

CERTIFICATION QUESTIONNAIRE

***NOTE: A separate Questionnaire must be completed by each adult household member, for themselves, and any dependent children.**

NAME: _____ UNIT # _____

PROPERTY NAME _____

☐ MOVE-IN/Initial Certification ☐ Recertification ☐ Addition of Household Member

RENTAL ASSISTANCE

YES NO

1. <input type="checkbox"/>	<input type="checkbox"/>	<p>I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the Public Housing Authority (PHA) below.</p> <p>PHA Name _____</p>	<p>Note: This is not counted as household income.</p>
2. <input type="checkbox"/>	<input type="checkbox"/>	<p>I receive another form of federal or state rental assistance (not Section 8). If yes, list the entity that provides the rental assistance below.</p> <p>Program Name _____</p> <p>Organization providing rental assistance _____</p>	<p>Note: This is not counted as household income.</p>
<div style="display: flex; align-items: center;"> <div> <p>When Question 1 or 2 is applicable, submit the Income Determination provided by the subsidy provider and skip to Question 37. Acceptable Income Determinations are: HUD-50058, HUD-50059, RD 3560-8. These determinations are mandatory for the HOME, SHTF, NHTF, and NSP programs. They are optional for the LIHTC program, provided it is not combined with the aforementioned programs.</p> <p>Furthermore, owners may consider means-tested income determinations from other programs: TANF, Medicaid, SNAP, EITC, LIHTC, WIC, SSI, and other HUD programs. If an alternative determination is utilized, please provide the relevant documentation and proceed directly to Question 37.</p> </div> </div>			

INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES NO

MONTHLY GROSS INCOME

3. <input type="checkbox"/>	<input type="checkbox"/>	<p>I am self-employed. (List nature of self-employment). This includes but is not limited to: 1099-contractors, rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), etc.</p> <p>List types:</p> <p>1) _____</p> <p>2) _____</p>	<p>(Use <u>net</u> income from business)</p> <p>\$ _____</p> <p>\$ _____</p>
4. <input type="checkbox"/>	<input type="checkbox"/>	<p>I have a job and receive the following types of pay. Include income earned as a seasonal worker or day laborer.</p> <p><u>Check all that apply:</u></p> <p><input type="checkbox"/> Wages</p> <p><input type="checkbox"/> Salary</p> <p><input type="checkbox"/> Overtime pay</p>	



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	<input type="checkbox"/> Commissions <input type="checkbox"/> Tips (reported) <input type="checkbox"/> Cash tips (not reported or disclosed) <input type="checkbox"/> Bonuses <input type="checkbox"/> Other compensation List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	\$ _____ \$ _____
5. <input type="checkbox"/> <input type="checkbox"/>	I receive recurring cash contributions or gifts from persons not living with me, including but not limited to payments for rent, utilities, cell phone, transportation, etc. *Do not count birthday or holiday gifts or nonmonetary items received from a food bank or similar organization. <u>Name of Person Providing Contribution</u> 1) _____ 2) _____	\$ _____ \$ _____
6. <input type="checkbox"/> <input type="checkbox"/>	I receive unemployment benefits.	\$ _____
7. <input type="checkbox"/> <input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
8. <input type="checkbox"/> <input type="checkbox"/>	I receive periodic Social Security, Supplemental Social Security Income (SSI), Dual Entitlement, or Social Security Disability Insurance (SSDI) payments	\$ _____
9. <input type="checkbox"/> <input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
10. <input type="checkbox"/> <input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
11. <input type="checkbox"/> <input type="checkbox"/>	I receive periodic payment from lottery winnings.	\$ _____
12. <input type="checkbox"/> <input type="checkbox"/>	I receive Public Assistance Income (e.g. TANF that is Cash Assistance) DO NOT INCLUDE FOOD STAMPS	\$ _____
13. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I receive child support payments through court order or other agreement. If yes, from how many persons do you receive support? _____ Are the children present in the unit 50% or more of the time? Clarify if NO _____	\$ _____ (amount received)

