

FOR OFFICE USE ONLY

(Record with a date & time stamp OR write in and initial the date and time the application was received)

Date & Time Received:**Property Name:****Unit Number:****Effective Date:****TO BE COMPLETED BY APPLICANT****Head of Household Name:****State Issued ID# (Head of Household):****State:****Home phone:****Cell phone:****Email:****Preferred Number of Bedrooms:**

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, or handicap.

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GENERAL INFORMATION

Utilities

Utilities may be the residents' responsibility, and if so, arrangements must be made with the appropriate utility company/companies prior to move-in. If a deposit is required by the utility company, the amount could vary widely, as there are no strict regulations on what service providers can charge.

Security Deposit

I/We understand that a security deposit for the apartment must be paid prior to move in, and this will hold the selected unit for a two-week period. This deposit becomes non-refundable after a 72-hour waiting period. If you do not move in within a two-week period after the deposit is received and when management advises unit is ready for occupancy, your security deposit will be forfeited. The selected unit will go back on the market and offered to the next eligible applicant.

Credit, Criminal & Residency History

I/We understand that a credit, criminal and residency history verification will be performed on all adult household members to process the application.

Eligible Status Verification

I/We understand that the SS# and verification of citizenship or eligible immigration status must be provided for each household member.

Program Eligibility Verification

I/We understand that the management company, acting on behalf of the owner, is required to verify your income and assets in compliance with program regulations governing this property. Information contained on this application may be used, as well as verification of information from third party sources. You, and all adult members, are required to complete and sign the release form attached to this application. After verifications are received, if the household income exceeds the program qualifying income limit or other eligibility requirements are not met, this application will be denied. Changes in household composition, income, assets, and/or student status changes during this verification period, you should immediately report to the manager and your application may need updating. Approved applicants that remain on the waiting list for a period that exceeds 120 days must have all eligibility requirements re-verified upon notification. Should the re-verification process deem a previously approved applicant now ineligible, the applicant will be denied.

Primary Residence

By signing this application, you are stating that should you move into this complex, this unit will become your primary place of residence and you will not maintain a separate place of residence, whether subsidized or not.

Signatures and Acknowledgment

I (we) hereby agree to the terms and conditions set forth above and such is demonstrated by my (our) signature(s) below:

SIGNATURE: _____	(APPLICANT)	DATE: _____
SIGNATURE: _____	(ADDITIONAL ADULT)	DATE: _____
SIGNATURE: _____	(ADDITIONAL ADULT)	DATE: _____
SIGNATURE: _____	(ADDITIONAL ADULT)	DATE: _____



"This institution is an equal opportunity provider."



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 #	Household member First name, middle initial, and last name	Relationship	Date of Birth	Sex If decline, put "D"	Marital Status Single, Married, Separated, Widowed, Divorced	Student Status this and/or next calendar year	Disabled?	SSN
1		HEAD				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
2						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
3						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
4						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
5						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
6						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
7						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
8						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
9						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <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. Will any member of the household require a live-in aide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , list name(s) below:
3. Is any member of this household temporarily absent, but under normal conditions would live in the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , list name(s) below:
4. Have you or any member of your household ever used different names from the names given on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , explain:
5. Have you or any member of your household ever used social security numbers different from those listed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , explain:
6. Do you anticipate any change in your household (someone moving in or out) during the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , list name(s) below:
7. Will all minor household members live in this unit with a parent or guardian who has at least 50% custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No , list name(s) below: <input type="checkbox"/> N/A
8. Does/Will this household receive rent assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , please indicate the source (Housing Choice Voucher, Rural Development RA, etc.)
9. List all states and counties in which all household members have ever lived:		



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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. Employment wages/salaries (include tips, bonuses, commissions, and seasonal employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Regular pay for a member of the military	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Self-Employment (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. Unemployment benefits or severance pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Workers' compensation or other insurance settlements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Social Security Income (including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Disability benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Public assistance (TANF, GA, W2, AFDC, cash assistance, etc. - excluding food stamps and medical assistance)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Child support (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. Alimony/Spousal maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Regular cash and non-cash contributions (including assistance with paying rent, bills or gifts from individuals not living in the unit - excluding groceries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Student financial aid (public or private - excluding student loans)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Veterans benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Regular payments from pensions (including PERA, railroad, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Regular payments from retirement benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Periodic payments from Indian Trusts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Death benefits (receiving income as a beneficiary of annuities, pensions, life insurance, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Regular payments from annuities or life insurance dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Other (list):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

30. **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

INCOME DETAILS

Please provide additional information for each source of income the household answered YES to on the previous page.

[illegible]

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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

31. Checking accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Savings accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Cash Card (including government benefits cards)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Stocks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Money Market/Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. Certificate of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38. Trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39. Lump Sum Receipts (ie. from inheritances, insurance settlements, lottery winnings, or capital gains)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40. 401(k) or 403(b) Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41. IRA Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
42. Keogh Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
43. Capital Investments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
44. Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
45. Land Contracts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46. GoFundMe/Crowdsourcing Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47. Bitcoin/Cryptocurrency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48. Life Insurance Policies (excluding Term Life Insurance)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Pension/Annuity/Other Retirement Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. Cash on Hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Personal items held as an investment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52. Other (list):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

53. I/We hereby certify that I/We ☐ have ☐ have not sold or given away any assets within the last two years where the amount received was \$1,000 or more below the total fair market value

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

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



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Please provide additional information for each asset source the household answered YES to on the previous page.

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SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE54. **Applicant name**55. **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.

56. **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

57. **Do you or a household member have a mobility impairment which meets the definitions stated above?** ☐ Yes ☐ No58. **If yes, list name(s) of family members:**59. **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: _____

60. **Please explain exactly what you need to accommodate your situation:**61. **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.	Applicant Signature	Date
2.	Applicant Signature	Date
3.	Applicant Signature	Date
4.	Applicant Signature	Date
5.	Applicant Signature	Date
6.	Applicant Signature	Date
7.	Applicant Signature	Date
8.	Applicant Signature	Date
9.	Applicant Signature	Date



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Housing History Disclosure

Property name

Head of household

Unit number

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) ☐ Rent ☐ Own ☐ Other _____ Rent per month:

Landlord Name: Landlord Phone:

Is this a government subsidized development? ☐ Yes ☐ No This is my current address ☐

2. Street Address:

City: State: Zip Code:

Reason for leaving:

Start Date (Month/Year): End Date (Month/Year):

(Check One) ☐ Rent ☐ Own ☐ Other _____ Rent per month:

Landlord Name: Landlord Phone:

Is this a government subsidized development? ☐ Yes ☐ No This is my current address ☐

3. Street Address:

City: State: Zip Code:

Reason for leaving:

Start Date (Month/Year): End Date (Month/Year):

(Check One) ☐ Rent ☐ Own ☐ Other _____ Rent per month:

Landlord Name: Landlord Phone:

Is this a government subsidized development? ☐ Yes ☐ No This is my current address ☐

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
Unit number

Head of household
Member name

APPLICANT/RESIDENT CONTACT INFORMATION:

Applicant/Resident Name: _____

Nailing 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 anytime.** 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):

Emergency

Unable to contact you

Termination of rental assistance (if applicable)

Eviction from unit

Late payment of rent

Assist with recertification process

Change in lease terms

Change in house rules

Other: _____

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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