



Name of property or building you are applying for: _____

Apt. Number	_____
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Rental Application

HOUSEHOLD COMPOSITION

HH Mbr#	First Name	Last Name	Date of Birth	Relationship to Head of Household	Were you, Are you or will you be a student 5 months or more out of the year?	Marital Status	Social Security or Alien Reg No.
1					Y / N		
2					Y / N		
3					Y / N		
4					Y / N		
5					Y / N		
6					Y / N		
7					Y / N		
8					Y / N		
9					Y / N		

Do you anticipate a change in the household in the next 12 months?	YES	NO	Do you smoke?
If Yes, please explain:			Yes No
If children are listed, will the natural parent(s) also reside in the Household?	YES	NO	

STUDENT STATUS

Are ALL occupants of the household full time students? Yes No (Circle one)

If Yes, to the above, answer the following:

Is the household comprised of a single parent and with school age child(ren),
 neither of whom are dependents of a third party? Yes No (Circle one)

Are Applicant & Co-Applicant married and do they file a joint income tax return? Yes No (Circle one)

Does the household receive TANF/AFDC? Yes No (Circle one)

Are any of the students, participants in the Job Training Partnership Act? Yes No (Circle one)

Have any students been in Foster care in the last 5 years?(If yes whom: _____) Yes No (Circle one)

RENTAL HISTORY (Previous 2 Years for each applicant)

Head of Household:							
Current Address	City	State	Zip	How Long? from to	() Own () Rent	Phone ()	Monthly Payment \$
Name of Present Landlord/Mortgage Co.				City	State	Zip	Day Phone () Night Phone ()
Previous Address	City	State	Zip	How Long? from to	() Own () Rent	Phone ()	Monthly Payment \$
Name of Previous Landlord/Mortgage Co.				City	State	Zip	Day Phone () Night Phone ()
Co: Applicant:							
Current Address	City	State	Zip	How Long? from to	() Own () Rent	Phone ()	Monthly Payment \$
Name of Previous Landlord/Mortgage Co.				City	State	Zip	Day Phone () Night Phone ()
Previous Address	City	State	Zip	How Long? from to	() Own () Rent	Phone ()	Monthly Payment \$
Name of Previous Landlord/Mortgage Co.				City	State	Zip	Day Phone () Night Phone ()

IMPORTANT INFORMATION

Current Home Phone ()	Cell Phone ()	Current E-mail Address:	Drivers License Number
AUTO #1 (Year, Make, Model, Color)		License Plate	State
AUTO #2 (Year, Make, Model, Color)		License Plate	State
Name of APPLICANT'S nearest Relative		Home Phone ()	Cell Phone () Relationship
Emergency Contact		Home Phone ()	Cell Phone () Relationship

HOUSING VOUCHER

Do you receive housing assistance?	YES	NO	If YES, please complete the rest of this section
Name of Housing Caseworker	Telephone number of Housing Caseworker	Housing Office:	Approved Rental Amount \$

RECURRING INCOME - PREVIOUS 2 YEARS (Head of Household)

Head of Household's Name:						
(Circle all applicable)		Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed
Current Employer			Position	How Long from to	Supervisor Name	
Telephone Number		Fax Number		Address		
Current Wages (Circle one) \$ per Hour / Week / Month		Average Hours Worked Per Week		Do you earn tips? YES NO		Do you have more than one job? YES NO
2nd Job			Position	How Long from to	Supervisor Name	
Telephone Number		Fax Number		Address		
Current Wages (Circle one) \$ per Hour / Week / Month		Average Hours Worked Per Week		Do you earn tips? YES NO		
Previous Employer			Position	How Long from to	Supervisor Name	
Telephone Number		Fax Number		Address		
Current Wages (Circle one) \$ per Hour / Week / Month		Average Hours Worked Per Week		Do you earn tips? YES NO		
OTHER INCOME:						(Circle each one individually)
<i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>		Alimony / Child Support		YES	NO	\$ _____
		AFDC / TANF (Excluding Food Stamps)		YES	NO	\$ _____
		Social Security / Disability		YES	NO	\$ _____
		Retirement / Pension / Annuities		YES	NO	\$ _____
		Unemployment		YES	NO	\$ _____
		Worker's Compensation		YES	NO	\$ _____
		Recurring Gifts from Family		YES	NO	\$ _____
		Grants & Scholarships		YES	NO	\$ _____
		Military Pay		YES	NO	\$ _____
Other Recurring Monies _____		YES	NO	\$ _____		