14. <input type="checkbox"/> <input type="checkbox"/>	I receive alimony/spousal maintenance payments	\$ _____ (amount received)
15. <input type="checkbox"/> <input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement accounts/funds or pensions, insurance policies, or similar periodic payments or disbursements. If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
16. <input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property.	(Use <u>net</u> earned income) \$ _____
17. <input type="checkbox"/> <input type="checkbox"/>	I receive student financial assistance (Federal Pell Grants, Teach Grants, Federal Perkins Loans, other grants, scholarships, etc.).	\$ _____ per semester
18. <input type="checkbox"/> <input type="checkbox"/>	I am claiming zero income and will be required to complete a separate zero income certification form if my entire household is claiming zero income	
19. <input type="checkbox"/> <input type="checkbox"/>	I am a member of an Indian Tribe receiving gaming payments.	

ASSET INFORMATION

Include all asset sources, including assets of minors.

YES	NO		INTEREST RATE	CASH VALUE
20. <input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
22. <input type="checkbox"/>	<input type="checkbox"/>	I have a digital wallet service(s) (e.g., Apple Pay / Apple Cash, Cash App, PayPal, Venmo, etc.) # Of accounts held _____ If yes, list services(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____



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23. <input type="checkbox"/> <input type="checkbox"/>	I have a pay card for direct deposit of benefits or prepaid debit card(s). # Of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
24. <input type="checkbox"/> <input type="checkbox"/>	I have a revocable trust(s) If yes, list bank _____	_____%	\$ _____
25. <input type="checkbox"/> <input type="checkbox"/>	I own real estate If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		\$ _____
26. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
27. <input type="checkbox"/> <input type="checkbox"/>	I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.) If yes, list currency types 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
28. <input type="checkbox"/> <input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). # Of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
29. <input type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
31. <input type="checkbox"/> <input type="checkbox"/>	I have received lottery winnings or other lump sum payments paid in one payment (not recurring periodic payments).		\$ _____

32. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e., gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
33. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____		\$ _____
34. <input type="checkbox"/> <input type="checkbox"/>	I receive payments through a crowdfunding platform (e.g., GoFundMe)		CURRENT BALANCE \$ _____
35. <input type="checkbox"/> <input type="checkbox"/>	I have other non-necessary personal property, including but not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork etc. Do not include necessary personal property such as, but not necessarily limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment If yes, list type below: 1) _____ 2) _____ 3) _____		\$ _____ \$ _____ \$ _____
36. <input type="checkbox"/> <input type="checkbox"/>	I received a federal tax refund or refundable tax credit in the past 12 months.		AMOUNT RECEIVED \$ _____

