   | YES <input type="checkbox"/> NO <input type="checkbox"/> | _____   | _____            |
| TANF/ AFDC   | YES <input type="checkbox"/> NO <input type="checkbox"/> | _____   | _____            |
| Unemployment Benefits  | YES <input type="checkbox"/> NO <input type="checkbox"/> | _____   | _____            |
| Workers' Compensation  | YES <input type="checkbox"/> NO <input type="checkbox"/> | _____   | _____            |
| Educational Financial Assistance   | YES <input type="checkbox"/> NO <input type="checkbox"/> | _____   | _____            |
| Other: _____   | YES <input type="checkbox"/> NO <input type="checkbox"/> | _____   | _____            |
| Do you receive regular or periodic payments from:  |  | Amount  | Frequency        |
| Persons not Living in the Unit?  | YES <input type="checkbox"/> NO <input type="checkbox"/> | _____   | _____            |
| Holder/Provider: _____   |  | _____   | _____            |
| Trust, Annuity or Other Claims?  | YES <input type="checkbox"/> NO <input type="checkbox"/> | _____   | _____            |
| Holder/Provider: _____   |  | _____   | _____            |
| Peer-to-Peer Payment Systems?  | YES <input type="checkbox"/> NO <input type="checkbox"/> | _____   | _____            |
| (e.g. Paypal, Venmo, Blockchain, Square, etc.)   |  | _____   | _____            |
| Holder/Provider: _____   |  | _____   | _____            |
| Do you currently receive Assistance with your housing payment?   |  | YES <input type="checkbox"/> NO <input type="checkbox"/>                              |                  |
| If yes; Agency Name? _____   |  |   |                  |
| Do you HAVE a court-order (or agreement) for child support or alimony?   |  | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | Ordered Amount:  |
| (This means there is an order for you to receive child support or alimony, not pay support to someone else)  |  |   | _____            |
| Are you currently receiving child support or alimony?  |  | YES <input type="checkbox"/> NO <input type="checkbox"/>                              | Amount Received: |
|  |  |   | _____            |
| Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made?  |  | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> |                  |
| List State _____ and County _____ where granted.   |  |   |                  |
| Are you a student (either full or part-time) enrolled in an institution of higher learning?  |  | YES <input type="checkbox"/> NO <input type="checkbox"/>                              |                  |

## ASSET SOURCES

|  |            |              |                 |               |       |
|--|------------|--------------|-----------------|---------------|-------|
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Checking Account?   | 6 Month    | Avg. Balance | \$ _____        | Interest Rate | _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Savings/Holiday Account?  | Balance    | \$ _____     | Interest Rate   | _____         |       |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Certificates of Deposit (CD)?   | Cash Value | \$ _____     | Interest Rate   | _____         |       |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Direct Express * Card?<br>(or any card where benefits or pay are deposited)   | Balance    | \$ _____     |                 |               |       |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Cash on Hand?   | Amount     | \$ _____     |                 |               |       |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Cryptocurrency? (e.g. Bitcoin)  | Cash Value | \$ _____     | Annual Earnings | \$ _____      |       |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Internet Based Funding? (e.g. Go Fund Me)   | Cash Value | \$ _____     | Annual Earnings | \$ _____      |       |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Stocks, Bonds or Annuities?   | Cash Value | \$ _____     | Annual Earnings | \$ _____      |       |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Money Market or Mutual Funds?   | Cash Value | \$ _____     | Annual Earnings | \$ _____      |       |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have IRA, 401K, or Keogh Accounts?   | Cash Value | \$ _____     | Annual Earnings | \$ _____      |       |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Treasury Bills?   | Cash Value | \$ _____     | Annual Earnings | \$ _____      |       |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Safety Deposit Box? What is held in the Box?  |            |              | Cash Value      | \$ _____      |       |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have any Personal Property held as an Investment?*   |            |              | Cash Value      | \$ _____      |       |
| YES <input type="checkbox"/> NO <input type="checkbox"/> Do you own a Home, Rental Property or other Capital Investments?<br>(Market Value less unpaid balance and selling costs = Cash Value) |            |              | Cash Value      | \$ _____      |       |

Current Status/Intention: ☐ Keeping ☐ Selling ☐ Renting ☐ Being Foreclosed ☐ Giving Away

