

APPLICATION FOR RESIDENCY
PLEASE PRINT

APARTMENT SIZE 1BR: _____ 1BR-Large: _____ 2BR: _____

Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during the interview may be rejected for housing. All questions must be answered; for those questions that do not apply the applicant is required to indicate so by answering "not applicable" or "N/A".

I would like to receive a copy of the owner/agents resident selection criteria. Yes No
 If yes, which option do you prefer? Paper Copy Electronic Copy (provide email below)

| | | | |
|---|--|---|--|
| Full Name <i>Applicant/Head</i> | | Full Name <i>Co-Applicant</i> | |
| Home Phone | | Home Phone | |
| Work Phone | | Work Phone | |
| Cell Phone | | Cell Phone | |
| E-Mail | | E-Mail | |

Emergency Contact

| | |
|---------------------|--|
| Contact Name | |
| Home Phone | |
| Work Phone | |
| Cell Phone | |
| E-Mail | |

List all individuals, including yourself, who will occupy the unit.

| | Relation (i.e. Head,*Co-head,*Spouse,Child, Other adult, Foster adult/child, Live-in Aide**) | Last Name | First Name + Middle Initial | Sex (M/F) optional | Social Security Number REQUIRED | Birthdate (mm/dd/yy) | Student (Y/N) |
|----|---|------------------|------------------------------------|---------------------------|--|-----------------------------|----------------------|
| 1. | HEAD | | | | | | |
| 2. | | | | | | | |

*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.

**Live in aides complete a different application and must be approved before move in.

Additional Information

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing or visual impairments? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you or anyone else in your household qualify for housing because of a handicap or disability? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you plan to house an animal in the unit? If yes, is this animal required to alleviate the symptom(s) of a disability for a household member? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | Will anyone else live in the unit on either a full-time or part-time basis? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have sole legal and physical custody of your children? If no explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you now living or have you lived in a government-subsidized development? If yes, when: _____ Name of Development: _____ Address: _____ State: _____ Zip: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, for drug-related criminal activity or for any other reason? If yes, explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever filed for Bankruptcy? If yes, date discharged _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been evicted? If yes, explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? (includes roaches, bed bugs, rodents, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or any member of your household ever been arrested or convicted of a felony, or a misdemeanor other than a traffic violation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you or any member of your household subject to a lifetime registration under the State sex offender registration program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you or any member of your household have a pattern of alcohol abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you or any member of your household use an illegal drug or other illegal controlled substance? |

_____Applicant Initial

APPLICATION FOR RESIDENCY Page 2

- Have you or any member of your household ever been arrested or convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance?
- Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?
- Are you a victim of a recent presidentially-declared disaster?
- Have you or any member of your household ever used different names from the names given in this application?
- Have you or any member of your household ever used social security numbers different from those listed in this application?
- Have you or any member of your household lived in any other state beside your current state of residence? _____

Current Housing Status

Are you currently homeless? Yes No *If yes, please skip to "Previous Housing."*

Address _____ City _____ State _____ Zip _____

Name of Landlord _____ Phone# _____

Landlord's Address _____

How long have you resided at your current address? From _____ To _____

Previous Housing

If less than 2 years provide additional information on an additional sheet.

Address _____ City _____ State _____ Zip _____

Name of Landlord _____ Phone# _____

Landlord's Address _____

How long did you reside at this address? From _____ To _____

Have you or a member of your household ever lived at this or any other Quantum-managed property? _____ Yes _____ No

If "YES," which property? _____

HOUSEHOLD EMPLOYMENT INFORMATION

(Use additional sheets if necessary)

Household Member: _____

Are you employed? Yes No If yes, please provide the name and address of your present employer below.

| | |
|--|----------|
| Employer Name | |
| Address | |
| City, State, Zip | |
| Phone/Fax/Email | |
| How much employment income do you expect to receive in the next 12 months? | \$ _____ |

Do you have more than one job? Yes _____ No _____ If "yes", list on separate sheet.

Household Member: _____

Are you employed? Yes No If yes, please provide the name and address of your present employer below.

| | |
|--|----------|
| Employer Name | |
| Address | |
| City, State, Zip | |
| Phone/Fax/Email | |
| How much employment income do you expect to receive in the next 12 months? | \$ _____ |

Do you have more than one job? Yes _____ No _____ If "yes", list on separate sheet.

Please include employment information for any other household members currently employed on a separate sheet.