STUDENT CERTIFICATION FOR LIHTC AND/OR HOME

YES	NO	
37. <input type="checkbox"/>	<input type="checkbox"/>	<p>Have you, are you or will you be a student this calendar year? (HOME/SHTF/NSP, LIHTC)</p> <p><i>"Student" includes those attending public or private elementary schools, middle or junior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses or those pursuing a GED.</i></p> <p>If you are not sure, please mark 'YES' and the property management company will verify your student status, as well as any exceptions that you claim.</p> <p>➤ If you answered "NO" please skip the following questions and sign below.</p> <p>➤ If you answered "YES" please complete the following questions:</p>
38. <input type="checkbox"/>	<input type="checkbox"/>	Are you a part-time student? (HOME/SHTF/NSP, LIHTC)
39. <input type="checkbox"/>	<input type="checkbox"/>	Are you a full-time student? This means you have or will attend school for any part of 5-months or more this calendar year with a full-time status. (The months do not need to be consecutive.)
40. <input type="checkbox"/>	<input type="checkbox"/>	Are you married? (HOME/SHTF/NSP, LIHTC)
41. <input type="checkbox"/>	<input type="checkbox"/>	Are you a single parent with a child(ren) living with you at least 50% of the time?
<input type="checkbox"/>	<input type="checkbox"/>	<u>If yes:</u> a) Are you a tax dependent of someone else? (LIHTC)
<input type="checkbox"/>	<input type="checkbox"/>	b) Is your child(ren) a tax dependent of someone other than a parent? (LIHTC)
42. <input type="checkbox"/>	<input type="checkbox"/>	Are you receiving assistance under Title IV of the Social Security Act (e.g. TANF "cash assistance")? (LIHTC)
43. <input type="checkbox"/>	<input type="checkbox"/>	Are you enrolled in a government (federal/state/local)-sponsored Job Training Partnership Act (JTPA) or similar program, like the Workforce Investment act. The program should have a mission statement like the one for the JTPA program. (LIHTC)
44. <input type="checkbox"/>	<input type="checkbox"/>	<p>Were you previously in foster care at any time through the age of 18? (LIHTC)</p> <p>➤ The following questions apply only to the HOME/SHTF/NSP Programs, if this is not applicable, please skip the remaining questions and sign below.</p>
45. <input type="checkbox"/>	<input type="checkbox"/>	Are you disabled?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, were you receiving Section 8 assistance as of November 30, 2005?
46. <input type="checkbox"/>	<input type="checkbox"/>	Are you under age 24 and a dependent of the household?
47. <input type="checkbox"/>	<input type="checkbox"/>	Are you age 24 or older?
48. <input type="checkbox"/>	<input type="checkbox"/>	Do you have a dependent child(ren) living with you at least 50% of the time?
49. <input type="checkbox"/>	<input type="checkbox"/>	Are you a veteran of the United States Military?
50. <input type="checkbox"/>	<input type="checkbox"/>	Were you an orphan or a ward of the court through age 18?
		➤ If the answer is "NO" to each of the above, then the student must be independent from their parents. This must include all the below:
51. <input type="checkbox"/>	<input type="checkbox"/>	Are you of legal contract age under state law? AND
52. <input type="checkbox"/>	<input type="checkbox"/>	Have you established a household separate from parents or legal guardians for at least one year prior to application for occupancy (not counting dorms & student housing)? OR



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53. <input type="checkbox"/> <input type="checkbox"/>	<p>Do you meet the U.S Dept. of Education definition of an independent student, including being any one of the following: 1) At least 24 years old by 12/31 of the year, 2) A veteran of the U.S. Armed Forces, 3) Have legal dependents other than a spouse, 4) A graduate or professional student, 5) Married 6) Is an emancipated minor or was one before they became an adult, 7) Is or was an orphan or ward of ward of the State or in foster care at any point since age 13, 8) Has been established this school year to be an unaccompanied homeless child or youth and self-supporting, 9) Is a “vulnerable youth” based on HUD guidance.</p> <p>If NOT, they must not be claimed as a dependent by parents or legal guardians according to IRS Regulations; AND The parents must provide signed certification, as to whether financial support will be provided.</p>
54. <input type="checkbox"/> <input type="checkbox"/>	<p>Are you not “Independent” as established above but your parents or guardian, individually or jointly, are income eligible for the HOME program based on the income limits for the county they live in. Provide parents tax return or other documentation of income.</p>
	<p>It is the Owner/owner agent’s responsibility to review the Student Independence Verification Requirements.</p>

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 for 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 at 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).

I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING, OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT	SIGNATURE OF APPLICANT/TENANT	DATE



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PROPERTY RENTAL CRITERIA

All adults eighteen (18) years and older must submit an application for residency. A separate application fee is required per person. I understand the application fee(s) is non-refundable and the administration / holding fee(s) is only refundable if my application is denied. If I cancel my application and / or move in, I understand that the administration / holding fee(s) is non-refundable. I understand these fees are not applied to the cost of move in. I understand that all application and Administrative / Holding fees are due paid in full before my application will be processed and considered for occupancy. All applicants must have a valid social security number, Visa, or Resident Alien Card.

