



Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Street City State Zip

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Street City State Zip

**4. Household Composition:** (List persons who will be living in your home, including yourself.)

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**5a. Income Adult 1:** (List below all income for every person occupying the apartment)

a.) Employment #1: \_\_\_\_\_  
Name of household member who is employed

Full Time     Part Time     Unemployed     Retired

Employer #1:

Name Address Phone Number

Name of Supervisor: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Gross Wage: \$\_\_\_\_\_ per \_\_\_\_\_  
Hours worked: \_\_\_\_\_ per \_\_\_\_\_  
Overtime? \_\_\_\_\_

b.) Employment #2: \_\_\_\_\_  
Name of household member who is employed

Full Time     Part Time     Unemployed     Retired

Employer #2:

Name	Address	Phone Number

Name of Supervisor: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Gross Wage: \$\_\_\_\_\_ per \_\_\_\_\_

Hours worked: \_\_\_\_\_ per \_\_\_\_\_

Overtime? \_\_\_\_\_

**c.) Other sources of Income: (Please state monthly amounts.)**

Social Security & SSI: Monthly Amount: \$\_\_\_\_\_ Claim No.: \_\_\_\_\_

Veterans Benefits: Monthly Amount: \$\_\_\_\_\_ Claim No.: \_\_\_\_\_

Pension: Monthly Amount: \$\_\_\_\_\_ Claim No.: \_\_\_\_\_

Pension Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Other: (Unemployment, Alimony, Child Support, ETC.)**

Welfare: \_\_\_\_\_ Monthly Amount: \$\_\_\_\_\_

Caseworker Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Source: \_\_\_\_\_ Monthly Amount: \$\_\_\_\_\_

Source: \_\_\_\_\_ Monthly Amount: \$\_\_\_\_\_

**6a. Bank Reference Adult 1:**

Type of Account	Bank Name & Address	Account Number	Balance
			\$
			\$
			\$

Visa, Mastercard, Discover, American Express, ETC.: \$\_\_\_\_\_

Certificate of Deposit \$\_\_\_\_\_

**5b. Income Adult 2:** (List below all income for every person occupying the apartment)

a.) Employment #1: \_\_\_\_\_

Name of household member who is employed

Full Time     Part Time     Unemployed     Retired

Employer #1:

Name	Address	Phone Number

Name of Supervisor: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Gross Wage: \$ \_\_\_\_\_ per \_\_\_\_\_

Hours worked: \_\_\_\_\_ per \_\_\_\_\_

Overtime? \_\_\_\_\_

b.) Employment #2: \_\_\_\_\_

Name of household member who is employed

Full Time    Part Time    Unemployed    Retired

Employer #2:

Name	Address	Phone Number
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Name of Supervisor: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Gross Wage: \$ \_\_\_\_\_ per \_\_\_\_\_

Hours worked: \_\_\_\_\_ per \_\_\_\_\_

Overtime? \_\_\_\_\_

c.) **Other sources of Income: (Please state monthly amounts.)**

Social Security & SSI: Monthly Amount: \$ \_\_\_\_\_ Claim No.: \_\_\_\_\_

Veterans Benefits: Monthly Amount: \$ \_\_\_\_\_ Claim No.: \_\_\_\_\_

Pension: Monthly Amount: \$ \_\_\_\_\_ Claim No.: \_\_\_\_\_

Pension Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Other: (Unemployment, Alimony, Child Support, ETC.)**

Welfare: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

Caseworker Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Source: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

**6b. Bank Reference Adult 2:**

Type of Account	Bank Name & Address	Account Number	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Visa, Mastercard, Discover, American Express, ETC.: \$ \_\_\_\_\_

Certificate of Deposit \$ \_\_\_\_\_

**If more than 2 adults are in the household, please include the required information for Income and Bank Reference for all additional adults on a separate sheet of paper.**

