



Intake Application

Dear Applicant:

The information on this form is needed to determine if your household is eligible to participate under the regulations of this Community. Please complete this entire form and leave no blanks.

If there are any questions that you do not understand, please contact the Contract Administrator or Management Office Personnel.

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT						
Administrator/Owner/Management Name:				TDHCA Number:		
Contact Name:				Contact Title:		
Address:				Phone:		
Email Address:				Fax:		
II. THIS SECTION TO BE COMPLETED BY APPLICANT						
A. CONTACT INFORMATION						
Street Address: <small>(as shown on driver's license or government ID)</small>				Apt #:		
City/State/Zip:				County:		
Current Address: <small>(if different from above)</small>				Apt #:		
City/State/Zip:				County:		
Email Address:				Home Phone: () Mobile Phone: ()		
Emergency Contact Name:				Phone: ()		
B. PREVIOUS RESIDENCY INFORMATION						
Previous Address/City/State:				Cost per Month:		
Reason For Leaving:				Occupied For: _Yrs Mos		
Contact/Landlord Name:				Phone:		
C. HOUSEHOLD COMPOSITION – List the Head of Household and all other persons who comprise the household						
Full Name (exactly as on driver's license or other govt. document)	Relationship to Head of HH	Date of Birth	Gender	Student Status F/T=Full Time P/T=Part Time	Social Security No./ Alien Registration No.	Receiving income
1	Head of Household		Male Female	F/T P/T N/A		Yes No
2	Co-Head Spouse Dependent Other Adult		Male Female	F/T P/T N/A		Yes No
3	Co-Head Spouse Dependent Other Adult		Male Female	F/T P/T N/A		Yes No
4	Co-Head Spouse Dependent Other Adult		Male Female	F/T P/T N/A		Yes No
5	Co-Head Spouse Dependent Other Adult		Male Female	F/T P/T N/A		Yes No
6	Co-Head Spouse Dependent Other Adult		Male Female	F/T P/T N/A		Yes No
7	Co-Head Spouse Dependent Other Adult		Male Female	F/T P/T N/A		Yes No
8	Co-Head Spouse Dependent Other Adult		Male Female	F/T P/T N/A		Yes No



Were any of the household members a full-time student within the last calendar year? NO YES who: _____

Are any of the household members listed above foster children? NO YES who: _____

Are any of the household members listed above a live-in attendant? NO YES who: _____

Are any household members temporarily absent from the home? NO YES who: _____

Indicate reason for temporary absence: _____

Do you anticipate any other members will join your household within the next 12 months? NO YES who: _____

E. ANNUAL INCOME (List ALL income of adults and children in your household, except for the earned income from employment by persons under the age of 18)

Identify income from any of the following sources, including periodic payments:			Head of Household	Co-Head/Spouse	Other Adult Member(s)	Child or Dependent	Total
Salary	Yes	No					
Overtime Pay	Yes	No					
Commissions/Fees	Yes	No					
Tips and Bonuses	Yes	No					
Salary from 2 nd job	Yes	No					
Temporary Income	Yes	No					
Income from Military	Yes	No					
Interest/Dividends	Yes	No					
Business Net Income	Yes	No					
Net Rental Income	Yes	No					
Social Security	Yes	No					
Supplemental Security Income	Yes	No					
Pension	Yes	No					
Retirement Funds	Yes	No					
Familial Support	Yes	No					
Unemployment Benefits	Yes	No					
Workers' Compensation	Yes	No					
Alimony	Yes	No					
Child Support (Circle Type) Anticipated, Voluntary, Court Ordered (regardless if pd)	Yes	No					
AFDC/TANF	Yes	No					
Educational Scholarship/Grant	Yes	No					
Other: Explain: _____	Yes	No					
TOTAL:							



F. CURRENT EMPLOYMENT CONTACT INFORMATION									
Household Member's Name				Occupation			Work Phone		
Name and Street Address of Employer					City		State		Zip Code
Date Hired	Salary \$ _____		Hourly Monthly	Weekly Yearly	bi-weekly Other _____		# of hours worked per week		Work Fax
Household Member's Name				Occupation			Work Phone		
Name and Street Address of Employer					City		State		Zip Code
Date Hired	Salary \$ _____		Hourly Monthly	Weekly Yearly	bi-weekly Other _____		# of hours worked per week		Work Fax
Household Member's Name				Occupation			Work Phone		
Name and Street Address of Employer					City		State		Zip Code
Date Hired	Salary \$ _____		Hourly Monthly	Weekly Yearly	bi-weekly Other _____		# of hours worked per week		Work Fax
Household Member's Name				Occupation			Work Phone		
Name and Street Address of Employer					City		State		Zip Code
Date Hired	Salary \$ _____		Hourly Monthly	Weekly Yearly	bi-weekly Other _____		# of hours worked per week		Work Fax