INCOME/EMPLOYMENT –

- Must have at least six (6) months consecutive, verifiable employment history or other income that can be verified via 3rd party.
- Must provide four (4) most current and consecutive pay stubs and a signed verification of employment that will be sent by management directly to employer via fax, email or USPS.
- Monthly income must be equivalent to **two and a half (2.5)** times the net effective rental rate or the maximum income level determined by HUD or appropriate financing agency.
- Income for roommates can be combined to meet the requirement.
- If self-employed we will require a complete copy of the previous two (2) year's federal tax returns, W-2 forms & appropriate schedules.
- Income from Social Security, pensions, etc. must be verifiable.

****Move in approval cannot be given until all income has been completely verified and approved****

RENTAL HISTORY

- Must have six (6) months positive, verifiable rental history from a valid source.
- Verification of rental history from a private owner will require a copy of the legal lease agreement or a notarized statement.
- Any evictions recorded over the most recent three (3) year period will be cause for an automatic denial. Any open landlord collection accounts in excess of \$500.00, between zero (0) months and five (5) years could result in an extra security deposit in addition to any deposit that may be required. Dismissed or satisfied landlord debts with payment verification will be excluded from this calculation.

CREDIT RECOMMENDATIONS

Credit Risk	Recommendation
Limited Established Credit	Accept Applicant (Up to 1.5x Monthly Rent Deposit)
No Established Credit	Accept w/Conditions (Up to 1.5x Monthly Rent Deposit)
Minor	Accept Applicant (Up to 1.5x Monthly Rent Deposit)
Moderate	Accept w/Conditions (Up to 1.5x Monthly Rent Deposit)
High	Accept w/Conditions (Up to 1.5x Monthly Rent Deposit)
Severe	Reject Applicant

Above criteria is an approximate guideline used in addition to the other qualifying criteria listed and is not assume to be sole deciding factor of application result status.

- Any open bankruptcy, not discharged, will be cause for an automatic denial.

BACKGROUND CHECK

- Applicants with a criminal background that includes a felony conviction, a drug conviction, (misdemeanor or felony), an aggravated assault conviction, (misdemeanor or felony), or a criminal conviction which threatens the welfare or health and safety of the community may be denied for residency. Misdemeanors of a violent nature, if **one (1)** or more occurring over the most recent **seven (7)** year period, may be cause for an automatic denial.

COSIGNER/ GUARANTOR REQUIREMENTS

If an applicant elects to qualify with the assistance of a cosigner/ guarantor the requirements of that cosigner/ guarantor will be as follows:

- Monthly income must be equivalent to four (4) times the net effective rental rate.
- Medical, student loans, and foreclosures will be excluded from this calculation.
- Any open bankruptcies, evictions or open landlord collection accounts recorded over the most recent seven (7) year period, will be cause for an automatic denial. Dismissed or satisfied landlord debts with payment verification will be excluded from this calculation.
- All other requirements will remain the same as those noted for applicant.

MAXIMUM OCCUPANCY STANDARDS

Studios = 3 occupants
 One Bedroom = 3 occupants
 Two Bedrooms = 5 occupants
 Three Bedrooms = 7 occupants

Any application that is falsified or contains an invalid social security number will automatically be denied.

_____ <i>Applicant Signature)</i>	_____ <i>Date</i>	_____ <i>Applicant Signature)</i>	_____ <i>Date</i>
_____ <i>Applicant Signature)</i>	_____ <i>Date</i>	_____ <i>Applicant Signature)</i>	_____ <i>Date</i>
_____ <i>(Owner/Agent)</i>	_____ <i>Date</i>		

APPLICANT QUESTIONNAIRE

All household members 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete a separate questionnaire. Check "Yes" or "No" to each question as they apply to you. **Form to be completed by the applicant.**

Applicant Name: _____ Unit #: _____

Applicants Estimated **GROSS** Monthly Income (prior to deductions or taxes withheld): \$ _____

