



MANAGER USE ONLY:

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

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

Time Received: \_\_\_\_\_

### Affordable Housing Rental Application

Property of Interest	Unit Size	Anticipated Move-In Date

**A. Current Contact Information:**

Name (Head of Household)	Home Phone #	Cell Phone #	Email Address
Current Street Address			

Name (Co-Head of Household)	Home Phone #	Cell Phone #	Email Address
Current Street Address			

**B. Household Information:** Complete the following information for each household member that will occupy the unit at least 50% of the time in the next 12 months.

Name (Last, First, MI)	Relationship to Head of Household	Social Security Number	Birth Date (mm/dd/yyyy)	Student (circle one)
	Head of Household			Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

- Do you own a pet?      Cat \_\_\_\_\_      Dog \_\_\_\_\_      Other \_\_\_\_\_  
If this property has a NO PETS Policy, are you be willing to give up your pet(s)?      [ ] YES [ ] NO
- Have you ever filed for bankruptcy? [ ] YES [ ] NO      If yes, please explain (include years): \_\_\_\_\_  
\_\_\_\_\_
- Do you or anyone in your household require the features of an accessible unit (Mobility, vision, and/or hearing impairment)? [ ] YES [ ] NO      If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
- Will you or anyone in your household require a live-in care attendant?      [ ] YES [ ] NO  
If yes, please describe: \_\_\_\_\_  
Name of Live-In Care Attendant: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_



5. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members.  YES  NO  
If yes, please describe: \_\_\_\_\_
6. Have you ever been convicted for possession, use, or distribution of drugs?  YES  NO  
If yes, please explain: \_\_\_\_\_
7. Have you ever been served with a Protection from Abuse Order (PFA)?  YES  NO  
If yes, please explain: \_\_\_\_\_
8. Driver's License # (Head of Household): \_\_\_\_\_ State Issued: \_\_\_\_\_

**C. Emergency Contact Information:**

Name	Relationship	Cell Phone #	Email Address
<b>Current Street Address</b>			

**D. Rental History:** Provide three years of rental or mortgage history.

Current Address	Own	Rent
City, State, Zip	Move In Date	
Landlord Name/Mortgage Company	Rent/Mortgage Amount	
Reason for leaving		

Previous Address	Own	Rent
City, State, Zip	Move In Date	
Landlord Name/Mortgage Company	Rent/Mortgage Amount	
Reason for leaving		

Previous Address	Own	Rent
City, State, Zip	Move In Date	
Landlord Name/Mortgage Company	Rent/Mortgage Amount	
Reason for leaving		

1. Have you or any other household members ever been evicted or otherwise involuntarily removed from rental housing?  YES  NO  
If yes, please explain: \_\_\_\_\_

2. Are you or anyone in your household receiving Section 8 Assistance? [ ] YES [ ] NO  
 If yes, what Housing Authority: \_\_\_\_\_  
 Approved Voucher Size: \_\_\_\_\_ Tenant Payment: \$ \_\_\_\_\_ Housing Payment: \$ \_\_\_\_\_
3. Are you or anyone in your household receiving rental assistance other than Section 8? [ ] YES [ ] NO  
 If yes, what Agency: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**E. Employment Income:** List all full-time, part-time, and/or seasonal employment for ALL household members including self-employed earning. List the monthly GROSS income, this is the amount before any deductions. If you have income from "Other Sources", see next section.

Household Member Name	Place of Employment	Supervisor Name	Supervisor Email Address/Phone #	Monthly Gross Income

**F. Income from Other Sources:** List ALL income from sources other than employment currently received and/or anticipated to be received in the next 12 months for ALL household members.

Income Source	Circle One	Family Member	Annual Gross Income (BEFORE deductions)
Social Security	YES NO		
Social Security	YES NO		
Social Security Disability	YES NO		
Public Assistance (AFDC/TANF)	YES NO		
Disability Benefits	YES NO		
Unemployment Compensation	YES NO		
Worker's Compensation/Severance Pay	YES NO		
Pensions	YES NO		
Annuities	YES NO		
Military Pay	YES NO		
VA Benefits	YES NO		
Child Support/Alimony	YES NO		
Educational Grants/Scholarships	YES NO		
Recurring Gift Contributions	YES NO		
Rental Income	YES NO		
Death Benefits	YES NO		
Adoptions Assistance	YES NO		
Trust Income	YES NO		
Lottery Payments	YES NO		
Other Income (inheritance, insurance policies)	YES NO		
Zero Income (NO income from any source)	YES NO		

**G. Assets:** List all assets for all household members.

**Checking Accounts**

Family Member Name	Account Number	Bank Name	Average 6 Month Balance

**Savings Accounts**

Family Member Name	Account Number	Bank Name	Current Balance

Type of Asset	Circle One	Family Member	Cash Value
Cash Cards (used to receive government benefits or other income)	YES NO		
Cash on Hand (\$500 or more on hand, not in checking/savings account)	YES NO		
Stocks	YES NO		
Certificate of Deposits	YES NO		
Money Market	YES NO		
Mutual Funds	YES NO		
Treasury Bills	YES NO		
US Savings Bonds	YES NO		
IRA/Keough	YES NO		
401K	YES NO		
Pension/Retirement/Annuity	YES NO		
Whole Life Insurance	YES NO		
Universal Life Insurance	YES NO		
Land Contract/Deed of Trust	YES NO		
Real Estate	YES NO		
Safety Deposit Box	YES NO		
Personal Property/Investment	YES NO		
Trusts	YES NO		
Online Donation Accounts (i.e. GoFundMe, Kickstarter, Fundly, local bank, etc.)	YES NO		
Lump Sum Payments (i.e. inheritance, insurance settlements, lottery winnings, capital gains)	YES NO		
Other:	YES NO		

1. Do all combined assets of the entire household total less than \$5,000? [ ] YES [ ] NO
2. In the past 2 years have you sold or given away any assets in excess of \$1,000 or less than Fair Market Value? [ ] YES [ ] NO

**H. Anti-Discrimination:** The information regarding race, national origin and sex designation solicited on this application is required in order to assure the Federal Government, acting through the Rural, Economic & Community Development Services (formerly Farmers Home Administration), that we comply with Federal Laws prohibiting discrimination against

applicants or residents on the basis of race, color, national origin, religion, sex, familial status, age and or disability. You are not required to furnish this information, but are encouraged to do so. This information will NOT be used in evaluating your application or to discriminate against you in anyway. However, if you choose not to furnish this information, the owner or its' representative is required to note the race, national origin, and sex of applicants on the basis of visual observation or surname.

Name (Last, First, MI)	Gender	Race	Ethnicity	Disabled
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Yes No
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Yes No
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Yes No
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Yes No
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Yes No
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Yes No

The undersigned certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to release the information in order to qualify for Section 42 Housing. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We agree to provide verifications of all income and assets as required by the Owner of its agent. I/We further authorize disclosure of all information which will verify my/our income and assets. I/We understand applicants must be eligible for the Section 42 Tax Credit program. Subject to approval, this will be my/our primary residence.

A credit check will be completed through a credit bureau. By completing this application, applicant grants management permission to confirm the above information supplied by applicant. The Fair Credit Reporting Act requires that management discloses to applicant that an investigative consumer report including information as to the applicant's character, general reputation, personal characteristics and mode of living will be made.

**Each Applicant, 18 years of age or older must sign and date below.**

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Property Manager is acting on behalf of and performing compliance services for the owner.