G. HOUSEHOLD ASSETS (Identify if anyone has any of the following types of assets, including dependents under the age of 18)						
Identify All Asset Sources			Cash Value	Asset Income (Interest/Dividends)	Name of Financial Institution	Account Number
Checking Account	Yes	No				
Additional Checking Account(s)	Yes	No				
Savings Account	Yes	No				
Additional Savings Account(s)	Yes	No				
Credit Union Account(s)	Yes	No				
Stocks, Bonds, Mutual Funds*	Yes	No				
Real Estate or Home	Yes	No				
IRA/Keogh Account(s)*	Yes	No				
Retirement/Pension Fund(s)*	Yes	No				
Trust Fund(s)	Yes	No				
Mortgage Note Held	Yes	No				
Whole Life Insurance Cash Value*	Yes	No				
Real Estate/Land*	Yes	No				
Other: _____	Yes	No				

*When listing the "cash value" of any asset with an asterisk, indicate the amount you would have if you were to convert it to cash. The amount would have deducted any penalties for withdrawal, amounts used to pay off a balance, or any fees which may be assessed for the conversion



H. HOUSEHOLD ASSET INFORMATION

1. Has anyone in the household given away anything of value within the last two years? (If a home was released due to foreclosure, bankruptcy or divorce, answer no) NO YES If yes, who?

Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal):

2. Has anyone in the household owned a home in the last two years? NO YES If yes, who?

Do they currently own it? NO YES If No, when was it: _____

Disposed of? If Yes, Is it being rented? NO YES

Is it sitting vacant? NO YES

Is it in the process of being sold? NO YES

I. HOUSING ASSISTANCE – List any assistance provided to or received by any member of the household

Source	Amount	Date Received	Rea
FEMA Yes No (Federal Emergency Management Agency)			
SBA Yes No (Small Business Administration)			
Section 8 Yes No (Housing and Urban Development)			
TBRA Yes No (Tenant Based Rental Assistance)			
Insurance Yes No (Homeowner)			
Other Yes No Explain: _____			

J. PREFERENCES – Please select yes/no for the following items that may or may not relate to your household:

Victim of Domestic Violence/Dating Violence/Stalking/Sexual Assault (VAWA) YES NO

Need of an accessible unit YES NO

In House Transfer YES NO

Senior Exemption (Senior Community only) YES NO



APPLICANT CERTIFICATION - Please be aware that this information is being used to determine if your household appears eligible to participate under an Affordable Housing Program My/Our signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my/our employment information.

Warning: Title 18, Section 1001 of the U.S Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action or damages, and seek other relief as may be appropriate against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act as 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)

_____ Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Co-Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date
_____ Management Representative Printed Name	_____ Signature	_____ Date

If you are disabled or have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

UAH Property Management does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, Par 8 dated June 2, 1988)



Rob Dryman
10670 N. Central Expressway, Suite 500 | Dallas, TX 75231
Office 214-265-7227 | TTY 800-735-2989





Professional Property Management
With a **Personal Approach**

Revised 07/2015



Rental Application for Residents and Occupants

TEXAS APARTMENT ASSOCIATION
MEMBER

Each co-resident and each occupant over 18 must submit a separate application.
Spouses may submit a joint application.

Date when filled out: _____

ABOUT YOU

Full name (exactly as on driver's license or gov't ID card): _____
Your street address (as shown on your driver's license or gov't ID card): _____
Driver's license # and state: _____
OR gov't photo ID card #: _____
Former last names (maiden and married): _____
Social Security #: _____ Birthdate: _____
Ht.: _____ Wt.: _____ Sex: _____ Eye color: _____ Hair: _____
Marital Status: single married divorced widowed separated
U.S. citizen? Yes No Do you or any occupant smoke? Yes No
Will you or any occupant have an animal? Yes No
Kind, weight, breed, age: _____

Current home address (where you now live): _____ Apt. # _____
City/State/Zip: _____
Home/cell phone: (_____) _____ Current rent: \$ _____
E-mail address: _____
Apartment name: _____
Name of owner or manager: _____
Their phone: _____ Date moved in: _____
Why are you leaving your current residence? _____

Previous home address (most recent): _____ Apt. # _____
City/State/Zip: _____
Apartment name: _____
Name of owner or manager: _____
Their phone: _____ Previous monthly rent: \$ _____
Date you moved in: _____ Date you moved out: _____

