



ORIGINAL CERTIFICATION ()
RE-CERTIFICATION ()



INITIAL APPLICATION

ONE application per adult household member.
Please print in blue ink and address all questions. Use n/a as needed.

COMPLEX _____
SIZE _____ UNIT # _____ RENT _____

APPLICANT:

Full Name: _____ Yes ___ No ___
First Middle Last Social Security Birth date Student

OTHER OCCUPANTS:

(1)	_____	_____	_____	_____	_____	Yes ___ No ___
	Name	Social Security	Birth Date	Relationship		Student
(2)	_____	_____	_____	_____	_____	Yes ___ No ___
	Name	Social Security	Birth Date	Relationship		Student
(3)	_____	_____	_____	_____	_____	Yes ___ No ___
	Name	Social Security	Birth Date	Relationship		Student
(4)	_____	_____	_____	_____	_____	Yes ___ No ___
	Name	Social Security	Birth Date	Relationship		Student
(5)	_____	_____	_____	_____	_____	Yes ___ No ___
	Name	Social Security	Birth Date	Relationship		Student

STUDENT STATUS:

Are all of the residents students? (If the answer is no, check no and skip to RENTAL HISTORY) () Yes () No
 If yes: is the household comprised of a single parent and child, neither of whom is a dependent of A third party? () Yes () No
 If yes: is Applicant & Co-Applicant married and file a joint tax return? () Yes () No
 If yes: does the household receive TANF or AFDC? () Yes () No

RENTAL HISTORY:

CURRENT ADDRESS: _____
 Street Address Apt. # City State Zip Code Do you Own or Rent?
 (_____) _____
 Monthly Rent / Payment How Long? Owner / Manager Phone Reason for Moving

PREVIOUS ADDRESS:

Street Address Apt # City State Zip Code Do you Own or Rent?
 (_____) _____
 Monthly Rent / Payment How Long? Owner / Manager Phone Reason for Moving

CREDIT REFERENCES:

Bank Name	Checking Account Number	Savings Account Number	Street Address	City	State	Zip Code
Driver's License Number	State	Expiration Date	Vehicle Model	Year	License Plate #	

HAVE YOU EVER: Filed for Bankruptcy? () Yes () No Been Evicted from Tenancy? () Yes () No

EMERGENCY CONTACT:

(_____) _____
 Name Street Address City State Zip Code Phone Relationship

EMPLOYMENT HISTORY:

Circle all Applicable: EMPLOYED FULL-TIME EMPLOYED PART-TIME SELF-EMPLOYED NON-EMPLOYED UNEMPLOYED
 (_____) _____

Current Employer	Position	How Long?	Supervisor	Phone
Street Address	City	State	Zip Code	Current Salary: \$ _____ per: hour week month year (circle one)

Avg. Hours Worked per Week: _____ Do you Receive Tips?: () Yes () No If yes, Avg. Amount of Tips per Week \$ _____
 Do you Receive Bonuses?: () Yes () No If yes, how much?: \$ _____ per: week month year (circle one)
 Do you Expect to Earn Substantial Overtime?: () Yes () No If yes, how much?: \$ _____ per: week month year (circle one)
 (_____) _____

Previous Employer	Position	How Long?	Supervisor	Phone
Street Address	City	State	Zip Code	Salary: \$ _____ per: hour week month year (circle one)

OTHER INCOME:

Program regulations require that all income be disclosed in order to determine qualification. Please provide monthly amount, if applicable.

Alimony / Child Support	() Yes () No	\$ _____
AFDC / TANF	() Yes () No	\$ _____
SSA	() Yes () No	\$ _____
SSI	() Yes () No	\$ _____
Retirement/Pensions Annuities	() Yes () No	\$ _____
Unemployment	() Yes () No	\$ _____
Worker's Compensation	() Yes () No	\$ _____
Recurring Gifts from Family	() Yes () No	\$ _____
Other Recurring Gifts	() Yes () No	\$ _____

ASSETS:

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

Checking Account	() Yes () No	\$ _____
Savings Account	() Yes () No	\$ _____
Money Market, CD's other	() Yes () No	\$ _____
Stocks / Bonds	() Yes () No	\$ _____
IRAs, 401(k), Keogh	() Yes () No	\$ _____
Real Estate	() Yes () No	\$ _____
Boat, Trailer, Rec. Vehicles	() Yes () No	\$ _____
Life Insurance Policies	() Yes () No	\$ _____
Other Assets	() Yes () No	\$ _____

Are the assets of the household more than \$5,000? () Yes () No Has any member of the household disposed of an asset for less than fair market value within the last 24 months? () Yes () No

If NO to both of the above, what is the expected earnings on all household assets for the next 12 months? \$ _____

APPLICANT STATES THAT THE ABOVE INFORMATION IS CORRECT AND HEREBY AUTHORIZED VERIFICATION.
NOTE: A NON-REFUNDABLE APPLICATION FEE OF \$ _____ IS REQUIRED TO PROCESS THIS APPLICATION

APPLICANT'S SIGNATURE _____ DATE _____ PHONE _____ EMAIL _____
 REVISED 12.2017 Date Received: _____