Yes	No	
		I filed a tax return last year for myself, jointly with my spouse, and/or for my business.
		I am married and am entitled to file a joint tax return. Spouses Name _____
		I am employed and receive wages. Estimated Monthly Gross Income \$ _____
		I am employed and receive overtime/tips/commissions/bonuses. Estimated Monthly Amount(s) \$ _____
		I am self-employed and/or own a business. Last Year's Earnings \$ _____
		I have secured new employment and will begin during the next 30 days (from eff. Date of certification).
		I am on leave of absence from work. If yes, for how long? _____
		I receive income from Unemployment, Workers Compensation and/or Disability Compensation. Amount \$ _____
		I receive/am entitled to receive Child Support and/or Alimony payments. Amount \$ _____
		I receive Social Security (SS), Supplemental Security (SSI), or Social Security Disability (SSD) income. Amount \$ _____
		I receive Welfare/Public Assistance (i.e. AFDC, TANF, etc) (exclude Food Stamps). Amount \$ _____
		I receive Section 8 or other Rental Assistance. Agency providing Assistance _____
		I am, or will be in the next 12 months, a Part-time or Full-time Student (financial assistance verification may be needed if receiving Section 8).
		If YES, provide the name of Educational Facility _____
		I receive income from a household member(s) temporarily absent from the unit. Amount \$ _____
		I receive income from a household member(s) permanently confined to a hospital or nursing home. \$ _____
		I receive periodic payments from family, friends, church, etc. Amount \$ _____
		I receive income from a foster child (unearned) or foster adult (earned/unearned) who resides with me. \$ _____
		I receive periodic income from Long-Term Care insurance, Disability, and/or Death Benefits. Amount \$ _____
		I have a Pension, Annuity, IRA, Keogh, 401K, Trust, and/or other retirement account(s). Value \$ _____
		I receive income from a Pension, Annuity, IRA, Keogh, 401K, Trust, and/or other retirement account(s). \$ _____
		Are there any anticipated changes in the Household composition over the next 12 months?
		If YES, list anticipated changes here _____
		I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple Checking account(s). Average 6 month balance \$ _____
		I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple Savings account(s). Current balance \$ _____
		I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple Money Market account(s). Average 6 month balance \$ _____
		I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple Certificate of Deposit(s). Average 6 month balance \$ _____
		I have cash on hand or in a safe deposit box. Value \$ _____
		I have investments in Stocks, Bonds, Treasury Bills and/or Mutual Funds. Value \$ _____
		I own Real Estate or am in the process of selling real estate. Current Value \$ _____
		I hold a Mortgage or Deed of Trust. Current Value \$ _____
		I have a Life Insurance policy (exclude Term Life). Current Value \$ _____
		I have other forms of income or assets not specified above (i.e., Adoption Assistance, Resident Stipend, etc.). _____
		I have disposed of assets for more than \$1,000 less than Fair Market Value (FMV) during the past two years.

I have assets: ☐ **No** OR ☐ **Yes - Combined household assets are under \$5000**
☐ **Yes - Combined household assets are \$5000 or more** (obtain third-party verification)

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my 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. I further certify that this will be my permanent residence and that I do not maintain another subsidized rental at any other location.

(Applicant)

Date



FOR OFFICE USE ONLY:

- ☐ APPLICANT
☐ CO-APPLICANT
☐ GUARANTOR

WELCOME

Please read carefully each paragraph of this agreement. There is no fine print or deceptive language. We want you to have a clear understanding of what is offered to you and what we expect of you.

We will verify answers on the rental application so that we may give other residents reasonable assurance of good neighbors. We hope you see the benefits of this policy once you become one of our residents.

We respect your right for confidentiality in giving us this information and for privacy in living in your apartment. We will do our best to make your residency enjoyable and a pleasant experience. **Thank you for your application.**

RENTAL APPLICATION (all spaces must be filled in)

- Applicant's Name _____ Married _____ Single _____
 Date of Birth _____ Present Phone No. _____ Email address _____
 Soc. Sec. No. _____ Applicant's State Driver's License No. or I.D. Type _____ State _____ Exp. Date _____
- Information about others who will occupy the apartment (separate Application required for all adults except spouse.)