YOUR WORK

Current employer: _____
Address: _____
City/State/Zip: _____
Work phone: (_____) _____
Position: _____
Your gross monthly income is over: \$ _____
Date you began this job: _____
Supervisor's name and phone: _____

Previous employer (most recent): _____
Address: _____
City/State/Zip: _____
Work phone: (_____) _____
Position: _____
Gross monthly income was over: \$ _____
Dates you began and ended this job: _____
Previous supervisor's name and phone: _____

YOUR CREDIT HISTORY

Your bank's name: _____
City/State/Zip: _____
List major credit cards: _____
Other non-work income you want considered. Please explain: _____
Past credit problems you want to explain. (Use separate page)

YOUR RENTAL/CRIMINAL HISTORY

You must check if applicable.

Have you, your spouse, or any occupant listed in this application ever:
 been evicted or asked to move out?
 moved out of a dwelling before the end of the lease term without the owner's consent?
 declared bankruptcy?
 been sued for rent?
 been sued for property damage?
 been charged, detained, or arrested for a felony or sex crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision, or pretrial diversion?
 been charged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method?
Please indicate below the year, location, and type of each felony or sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. _____

You represent that the answer to any item not checked above is "no."

YOUR SPOUSE

Full name: _____
Former last names (maiden and married): _____
Social Security #: _____
Driver's license # and state: _____
OR gov't photo ID card #: _____
Birthdate: _____
Ht.: _____ Wt.: _____ Sex: _____ Eye color: _____ Hair: _____
Are you a U.S. citizen? Yes No
Current employer: _____
Address: _____
City/State/Zip: _____
Work phone: (_____) _____ Cell phone: (_____) _____
Position: _____
E-mail address: _____
Date began job: _____ Gross monthly income is over: \$ _____
Supervisor's name and phone: _____

OTHER OCCUPANTS

Names of all people who will occupy the unit without signing the lease. Continue on separate page if more than three.
Name: _____ Relationship: _____
Sex: _____ DL or gov't ID card# and state: _____
Birthdate: _____ Social Security #: _____
Name: _____ Relationship: _____
Sex: _____ DL or gov't ID card# and state: _____
Birthdate: _____ Social Security #: _____
Name: _____ Relationship: _____
Sex: _____ DL or gov't ID card# and state: _____
Birthdate: _____ Social Security #: _____

YOUR VEHICLES

List all vehicles (cars, trucks, motorcycles, trailers, etc.) owned or operated by you, your spouse, or any occupant. Continue on separate page if more than three.
1. Make, model, and color: _____
Year: _____ License #: _____ State: _____
2. Make, model, and color: _____
Year: _____ License #: _____ State: _____
3. Make, model, and color: _____
Year: _____ License #: _____ State: _____

WHY YOU WANT TO RENT HERE

Were you referred? Yes No If yes, by whom? _____
Name of locator or rental agency: _____
Name of individual locator or agent: _____
Name of friend or other person: _____
Did you find us on your own? Yes No If yes, fill in information below:
 Internet site: _____
 Rental publication: _____ Stopped by
 Newspaper: _____ Other: _____

EMERGENCY

Emergency contact person over 18 who will not be living with you:
Name: _____
Address: _____
City/State/Zip: _____
Work phone: (_____) _____ Home phone: (_____) _____
Cell phone: (_____) _____ Relationship: _____
If you die or are seriously ill, missing, or incarcerated according to an affidavit of (check one or more) the above person, your spouse, or your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We're not legally obligated to do so.

AUTHORIZATION

I or we authorize (owner's name) Plainview Vistas _____
to: (1) share the information above with the owner's electric provider; and (2) verify the information above by all available means, including reports from consumer-reporting agencies before, during, and after tenancy on matters relating to my lease, as well as income history and other information reported by employers to any state employment-security agency (e.g., Texas Workforce Commission). Work-history information may be used only for this Rental Application. Authority to obtain work-history information expires 365 days from the date of this application.
Applicant's signature _____
Spouse's signature _____

Contemplated Lease Contract Information

To be filled in only if the Lease Contract is not signed by the resident or residents at the time of application for rental.