Notes: \_\_\_\_\_

YES ☐ NO ☐ Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)  
 When? \_\_\_\_\_ Amount: \$ \_\_\_\_\_

YES ☐ NO ☐ Do you have Whole Life Insurance or Universal Life Insurance policies?  
 Cash Value \$ \_\_\_\_\_ Annual Earnings \$ \_\_\_\_\_

YES ☐ NO ☐ Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years?  
 If yes, list items: \_\_\_\_\_ Date: \_\_\_\_\_

YES ☐ NO ☐ Are there minor children in the household that have any assets (Savings Account, Certificates of Deposit, Savings Bond(s), etc.)?  
 If yes, please provide:

|             |                 |                   |                     |
|-------------|-----------------|-------------------|---------------------|
| Type: _____ | Value: \$ _____ | Where Held: _____ | Annual Yield: _____ |
| Type: _____ | Value: \$ _____ | Where Held: _____ | Annual Yield: _____ |
| Type: _____ | Value: \$ _____ | Where Held: _____ | Annual Yield: _____ |
| Type: _____ | Value: \$ _____ | Where Held: _____ | Annual Yield: _____ |

YES ☐ NO ☐ Other: \_\_\_\_\_

**Total of Net Family Assets** \$ \_\_\_\_\_ (Total Value of Assets Listed Above)

*\*Personal property held as an Investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.*

**The information provided on this form will be used to determine maximum income eligibility.**

Applicant/Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_

Owner/Owner Agent Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_

*Under penalty of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.*



**TO BE COMPLETED BY ALL APPLICANTS/TENANTS 18 AND OVER**

Applicant/Tenant: \_\_\_\_\_

Have you, are you or will you be a student this calendar year? (HUD/HOME, LIHTC)

**Yes No**

☐ ☐

"Student" includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses or those pursuing a GED. **If you are not sure, please mark "yes" and the property management company will verify your student status, as well as any exceptions that you claim.**

**If you answered NO, please skip the following questions and sign below.**

**If you answered Yes, please complete the following questions:**

**Yes No**

1. Are you a full-time student? (Will you or have you attended school for five months or more this calendar year with a full-time status? The months do not need to be consecutive.) ☐ ☐
2. Are you married? (HUD/HOME, LIHTC) ☐ ☐
3. Are you a single parent with a child(ren)? ☐ ☐
- If yes:
  - a. Are you a dependent of someone else? (LIHTC) ☐ ☐
  - b. Is your child(ren) a dependent of someone other than a parent? (LIHTC) ☐ ☐
4. Are you receiving assistance under Title IV of the Social Security Act (e.g. TANF)? (LIHTC) ☐ ☐
5. Are you enrolled in a government-sponsored job training program (e.g. Job Corp, AmeriCorp)? (LIHTC) ☐ ☐
6. Were you previously in foster care at any time through the age of 18? (LIHTC) ☐ ☐

**The following questions apply only to households applying for/assisted by a HUD or HOME program. If you are not applying for/assisted by a HUD or HOME program, please skip the remaining questions and sign below.**

7. Are you disabled? ☐ ☐
- If yes, were you receiving Section 8 assistance as of November 30, 2005? ☐ ☐
8. Are you over 23 years of age? ☐ ☐
9. Do you have a dependent child(ren)? ☐ ☐
- If yes, does your child(ren) live with you at least 50% of the time? ☐ ☐
10. Are you a veteran of the Armed Forces of the United States or currently serving on active duty in the Armed Forces other than training purposes? ☐ ☐
11. Will you be living with your parents? ☐ ☐
- a. Are your parents receiving or eligible to receive Section 8 assistance? ☐ ☐
  - b. Are you claimed as a dependent on your parent's tax return? ☐ ☐
  - c. Do you receive financial assistance from your parents? ☐ ☐
12. Have you established a household separate from parents or legal guardians for at least one year prior to application for occupancy? ☐ ☐
- If no:
  - a. Were you an orphan or a ward of the court through age 18? ☐ ☐
  - b. Are you a graduate or professional student? ☐ ☐
13. Are you receiving any financial aid to pay for your education? ☐ ☐

Owner/owner agent is responsible for reviewing Student Independence Verification Requirements.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Under penalty of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.*