HOUSEHOLD INCOME INFORMATION - (All information will be verified by a third party)

For each household member (including family members temporarily absent), list current and anticipated income for twelve-month period commencing on anticipated date of occupancy. Include all full-time, part-time and seasonal. If a household member has more than one source of income, use a separate line for each source.

| DO YOU RECEIVE OR EXPECT TO RECEIVE: | Yes | No | Monthly Amount |
|---|--------------------------|--------------------------|-----------------------|
| 1. Wages, salaries, (includes overtime, tips, bonuses, commissions, self-employment)? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 2. Does any member work for someone who pays them in cash? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |

____ Applicant Initial

- | | | | |
|--|--------------------------|--------------------------|----------|
| 3. Regular pay for a member of the armed forces? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 4. Welfare or disability benefits (Examples: MFIP, SSI, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 5. Worker's compensation? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 6. Unemployment benefits, or severance pay? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 7. Child support? (If court ordered, include even if it is not being received) | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 8. Alimony? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 9. Social Security payments (include unearned income of minor children)? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 10. Pensions (PERA, railroad, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 11. Retirement benefits? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 12. Death benefits? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 13. Annuities or life insurance dividends? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 14. Lump sum payment(s) (i.e., inheritance, insurance settlements, lottery winnings, capital gains)? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 15. Net income from rental property? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 16. Regular cash contributions or gifts from individuals not living in the unit? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 17. Any assistance in paying your utility bills other than through HHS (LEAP)? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 18. Other (list)? _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |

HOUSEHOLD ASSETS - (All information will be verified)

| DO YOU HAVE MONEY HELD IN: | Yes | No | Current Balance | | Yes | No | Current Balance |
|-----------------------------------|--------------------------|--------------------------|-----------------|------------------------------|--------------------------|--------------------------|-----------------|
| 1. Checking Accounts | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | 9. 401K* | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 2. Savings Accounts | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | 10. IRA/KEOGH Accounts | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 3. Stocks | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | 11. Certificate of Deposits | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 4. Capital Investments | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | 12. Pension/Retirement Funds | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 5. Bonds/Securities | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | 13. Money Market Funds | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 6. Trusts* | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | 14. Treasury Bills | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 7. Whole Life Insurance Policies | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | 15. Safety Deposit Box | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 8. Insurance Settlements | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | 16. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |

* Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death.

- | | Yes | No | Value |
|--|--------------------------|--------------------------|----------|
| 17. Do you own Real Estate? If Yes, list address(es), expenses paid and income received: _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 18. Do you hold a contract for deed? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 19. Do you have any burial plots, coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and other personal jewelry do not count)? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 20. What assets are held jointly with another person? List person and asset(s). _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |

List below all items from above that were checked "YES"

| # from Above | Name of company, financial institution or source | Mailing address of company, financial institution or source | Phone Number of company, financial institution or source |
|--------------|--|---|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I/We hereby certify that I/we have ___ have not ___ sold or disposed of any assets for less than Fair Market Value during the two year (24 month) preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

| Household Member | Asset & Estimated Amount | Date sold/disposed | Amount Received |
|------------------|--------------------------|--------------------|-----------------|
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |

Important- Please Read Carefully

APPLICANT(S) STATEMENT: I understand that any or all of the information given herein may be used by the Landlord and/or its Agent to determine my previous performance as a tenant, including my reputation for meeting my financial obligations, my respect for other people's property and any other conduct

Applicant Initial

If you believe you have been discriminated against, you may call the Fair Housing and Equal Housing Opportunity National Toll-Free Hotline at 800-424-8590.

APPLICATION FOR RESIDENCY Page 4

relevant to my tenancy. I hereby authorize any present or former landlord to give any information he/she may have regarding me in my capacity as a tenant. Further I hereby release such landlord and his representatives or agents from any and all liability for any damage or injury whatsoever for providing same.

The undersigned persons(s) represent that all of the above statements are true and complete and hereby authorize verification through consumer reports, rental history, employment, criminal reports, and any other means necessary to obtain information shall entitle owner to (1) reject application, (2) retain application as liquidated damages for the time and expense of processing this application and (3) terminate applicant's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about lease obligation performance, which may include both favorable and unfavorable information. Cost of said credit report (if any) is to be paid by the agency asking for this report.

The truth of the information contained herein is essential and if the Landlord and/or Agent determine that any answer or statement contained herein is false, misleading, or incomplete, any lease granted by virtue of this application may be canceled at the option of the Landlord and/or Agent. This application shall become part of any lease agreement executed between the Landlord and/or Agent and the applicant(s) and any false or misleading statement shall be considered a breach of said lease.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

All adult members of the household (anyone 18 years of age or older) must sign this application certifying the information pertaining to them is true and correct.

Warning: Under Section 1001 of Title 10 of the U.S. Code, it is a criminal offense to make willful false statements or misrepresentation of any material fact involving the use or obtaining of Federal funds.

Signature of Head of Household Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

PENALTIES FOR MISUSING THIS CONSENT:

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 uses 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). ** Violations of these provisions are cited as violations of 42 USC **408 (a) (6), (7) and (8). **



This property does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



FOR OFFICE USE ONLY:

Received By: _____

Time: _____ Date: _____

Placed on waiting list by: _____

Applicant Initial

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