



PERSONAL REFERENCES (do not include relatives)

Name	Address	Phone Number	Relationship

EMERGENCY CONTACT PERSON:

Name	Address	Phone Number	Relationship
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AUTOMOBILES:

Make: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Make: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

HOUSEHOLD FINANCIAL OBLIGATIONS

Include ALL medical expenses, car payments, child support, loans, etc.

PAYABLE TO:  
(Company Name)

MONTHLY PAYMENT

	/
	/
	/
	/

INCOME: Do you or any member of your household anticipate receiving income from any of the following sources during the next 12 months? Please mark EVERY question YES or NO. If you answer any questions with YES, complete the blanks on the right.

	AMOUNT RECEIVED (per time period)	BY WHICH FAMILY MEMBER	SOURCE OF INCOME (name, address, & phone)
Employment	/		
Employment	/		
Child Support	/		
Alimony	/		
Monetary Gifts	/		
Pensions	/		
School grants	/		
Scholarships	/		
Social Security	/		
Supplemental Security	/		
Unemployment	/		
Veterans (VA)	/		
AFDC (welfare)	/		
Other	/		

ASSETS:

In the last TWO years have you sold, given away, or disposed of assets for less than "fair market value" (example: real estate and other items held for investment purposes such as gems, jewelry, coins, or collections)?  No  Yes

If yes, list type of asset: \_\_\_\_\_

Amount given: \_\_\_\_\_ Name of party who received asset: \_\_\_\_\_

Address: \_\_\_\_\_

Was this due to divorce, separation or bankruptcy?  No  Yes

ASSETS II: Please mark every question either YES or NO. If you answer YES, complete the blanks on the right.

DO YOU HAVE?	NO	YES	NAME ON ACCOUNT	ACCOUNT #	BALANCE/VALUE	BANK (name & address)
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Money Market Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Certificate/Time Deposit	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Trust Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
IRA/Keogh/Life Ins. or other retirement acct..	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Rental Property	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

I/We certify the housing I/We will occupy at \_\_\_\_\_ Apartments will be my/our permanent residence and I/We will not maintain a separate rental unit in a different location. I/We authorize the owner to obtain a credit report and to contact current and previous landlords.

I/We also certify that the information given is accurate and complete and understand any misrepresentation will disqualify the application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

It is your responsibility as the applicant to keep the Management notified of any changes in your application. This includes a change in household size, current address, income, or assets.

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HOUSEHOLD COMPOSITION: "The following information is requested by the owner as required by the United States Government under conditions of the funding they made available for the property's development. This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary."

Marital Status of Head of Household (check one):

- Married
- Separated
- Unmarried     single     divorced     widowed

Race/National Origin of Head of Household (check all that apply):

- White
- Black/African American
- Asian
- Asian AND White
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Black/African American AND White
- American Indian or Alaskan Native AND White
- American Indian or Alaskan Native AND Black/African American

Ethnicity:

- Hispanic/Latino
- Mexican/Chicano
- Puerto Rican
- Cuban
- Non-Hispanic/Latino