Name	Relationship	Date of Birth
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
d) _____	_____	_____
- Will a pet of any type live in your apartment? ☐ Yes ☐ No (Management must view pet prior to application approval.)

Name	Age	Breed	Color	Weight	Licensed / Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
- Residence Information:

Address	Apt #	City / State	Zip Code	Amount of Rent
Current Residence _____				
From / / to / /	Name of Landlord _____		Landlord Phone _____	
If less than two years at your present address, list previous addresses below:				
Former Residence _____				
From / / to / /	Name of Landlord _____		Landlord Phone _____	
- Applicant Employed By _____ Address _____
 From / / to / / Phone _____ Position _____
 Supervisor's Name _____ Gross Monthly Income _____
 Other Source of Income for Rental Payment _____
- Spouse's Name _____ Soc. Sec. No. _____
 Date of Birth _____ Present Phone No. _____ Email address _____
 Spouse's State Driver's License No. or I.D. Type _____ State _____ Exp. Date _____
- Spouse Employed By _____ Address _____
 From / / to / / Phone _____ Position _____
 Supervisor's Name _____ Gross Monthly Income _____
- Have you or your spouse ever been evicted or asked to terminate a lease? ☐ Yes ☐ No If yes, please explain _____

9. Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"? ☐ Yes ☐ No If yes, please explain _____

10.

Vehicles you would like to park on property					
Year:	Make:	Model:	Color:	Plate #:	State:
Year:	Make:	Model:	Color:	Plate #:	State:

11.

Person(s) you want responsible for your personal property in Case of Emergency (Other Than Co-Lease Holders)	
For Lease Holder	For Additional Lease Holder
Name:	Name:
Address:	Address:
Relationship:	Relationship:
Phone Number:	Phone Number:

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, reference and credit records. Applicant acknowledges that false information contained herein constitutes grounds for rejection of this Application if discovered before move-in. Applicant acknowledges that management may not be able to complete a comprehensive evaluation of this Agreement before move-in; however, management reserves the right to verify Application information after move-in and may convert the proposed Rental Agreement to a month-to-month term if false or misleading information is contained in this Application. Applicant agrees to the terms of the "Deposit to Hold Agreement."

AGENCY DISCLOSURE: All property and Shelton Residential employees represent the owner with regard to the rental of your apartment and all terms and conditions contained in this rental application and agreement; however, we are committed to dealing fairly with all residents of this community.

(Applicant's Signature)

Date

(Management's Receipt)

Date

(Spouse's Signature)

Date



APPLICATION FOR PROSPECTIVE RESIDENT

Dear Prospective Resident,

We are so excited you have chosen to make _____ your future home! We are sure you will be pleased living here and enjoy the many amenities our community has to offer. To make the application process as smooth as possible, refer to the list below of the few things we will need from you.

- Please complete the entire application; for information that does not apply, list **N/A**, do not leave any lines blank. In order to process your application, be sure to provide us with accurate phone numbers requested.
- Signature(s) on the bottom of the first and second page.
- Please provide one month's worth of your most recent paycheck stubs to verify income.
- An office member must view your driver's license or state issued ID when you turn in your completed application to verify the number.
- You must return the completed application within **24 hours** from the time you leave your holding deposit. Failure to do so will result in the cancellation of your apartment reservation and the holding deposit becomes non-refundable.
- If you cancel the move in on your apartment after 48 hours of leaving your holding deposit, your deposit becomes a non-refundable fee.
- Upon move-in, we will need to make a photocopy of a state issued identification card for each occupant over the age of 18.

I/We agree to have _____ verify My/Our rental history, My/Our employment, My/Our Criminal history, and My/Our Credit history. I/We also agree to the conditions and terms listed above.

(Applicant's Signature)

Date

(Management's Receipt)

Date