RECURRING INCOME - PREVIOUS 2 YEARS (2nd Applicant)

2nd Applicants Name:						
(Circle all applicable)		Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed
Current Employer			Position	How Long from to	Supervisor Name	
Telephone Number		Fax Number		Address		
Current Wages (Circle one) \$ per Hour / Week / Month		Average Hours Worked Per Week		Do you earn tips? YES NO		Do you have more than one job? YES NO
2nd Job			Position	How Long from to	Supervisor Name	
Telephone Number		Fax Number		Address		
Current Wages (Circle one) \$ per Hour / Week / Month		Average Hours Worked Per Week		Do you earn tips? YES NO		
Previous Employer			Position	How Long from to	Supervisor Name	
Telephone Number		Fax Number		Address		
Current Wages (Circle one) \$ per Hour / Week / Month		Average Hours Worked Per Week		Do you earn tips? YES NO		
OTHER INCOME:						(Circle each one individually)
<i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>		Alimony / Child Support		YES	NO	\$ _____
		AFDC / TANF (Excluding Food Stamps)		YES	NO	\$ _____
		Social Security / Disability		YES	NO	\$ _____
		Retirement / Pension / Annuities		YES	NO	\$ _____
		Unemployment		YES	NO	\$ _____
		Worker's Compensation		YES	NO	\$ _____
		Recurring Gifts from Family		YES	NO	\$ _____
		Grants & Scholarships		YES	NO	\$ _____
		Military Pay		YES	NO	\$ _____
Other Recurring Monies _____		YES	NO	\$ _____		

ASSETS

OTHER INCOME: Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes, etc. need **not** be disclosed.

Applicant Name: _____			
	Value	Annual Interest Earnings	Bank/Institution
Checking Account (6 month avg)	YES NO \$ _____	_____	_____
Savings Account	YES NO \$ _____	_____	_____
Money Market, CD's and Other	YES NO \$ _____	_____	_____
Stocks / Bonds	YES NO \$ _____	_____	_____
IRA'S, 401(K), Keogh	YES NO \$ _____	_____	_____
Real Estate	YES NO \$ _____	_____	_____
Boat, Trailer and Rec Vehicles	YES NO \$ _____	_____	_____
Life Insurance Policies <small>(Universal or Whole life policies only.)</small>	YES NO \$ _____	_____	_____
Cash on Hand	YES NO \$ _____	_____	_____
Other Assets _____	YES NO \$ _____	_____	_____
Total: \$		_____	_____
Co-Applicant Name: _____			
	Value	Annual Interest Earnings	Bank/Institution
Checking Account (6 month avg)	YES NO \$ _____	_____	_____
Savings Account	YES NO \$ _____	_____	_____
Money Market, CD's and Other	YES NO \$ _____	_____	_____
Stocks / Bonds	YES NO \$ _____	_____	_____
IRA'S, 401(K), Keogh	YES NO \$ _____	_____	_____
Real Estate	YES NO \$ _____	_____	_____
Boat, Trailer and Rec Vehicles	YES NO \$ _____	_____	_____
Life Insurance Policies <small>(Universal or Whole life policies only.)</small>	YES NO \$ _____	_____	_____
Cash on Hand	YES NO \$ _____	_____	_____
Other Assets _____	YES NO \$ _____	_____	_____
Total: \$		_____	_____
Has any member of the household sold any real estate in the last 24 months?			Yes No
Has any member of the household disposed of an asset for less than fair market value in the past 24 months?			Yes No
If YES, please list:			
Do you anticipate a change in your annual income or assets within the next 12 months?			Yes No
If YES, please list:			
Do you currently receive or plan to receive income that has not otherwise been listed on the application?			Yes No
If YES, please list:			

CERTIFICATION

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to the property, Agent for the owner of the property, to accept this application, **I warrant that all statements contained herein are true and complete to the best of my knowledge and that falsification of information will result in immediate eviction and prosecution and that each occupant/tenant/resident is residing in the United States legally.** I have been advised and understand that residency at this property entails certain income restrictions and that residency is subject to qualification. I agree that in addition to execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certification will be made under the penalty of perjury.

