

### Move-in Application

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

#### Resident Information

<b>Applicant (Your Name)</b>	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: \_\_\_\_\_

Contact - In case of an emergency: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Rental History

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

#### Income Disclosure Statement

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

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

#### Asset Disclosure Statement

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

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

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: _____

#### 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 here

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 this 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: _____	