The TAA Lease Contract to be used must be the latest version of **(check one)**: the Apartment Lease, the Residential Lease, or the Condominium/Townhome Lease, unless an earlier version is initiated by resident(s) and attached to this application. The blanks in the contract will contain the following information:

- Names of all residents who will sign the Lease Contract _____
- Name of owner or lessor Plainview Vistas
- Property name and type of dwelling (bedrooms and baths) Plainview Vistas
- Complete street address 1401 W. 33rd St.
City/State/Zip Plainview, TX 79072
- Names of all other occupants not signing Lease Contract (persons under age 18, relatives, friends, etc.) _____
- Total number of residents and occupants _____
- Our consent is necessary for guests staying longer than 5 days
- Beginning date and ending dates of Lease Contract _____
- Number of days' notice for termination 30
- Total security deposit \$ _____ Animal deposit \$ 150.00
- # of keys/access devices for 2 unit, 1 mailbox, 1 other Garage
- Total monthly rent for dwelling unit \$ _____
- Rent to be paid: at the onsite manager's office, through our online payment site, **OR** at Rent Drop Box
- Prorated rent for: first month **OR** second month _____
- Late charges due if rent is not paid on or before 3rd
- Initial late charge \$ 25.00 Daily late charge \$ 5.00
- Returned-check charge \$ 25.00
- Animal-rules-violation charges: Initial \$ 100.00 Daily \$ 10.00
- The dwelling is to be furnished **OR** unfurnished.
- Utilities paid by owner **(check all that apply)**: electricity, gas, water, wastewater, trash/recycling, cable/satellite, master antenna, Internet, stormwater/drainage, other _____
- Utility-connection charge \$ _____
- You are **(check one)**: required to buy insurance, not required to buy insurance.
- Agreed reletting charge \$ _____
- Security-deposit refund check will be by **(check one)**:
 one check jointly payable to all residents **(default)**, **OR**
 one check payable and mailed to _____
- Your move-out notice will terminate Lease Contract on **(check one)**:
 last day of the month, **OR** exact day designated in your move-out notice.
- If the dwelling unit is a house or duplex, owner will be responsible under paragraph 12.2 of the Lease Contract for lawn/plant maintenance,
 lawn/plant watering, lawn/plant fertilization,
 picking up trash from grounds, trash receptacles.
You will be responsible for anything not checked here.
- You will be responsible for the first \$ _____ of each repair.
- Special provisions regarding parking, storage, etc. (see attached page, if necessary): _____

Application Agreement

1. **Lease Contract Information.** The Lease Contract contemplated by the parties is attached—or, if no Lease Contract is attached, the Lease Contract will be the current TAA Lease Contract noted above. Special information and conditions must be explicitly noted on an attached Lease Contract or in the Contemplated Lease Information above.
2. **Application Fee (may or may not be refundable).** You have delivered to our representative an application fee in the amount indicated in paragraph 14 below, and this payment partially defrays the cost of administrative paperwork.
3. **Application Deposit (may or may not be refundable).** In addition to any application fee, you have delivered to our representative an application deposit in the amount indicated in paragraph 14. The application deposit is not a security deposit, but it will be credited toward the required security deposit when the Lease Contract has been signed by all parties; **OR** it will be refunded under paragraph 10 if you are not approved; **OR** it will be retained by us as liquidated damages if you fail to sign or attempt to withdraw under paragraph 6 or 7, if you fail to answer any question, or if you give false information.
4. **Approval When Lease Contract Is Signed in Advance.** If you and all co-applicants have already signed the Lease Contract when we approve your application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease Contract, and then credit the application deposit of all applicants toward the required security deposit.
5. **Approval When Lease Contract Isn't Yet Signed.** If you and all co-applicants have not signed the Lease Contract when we approve your application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, and then credit the application deposit of all applicants toward the required security deposit.
6. **If You Fail to Sign Lease After Approval.** Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within three days after we give you our approval in person, by telephone, or by email, or within five days after we mail you our approval. If you or any co-applicant fails to sign as required, we may keep the application deposit as liquidated damages and terminate all further obligations under this agreement.
7. **If You Withdraw Before Approval.** You and any co-applicants may not withdraw your application or the application deposit. If, before signing the Lease Contract, you or any co-applicant withdraws an application or notifies us that you've changed your mind about renting the dwelling unit, we'll be entitled to

retain all application deposits as liquidated damages, and the parties will then have no further obligation to each other.

