*Complete one form per adult household member who will occupy the unit at time of move-in.*

|  |  |
| --- | --- |
| **Property Name:** | **IFA Project #:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant’s Name  *First, Middle Initial, Last* | | Relationship to Head of Household | | Marital Status | | Birth Date  *Month, Date, year* | |
|  | |  | |  | |  | |
|  | | | | | | | |
| Current Address: |  |  | | |  | |  |
|  | *Street Address (including Unit #, if applicable)* | *City* | *State* | | | | *Zip* |
| Daytime Tel #: |  | Evening Tel #: |  | | | | |
| Email Address: |  | | | | | | |

Check either **YES** or **NO** to each question. If you respond “Yes” to any question, please provide a brief explanation in the space provided below the question. You may be required to supply additional documentation to verify your response.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **HOUSEHOLD INFORMATION:** | | | | | | | |
| (YES) | | (NO) | | 1. | Do you expect any additions to the household within the next twelve months? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 2. | Is there anyone living with you now who won’t be living with you at this property? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 3. | Do you have any minor children? | | |
|  | | | | | | | |
|  | | | | | | | |
| **INCOME INFORMATION *Do you receive or expect to receive income in the next 12 months from any of the following sources:*** | | | | | | | |
| (YES) | | (NO) | | 4. | Social Security, SSI or other payments from the Social Security Administration? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 5. | Employment pensions or retirement benefits, veteran’s benefits or annuities? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 6. | Employment wages or salaries (including overtime, bonuses, tips, commissions and cash)? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 7. | Self-employment salaries (including overtime, bonuses, tips, commissions and cash)? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 8. | Unemployment benefits or workman’s compensation? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 9. | Public assistance (General Relief, Aid to Families w/Dependent Children or other such support)? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 10. | Court ordered alimony or child support? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 11. | Alimony or child support paid directly from the payor that is not court-ordered? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 12. | Regular payments from a severance package from a previous employer? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 13. | Regular payments from any type of settlement (insurance settlement/award from lawsuit)? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 14. | Regular payments as a member of the Armed Forces? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 15. | Regular payments from disability, death benefits, trusts or life insurance dividends? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 16. | Regular gifts or payments from anyone outside of the household (including cash or goods)? | | |
|  | | | | |  | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 17. | Regular payments from lottery winnings or inheritance? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 18. | Regular payments from rental property (land contracts or other real estate transactions)? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 19. | Educational grants, scholarships or other student benefits? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 20. | Any other sources of income not listed? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 21. | Do you expect any changes to your income in the next twelve months? | | |
|  | | | | |  | | |
|  | | | | |  | | |
|  | | | | | | | |
|  | | | | | | | |
| **ASSET INFORMATION:** *An asset is defined as any lump sum amount that you hold and can currently access even though a financial penalty may be imposed.* | | | | | | | |
| (YES) | | (NO) | | 22. | Checking accounts? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 23. | Savings accounts? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 24. | Certificates of deposit (CDs), money market accounts or treasury bills? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 25. | Stocks, bonds, mutual funds or securities? | | |
|  | | | | |  | | |
| (YES) | | (NO) | | 26. | Any capital gains (assets sold in excess of purchase price) during the previous 12 months? | | |
|  | | | | |  | | |
| (YES) | (NO) | 27. | | | Trust Funds? |
|  | | | | |  |
| (YES) | (NO) | 28. | | | IRA, KEOGH or other retirement accounts? |
|  | | | | |  |
| (YES) | (NO) | 29. | | | Cash on hand over $500 (other than money previously reported in checking or savings)? |
|  | | | | |  |
| (YES) | (NO) | 30. | | | Real estate, rental property, (land contracts/contract for deed or other real estate holdings)? |
|  | | | | |  |
| (YES) | (NO) | 31. | | | Have you sold, disposed or given away any property in the last two years? (such as large charitable contributions over $500 or real estate) |
|  | | | | |  |
| (YES) | (NO) | 32. | | | Personal property held as an investment (such as paintings, coins, art work or antiques)? |
|  | | | | |  |
| (YES) | (NO) | 33. | | | Whole or universal life insurance policies (not including term policies)? |
|  | | | | |  |
| (YES) | (NO) | 34. | | | Pre-Paid Debit Card (Store Value/EBT Card/Reliacard) |
|  | | | | |  |
| (YES) | (NO) | 35. | | | A safe deposit box with a monetary content of $500 or more? |
|  | | | | |  |
|  | | | | | |
|  | | | | | |
| **OTHER INFORMATION:** | | | | | |
| YES) | (NO) | 36. | | | Are you claiming ZERO Income? |
|  | | | | |  |
| (YES) | (NO) | 37. | | | Have you been a student during the current calendar year? |
|  | | | | |  |
|  | | | | |  |
| (YES) | (NO) | 38. | | | Are you currently a student or do you plan to be a student during the current calendar year? |
|  | | | | |  |
| (YES) | (NO) | 39. | | | Will you or anyone in your household require a live-in care attendant? |
|  | | | | |  |
| (YES) | (NO) | 40. | | | Will your household be receiving Section 8 rental assistance at the time of move-in? |
|  | | | | |  |
| (YES) | (NO) | 41. | | | Will your household apply for Section 8 rental assistance in the next 12 months? |
|  | | | | |  |
| (YES) | (NO) | 42. | | | Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility or other impairments? |
|  | | | | |  |
|  | | | | |  |

**APPLICANT RESPONSIBILITIES:**

*All Questions that were answered “Yes” will need to be verified through the appropriate third-party sources. It will be your responsibility to provide management will all the necessary information to properly process your application and in the future, to verify your on-going eligibility as required. You will be asked to provide the names, addresses, phone number and fax numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.*

*Upon review of the information management receives, you will be provided with a separate verification form for each source that requires verification that you will need to sign and date. You will not be asked to sign a blanket verification form nor will you be asked to sign any blank verification forms.*

**SIGNATURE:**

I understand that management is relying on this information to prove my household’s eligibility which is required by the funding sources under which this property operates. I certify under penalty of perjury that all information and answers provided are true and complete to the best of my knowledge. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I authorize my consent to have management verify the information contained in this application questionnaire and to perform a credit check and criminal background check for purposes of proving my eligibility for occupancy. I understand that my occupancy is also contingent on meeting management’s resident selection criteria and other program requirements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Applicant/Resident Signature |  |  | Date |  |