



Development: ORCHARD PLACE APTS Unit #: _____ # Bdrms: _____ Anticipated Move-In Date: _____

Other Needs: _____ Home Phone #: _____ Work Phone #: _____

All applicants 18 years of age and older, not related by blood, marriage or adoption, must complete their own application.

PERSONS OCCUPYING THE UNIT			RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	STUDENT (Circle One)	
Last	First	Middle				Y	N
			Head			Y	N
						Y	N
						Y	N
						Y	N
						Y	N
						Y	N

Proof of age will be requested if you are applying to live in a designated Elderly Development. Acceptable age verifications include a copy of: (1) a Birth Certificate, (2) a valid State Driver's License or (3) a valid State I.D. Card.

A. General Information:

- Do you own a pet? **YES NO** If yes, what kind? _____ Weight: _____
- Have you ever filed bankruptcy: **YES NO** If yes, please explain (include dates): _____
- Have you ever been convicted of a felony? **YES NO** If yes, please explain: _____
- Have you ever been evicted from an apartment for any reason? **YES NO**
If yes, please explain: _____

B. Housing Reference: (List all residences and applicable landlord reference in the past three years.) (HPI 409)

Present Address _____ City _____ State _____ Zip _____
 From _____ To _____ (Mth/Yr) _____ Reason for Leaving _____
 Do you own this residence? YES NO If NO, do you rent this residence? YES NO
 Landlord _____ Address _____ City _____
 State _____ Zip _____ Landlord phone # () _____ Rent per month \$ _____
 Previous Address _____ City _____ State _____ Zip _____
 From _____ To _____ (Mth/Yr) _____ Reason for Leaving _____
 Did you own this residence? YES NO If NO, did you rent this residence? YES NO
 Landlord _____ Address _____ City _____
 State _____ Zip _____ Landlord phone # () _____ Rent per month \$ _____

C. Employment or Other Income Sources: (List all sources of income for all adult household members)

Income Source _____ Monthly Gross Income \$ _____
Contact Person _____ Phone Number () _____
Income Source _____ Monthly Gross Income \$ _____
Contact Person _____ Phone Number () _____

D. Emergency Contact: (Other than person listed on application). Please list someone in the immediate area if possible.

Name _____ Relationship _____
 Home Phone Number () _____ Work Phone Number () _____

E. Drivers License #: _____ **State Issued:** _____



- Y N** 1. Are you or anyone in the household currently or soon to become a student? (HPI 423)
 Name of student _____ full-time part-time
 Name of student _____ full-time part-time
- Y N** 2. Are you separated, but not divorced from your spouse? (HPI 411)
- Y N** 3. Are any household members temporarily absent?
 Who? _____ How Long: _____
- Y N** 4. Do you expect any changes to your household within the next 12 months?
 If yes, please explain: _____
- Y N** 5. Are you receiving Section 8 Assistance? Agency _____ Phone # _____

ASSETS

(HPI 400)

Please list where the asset(s) is held, the current value of each asset(s), and all income derived from the assets over the previous 12 months, for **all** household members, including minor children. (Attach additional page(s) if necessary)

CIRCLE ONE	TYPE OF ASSET	WHERE HELD Please list addresses on attached form	BALANCE/VALUE	ANNUAL ASSET INCOME	HPI #
Y N	Checking Acct. #1				201
Y N	Checking Acct. #2				201
Y N	Savings Acct. #1				201
Y N	Savings Acct. #2				201
Y N	Trust Account				201
Y N	Certificate of Deposits				201
Y N	Certificate of Deposits				201
Y N	Certificate of Deposits				201
Y N	Money Markets				201
Y N	Mutual Funds				201
Y N	Pension/Annuity (NOT Paid Periodically)				307
Y N	IRA/Keough/401 K				200
Y N	Stocks/Bonds				200
Y N	Real Estate (FMV – Mortgage Balance)				206/304
Y N	Land Contract (provide amortization schedule)				206
Y N	Personal Property/Investment				200
Y N	Cash kept at home - \$500 or more on hand, not in checking/savings account.				207
Y N	Safe Deposit Box				207
Y N	Lump Sum Payment				205
Y N	Assets disposed of in the past 2 years				202
Y N	Whole Life Insurance Policy				200
Y N	Total Household Assets Less Than \$5,000				204



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

INCOME

(HPI 408)

Please indicate each source of **ESTIMATED ANNUAL** income that you receive or anticipate receiving in the next twelve (12) months, including unearned income from minor children (ie. Social Security).

CIRCLE ONE	DESCRIPTION	FAMILY MEMBER	SOURCE	INCOME	HPI #
Y N	Employment #1				302
Y N	Employment #2				302
Y N	Self - Employment (2 years taxes)				311
Y N	Social Security				312
Y N	Social Security (SSI)				312
Y N	Public Assistance				308
Y N	Veterans Benefit				315
Y N	Pension/Annuity (Periodic Payments)				307
Y N	Disability				406
Y N	Child Support/Alimony (Court Ordered)				301
Y N	Military Compensation				304
Y N	Unemployment				314
Y N	Rental Income/Land Contract Pymts.				306
Y N	Other Income				306
Y N	Lottery Payments (periodic)				306
Y N	Workers Compensation				306
Y N	Previous Employment				417
Y N	Unemployed Affidavit Zero Income Affidavit				317 318A
Y N	Recurring Gift				309

The undersigned certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to release the information in order to qualify for Section 42 Housing. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We agree to provide verifications of all income and assets as required by the Owner or its agent. I/We further authorize disclosure of all information which will verify my/our income and assets. I/We understand applicants must be eligible for the Section 42 Tax Credit program. Subject to approval, this will be my/our primary residence.

A credit check will be completed through a credit bureau. By completing this application, applicant grants management permission to confirm the above information supplied by applicant. The Fair Credit Reporting Act requires that management discloses to applicant that an investigative consumer report including information as to applicant's character, general reputation, personal characteristics and mode of living will be made.

Each Applicant 18 years of age or older must sign and date below.

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

Property Manager is acting on behalf of and performing compliance services for the owner.



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.