8. **Completed Application.** An application will not be considered completed and will not be processed until all of the following have been provided to us **(unless not checked)**: a separate application has been fully filled out and signed by you and each co-applicant; an application fee has been paid to us; an application deposit has been paid to us. If no item is checked, all are necessary for the application to be considered completed.
9. **Nonapproval in Seven Days.** We will notify you whether you've been approved within seven days after the date we receive a completed application. Your application will be considered disapproved if we fail to notify you of your approval within seven days after we have received a completed application. Notification may be in person, by mail, or by telephone unless you have specified that notification be by mail. You must not assume approval until you receive actual notice of approval.
10. **Refund After Nonapproval.** If you or any co-applicant is disapproved or deemed disapproved under paragraph 9, we'll refund all application deposits required by law to be refunded within _____ days **(not to exceed 30 days; 30 days if left blank)** of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.
11. **Extension of Deadlines.** If the deadline for signing, approving, or refunding under paragraphs 6, 9, or 10 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day.
12. **Notice to or from Co-applicants.** Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.
13. **Keys or Access Devices.** We'll furnish keys and access devices only after: (1) all parties have signed the contemplated Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.
14. **Receipt.** Application fee **(may or may not be refundable)**: \$ _____
Application deposit **(may or may not be refundable)**: \$ _____
Administrative fee **(refundable only if not approved)**: \$ _____
Total of above fees and application deposit: \$ _____
Total amount of money we've received to this date: \$ _____
15. **Signature.** Our representative's signature indicates our acceptance only of the above application agreement. It does not bind us to approve your application or to sign the proposed Lease Contract.

If you are seriously ill or injured, what doctor may we notify? (We are not responsible for providing medical information to doctors or emergency personnel.)

Name: _____ Phone: (_____) _____

Important medical information in emergency: _____

Acknowledgment. You declare that all your statements on the first page of this application are true and complete. You authorize us to verify your information through any means, including consumer-reporting agencies and other rental-housing owners. **You acknowledge that you had an opportunity to review our rental-selection criteria, which include reasons your application may be denied, such as criminal history, credit history, current income, and rental history. You understand that if you do not meet our rental-selection criteria or if you fail to answer any question or give false information, we may reject the application, retain all application fees, administrative fees, and deposits as liquidated damages for our time and expense, and terminate your right of occupancy.** Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover from the non-prevailing party all attorney's fees and litigation costs. We may at any time furnish information to consumer-reporting agencies and other rental-housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations. Fax or electronic signatures are legally binding. You acknowledge that our privacy policy is available to you.

Right to Review the Lease. Before you submit an application or pay any fees or deposits, you have the right to review the Rental Application and Lease Contract, as well as any community rules or policies we have. You may also consult an attorney. These documents are binding legal documents when signed. We will not take a particular dwelling off the market until we receive a completed application and any other required information or monies to rent that dwelling. Additional provisions or changes may be made in the Lease Contract if agreed to in writing by all parties. You are entitled to a copy of the Lease Contract after it is fully signed.

Applicant's Signature: _____ **Date:** _____

Signature of Spouse: _____ **Date:** _____

Signature of Owner's Representative: _____ **Date:** _____

FOR OFFICE USE ONLY

1. Apt. name or dwelling address (street, city): Plainview Vistas Unit # or type: _____

2. Person accepting application: _____ Phone: (_____) _____

3. Person processing application: _____ Phone: (_____) _____

4. Date that the applicant or co-applicant was notified by telephone, by letter, or in person of acceptance or nonacceptance: _____
(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)

5. Name of person or persons notified (if there are more than one applicant, at least one of them must be notified): _____

6. Name of owner's representative who notified the applicant: _____



Supplemental Rental Application for Units Under Government Regulated Affordable Housing Programs

Date when filled out: _____

1. Supplemental Information. The purpose of this Supplemental Rental Application is to determine whether you qualify for affordable rental housing under a government regulated affordable housing program. It is very important that you answer all questions fully and accurately.

2. Employment Update. Present employer: _____ Address: _____ City, State, ZIP: _____ Work Phone: _____ Position: _____

3. Household Composition. List all persons, including yourself, who will be living in your household.

Table with 5 columns: Number of Persons, Full Name, Relationship, Age, Student Status. Rows 1-6.

Does anyone live with you now who is not listed above? Yes No. Does anyone plan to live with you in the future who is not listed above? Yes No. If you answered "Yes" to any question, please explain: _____

Are any of the household members listed above: Foster children? Yes No Live-in attendants? Yes No

4. Annual Income. List all income of all adults and persons in your household, including those under 18 (except for income earned from employment by persons under the age of 18).

Table for Annual Income with columns: Gross Monthly Income Source, Applicant, Co-Applicant, Other Household Members, Total. Rows include Salary, Overtime Pay, Commissions and Fees, etc.

5. Assets. List all assets of all adults and persons in your household, including those under the age of 18.

Table for Assets with columns: Listing of All Assets, Cash Value, Annual Interest, Dividends or Rent from Assets, Name of Financial Institution or Description of Asset, Account Number. Rows include Checking Account(s), Savings Account(s), etc.

6. Certification. By signing this Supplemental Rental Application, you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept.

7. Recertification. If this form is being used for recertification and you have changed employment during the past year, you must complete the "Your Work" section of the TAA Rental Application.

Applicant

Date of Signing Application

Co-Applicant

Date of Signing Application