I hereby deposit \$_____ as an earnest deposit to be refunded to me in full within ten (10) business days if the application is not approved or accepted. I hereby waive any claim to damages by reason of non-acceptance.

Upon acceptance of this application, this deposit shall be applied to the move-in costs. When so approved and accepted, I agree to execute a lease agreement before possession is delivered and to pay the balance of the security and other move-in costs. **ONCE APPROVED, IF I FAIL TO TAKE POSSESSION OF THE APARTMENT, THE DEPOSIT WILL BE FORFEITED.**

By execution of this application, I hereby authorize Management to make such investigations into my credit, criminal, and rental history as they may deem appropriate. I understand that such investigations typically include (but are not limited to) verification of employment and salary, any and all household income, child support, rental history, criminal and consumer credit reports.

Have you or any other person planning to reside in our community, ever been indicted or convicted of any felony or misdemeanor offense? **Yes No** (Circle one)

If Yes, Please Explain: _____

Have you ever been EVICTED? **Yes No** (Circle one)

If Yes, Please Explain: _____

Have you previously rented from Housing Connect, HACSL, HOI or Choice Property Solutions? **Yes No** (Circle one)

If Yes, Please Explain: _____

Do you have a pet? **Yes No** (Circle one)

If Yes, Please Explain: _____

Have you filed bankruptcy? **Yes No** (Circle one)

If Yes, Please Explain: _____

How did you hear about us?

(Please be Specific) _____

Does anyone in your household require a reasonable accommodation? **Yes No** (Circle one)

(Examples: Grab bars, roll in shower, lower cabinets, wheelchair accessible features)

If Yes, Please Explain: _____

Do you have a Drivers License? **Yes No** (Circle one)

If you do not currently have a Drivers License, do you have the ability to get a drivers License? **Yes No** (Circle one)

Applicant

Date

Applicant

Date

Management Representative

Date



Resident Release

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to: Housing Connect for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to the following: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Past and Present Employers
- Welfare Agencies
- Veterans Administration
- Previous Landlords (including Public Housing Agencies)
- State Unemployment Agencies
- Retirement System
- Military/Government Agencies
- Educational Institutions
- Support and Alimony Providers
- Social Security Administration
- Banks and other Financial Institutions
- Medical and Child Care Providers
- Credit Providers/ Credit Bureaus
- Public Court Records

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

_____	_____	_____	_____
Applicant/Resident Signature	(Print Name)	Social Security Number	Date
_____	_____	_____	_____
Applicant/Resident Signature	(Print Name)	Social Security Number	Date
_____	_____	_____	_____
Applicant/Resident Signature	(Print Name)	Social Security Number	Date
_____	_____	_____	_____
Applicant/Resident Signature	(Print Name)	Social Security Number	Date

ANNUAL STUDENT SELF CERTIFICATION

This Annual Student Self Certification is in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit Number _____

Development Name and Address: _____

Move-in Date if applicable: _____ Effective Date: _____

Check A, B, or C as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, Online, or mechanical schools, but does not include those attending on-the-job training courses):

A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed (**Do not answer questions 1-5**). Sign and date below.

B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART-TIME student(s) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed (**Do not answer questions 1-5**). Sign and date below.

C. _____ Household contains all students who were, are, or will be FULL-TIME for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **If this item is checked, questions 1-5 below must be completed:**

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Is at least one student a single parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Full-time student households satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked NO or verification does not support the exception indicated, the household is considered ineligible.

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

Printed Name	Signature	Date
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Printed Name	Signature	Date
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Printed Name	Signature	Date
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Printed Name	Signature	Date
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