

Meetinghouse at Riverfront

Move-in Application

(Co-Applicants must complete a separate application - PLEASE PRINT CLEARLY)

Resident Information

| Resident Information | | | | |
|------------------------|------------|-------------------|-------------------------|--------------|
| Applicant (Your Name) | Birth Date | Social Security # | Full Time Student (Y/N) | Phone Number |
| | | | | |
| Co-Applicant or Spouse | Birth Date | Social Security # | Full Time Student (Y/N) | Relationship |
| | | | | |
| Occupant | Birth Date | Social Security # | Full Time Student (Y/N) | Relationship |
| | | | | |
| Occupant | Birth Date | Social Security # | Full Time Student (Y/N) | Relationship |
| | | | | |
| Occupant | Birth Date | Social Security # | Full Time Student (Y/N) | Relationship |
| | | | | |
| Occupant | Birth Date | Social Security # | Full Time Student (Y/N) | Relationship |
| | | | | |

Are any changes to the household size anticipated in the next 12 months? Yes No

Marital / Student Status

Marital Status: Single Married Divorced Separated Widowed

Student Status: **If all members of the household are Full-Time Students, indicate which exemption qualifies this household:**

Member of the household has previously been in Child Welfare / Foster Care under Title IV of the Social Security Act:

Single parent, not dependent on another, with children that are dependent on either parent:

Married and can file a joint tax return:

Student receives assistance under Title IV of the Social Security Act:

Student receives assistance under the Job Training Partnership Act or similar Federal, State or local laws:

Other Information

How did you find us:

Newspaper Referral Drive-by Flyer Other _____

Credit / Criminal Info:

Ever filed for bankruptcy? Yes No

Ever been evicted from tenancy? Yes No

Owe any current or previous landlord any monies? Yes No

Been charged with a crime in the last 10 years? Yes No

Drivers License Info:

License Number: _____ State Issued: _____ Expires: _____

Vehicle Information:

Make: _____ Model: _____ Color: _____ Year: _____ License Plate: _____

Make: _____ Model: _____ Color: _____ Year: _____ License Plate: _____

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Contact - In case of an emergency:

Name: _____ Phone: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

(THREE YEAR HISTORY REQUIRED) Rental History

| | | | | | |
|------------------------|--------------------|----------------|-------------------|-----------------|---------------------------|
| Current Address | | City | State | Zip | Landlord / Apartment Name |
| Date Moved In | Date Lease Expires | Rent per Month | Reason for Moving | Landlords Phone | |

| | | | | | |
|-------------------------|----------------|----------------|-------------------|-----------------|---------------------------|
| Previous Address | | City | State | Zip | Landlord / Apartment Name |
| Date Moved In | Date Moved Out | Rent per Month | Reason for Moving | Landlords Phone | |

| | | | | | |
|-------------------------|----------------|----------------|-------------------|-----------------|---------------------------|
| Previous Address | | City | State | Zip | Landlord / Apartment Name |
| Date Moved In | Date Moved Out | Rent per Month | Reason for Moving | Landlords Phone | |

Employment History

| | | | |
|---|--|------------------|-----------------|
| Current Employer | | Position | Date Hired |
| Address: _____ | | Supervisors Name | Employers Phone |
| City, State: _____ | | | |
| Zip: _____ | | | |
| Annual Gross Earnings you expect to receive within the next 12 months: \$ _____ | | | |

| | | | |
|---|--|------------------|-----------------|
| Second Employer (Write NONE if not applicable) | | Position | Date Hired |
| Address: _____ | | Supervisors Name | Employers Phone |
| City, State: _____ | | | |
| Zip: _____ | | | |
| Annual Gross Earnings you expect to receive within the next 12 months: \$ _____ | | | |

| | | | |
|---|--|------------------|-----------------|
| Previous Employer | | Position | Date Hired |
| Address: _____ | | Supervisors Name | Employers Phone |
| City, State: _____ | | | |
| Zip: _____ | | | |
| Annual Gross Earnings you expect to receive within the next 12 months: \$ _____ | | | |

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Income Disclosure Statement

Do you or does anyone in the household receive any of the following:

Total Monthly Amount:

| | | | |
|---|------------------------------|-----------------------------|----------|
| Employment Income (Gross Amount) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Military Pay | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Self-Employment Income | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Social Security Income (Gross Amount) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Disability Income | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Unemployment Income | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Worker's Compensation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Pensions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Rental Income from Property Owned | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Welfare Assistance (AFDC / TANF, exclude Food Stamps) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Child Support | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Alimony | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Recurring Monetary Gifts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Veterans Administration Benefits | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Income from any other source not mentioned | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |

Asset Disclosure Statement

Do you or does anyone in the household hold any of the following:

Total Value:

| | | | | |
|---|----------------------|------------------------------|-----------------------------|----------|
| Checking Account (Average 6 mos. Balance) | # of Accounts: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Savings Account (Current Balance) | # of Accounts: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Certificates of Deposit | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Stocks or Bonds | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| IRA's or Retirement Funds | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Mutual Funds | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Trust Accounts | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Life Insurance (Whole or Universal Only) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Personal Property held as an Investment | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Real Estate | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Any other assets not mentioned above | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |

Have you disposed of any assets in the last 24 months Yes No If Yes, please explain below

Type of asset disposed of: _____ Date of sale: _____ Current Value: _____

Sales Price: _____

Bank / Account Information

| | |
|--------------------------------|------------------|
| Checking Account Number: _____ | Bank Name: _____ |
| Checking Account Number: _____ | Bank Name: _____ |
| Savings Account Number: _____ | Bank Name: _____ |
| Savings Account Number: _____ | Bank Name: _____ |

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This Section to be Completed by All Students

Student Financial Aid Disclosure

Student Currently Attends School: *(please circle one)* **Full Time** **Part Time**

- Over the age of 23 with dependent child(ren), check
- Student resides with parent(s) who receive Section 8 assistance, check here

Total Scholarships, grants, etc. (public or private, excluding student loans) received is:

| | Source | Amount | Beginning Date | Ending Date |
|----------------------|--------|----------|----------------|-------------|
| Scholarships: | _____ | \$ _____ | _____ | _____ |
| Grants: | _____ | \$ _____ | _____ | _____ |
| Other Contributions: | _____ | \$ _____ | _____ | _____ |
| Cost of Tuition: | _____ | \$ _____ | _____ | _____ |

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit or other affordable housing program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of any necessary information to determine eligibility. I understand that providing false information or making false statements may be grounds for denial of my application or considered a material breach of lease which could result in eviction. I also understand that such action may result in criminal penalties.

I authorize management to verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's Resident Selection Criteria and the Housing Credit or other affordable housing program requirements.

Applicant Signature

Date

For Office Use Only:

Type of Unit Desired: _____ Expected Move-in Date: _____ Rent Quote: _____

Leasing Agent: _____ Date: _____ Time: _____

Application Fee Paid: \$ _____ Marketing Source: _____