**7.** Have you ever been evicted from public housing and /or any other federal housing program?

Yes  No

If yes: Where: \_\_\_\_\_

When: \_\_\_\_\_

Why: \_\_\_\_\_

**8.** Have you ever been evicted from housing?

Yes  No

If yes: Where: \_\_\_\_\_

When: \_\_\_\_\_

Why: \_\_\_\_\_

**9.** Are you currently using marijuana for recreational or medicinal purposes?

Yes  No

If yes: \_\_\_Recreational \_\_\_Medicinal

**10.** Have you ever been convicted of selling illegal drugs or a controlled substance?

Yes  No

**11.** Are you currently using illegal drugs or any controlled substance that hasn't been prescribed to you?

Yes  No

**12.** Have you ever been convicted of selling, distributing, or manufacturing illegal drugs or a controlled substance?

Yes  No

**13.** Have you ever been charged, arrested, and/or convicted of any crime?

Yes  No

If yes: Where: \_\_\_\_\_

When: \_\_\_\_\_

**14.** Are you subject to a lifetime registration requirement with any State Sexual Registration Program?

Yes  No

If yes, which State? \_\_\_\_\_

**15.** How did you hear about this housing? \_\_\_\_\_  
\_\_\_\_\_

**16.** Will you take an apartment when one is available?  Yes  No

**17.** Briefly describe your reason for applying \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**18. Other Required Information:**

Vehicles

Do you have any vehicles?  Yes  No

If yes, we will need a copy of your registration for each vehicle.

Pets

Do you own any pets?  Yes  No

If yes, describe \_\_\_\_\_

**19.** Name of Person to Contact in Emergency:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

**Please Complete for the Head of Household**

The following will be required by the Federal Government to monitor the Owner’s compliance with Equal Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against based on the information below, or if the information is not provided.

1. Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

2. Race:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaii or Other Pacific Islander
- White
- Other

I do not wish to provide the above requested information.

I/We hereby, certify that all information given in this application is true and correct to the best of my/our knowledge.

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Signature Date

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Signature Date

Please sign the following release form(s) so that your references can be verified. When we receive these forms, you will be contacted for a personal interview where more detailed information may be requested. Thank you for your interest in our apartments.

## Waiting List Certification for Applicants for Housing

The selection of tenants for vacant units in this housing development is based in part on the position of applicants on the waiting list.

Whenever a housing unit is available, the first person on the waiting list is contacted and so on. Over time, each applicant on the waiting list usually moves up in position, eventually reaching number one.

Because of the large demand for housing units in this development, the amount of time an applicant is on the waiting list before the applicant reaches the number one position can be quite long.

Periodically, it is necessary for the owner to update the waiting list to determine if applicants on it are still eligible or interested in residing in one of Affordable Housing Advocate's properties. **If the applicant can no longer be contacted and/or does not respond to requests for current information, that applicant's name will be withdrawn from the waiting list.**

For the waiting list to be kept current, the owner requires all applicants to sign the following certification:

***I/We certify that I/We will notify owner or its authorized representatives whenever I/We move to a location different than listed on this application as My/Our current place of residence and will provide the owner or it's representative with the address and telephone information needed to contact me/us.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**RELEASE FOR VERIFICATION FORM TO PROCESS CREDIT AND CRIMINAL**

\_\_\_\_\_ has applied for residency (or is a current resident), as part of our processing and ongoing compliance, it is necessary to obtain various forms of documentation including income, assets, credit, and criminal verification.

The information obtained will be used solely for the purpose of determining eligibility.

I hereby authorize the AGENT of Affordable Housing Advocates without liability to the Agent all information they may request concerning my income, wages, salaries, credit report, criminal record, and all references in connection with my application to determine whether I am eligible to occupy the apartment.

**Please have each adult in the household complete their own individual release form, if you need more than the two included copies of the release form, please print additional copies of this form and include it with your completed application.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**RELEASE FOR VERIFICATION FORM TO PROCESS CREDIT AND CRIMINAL**

\_\_\_\_\_ has applied for residency (or is a current resident), as part of our processing and ongoing compliance, it is necessary to obtain various forms of documentation including income, assets, credit, and criminal verification.

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**Please have each adult in the household complete their own individual release form, if you need more than the two included copies of the release form, please print additional copies of this form and include it with your completed application.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature