

Dear applicant:

The information on this form is needed to determine if your household is eligible under this property's leasing criteria. Please complete this entire form and leave no blanks.

If there are any questions that you do not understand, please call the apartment manager. We thank you in advance for your cooperation.

**HOUSEHOLD COMPOSITION**

	Full Name	Relationship	Date of Birth	F/T = Full Time P/T = Part Time	Social Security Number/Alien Registration Number	Receiving any source of income?
1		Head of Household		Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
2				Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3				Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
4				Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
5				Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
6				Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

Are any of the household members listed above foster children?       Yes    No      If yes, who? \_\_\_\_\_

Are any of the household members listed above a live-in attendant?       Yes    No      If yes, who? \_\_\_\_\_

Are any of the household members planning to attend school full time?       Yes    No      If yes, who? \_\_\_\_\_

**CURRENT EMPLOYMENT INFORMATION**

Applicant's Name		Occupation	Work Phone	
Name and Street Address of Employer			City	State      Zip Code
Date Hired	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	# of hours worked per week	Work Fax

Co-applicant's Name		Occupation	Work Phone	
Name and Street Address of Employer			City	State      Zip Code
Date Hired	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	# of hours worked per week	Work Fax

Additional household member		Occupation	Work Phone	
Name and Street Address of Employer			City	State      Zip Code
Date Hired	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	# of hours worked per week	Work Fax

Additional household member		Occupation	Work Phone	
Name and Street Address of Employer		City	State	Zip Code
Date Hired _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a month Salary \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Work Fax

**OTHER SOURCES OF INCOME**

Does anyone in your household receive income from any of the following? Please mark "yes" or "no" for each source of income.

Source: Employment	Check One	Source: Benefits/ Pensions	Check One	Source: Other	Check One
Second Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recurring Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commissions/ Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	AFDC/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overtime Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" marked above, please complete the following:

Household member name	Amount Received		Source
	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	
	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	
	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	
	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	
	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	

**HOUSEHOLD ASSETS**

Does anyone in your household have any of the following types of assets? Please mark "yes" or "no" for each type of asset.

Type of Asset	Check One	Type of Asset	Check One	Type of Asset	Check One
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA/ Keogh Account *	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revocable Trust Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement/Pension Fund *	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage/Note Held	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mutual Funds/Stock*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Life Insurance Policy*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate of Deposit*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate/Land *	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Property Held as an Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" marked above, please complete the following:

Household Member Name	Type of Asset	Cash Value (see note)	\$ Asset will earn in the next 12 months

NOTE: \*When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdrawal, or any fees deducted to convert the asset to cash. For example, if you owned a home, and sold it, how much cash would you have after you paid off the mortgage, the realtor, etc.? That's the amount you should list in the "cash value" column.

Have you sold any real estate for less than its worth within the last two years? (If sale due to foreclosure, bankruptcy or divorce, answer "no".)  
 Yes    No   If yes, please explain.

All of the information provided above is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
 Applicant

\_\_\_\_\_  
 Co-applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

Before returning this form to the management office, be sure that you have marked "yes" or "no" for each source of income and each type of asset. Incomplete forms will delay processing and will be returned.