

Rental History

YES

NO

6. Have you or any one else named on this application filed for bankruptcy?
Explanation: _____
7. Have you or any one else named on this application been convicted of a felony?
Explanation: _____
8. Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs
Explanation: _____
9. Have you or any one else named on this application been convicted of property damage?
Explanation: _____
10. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
Explanation: _____

Housing References

List the past THREE years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	() _____	_____		

Personal Reference

List a personal reference other than a relative.

Name: _____
 Address: _____
 Phone: _____ Relationship: _____ Years Known: _____

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

<u>YES</u>	<u>NO</u>			
<input type="radio"/>	<input type="radio"/>	11. Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>		
(EMC #01)		<u>Household Member</u>	<u>Name & Phone # of Company</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	12. Self-employment? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>		
(EMC #02)		<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	13. Regular pay as a member of the Armed Forces/Military?		
(EMC #03)		<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	14. Unemployment benefits or workman's compensation?		
(EMC #04)		<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____

(EMC #05)

15. Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)?

Household Member Case Worker Amount

If yes, (EMC #06) If no, (EMC #19)

16. (a) Child support or Alimony?

(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)

Household Member Pavor Amount

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Name of Agency: _____
- Agency
- Court of Law Name of Court: _____
- Directly from Individual Name of Person: _____
- Other Explain: _____

(If yes, obtain court papers)

(c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation: _____

(EMC #07)

17. Social Security, SSI or any other payments from the Social Security Administration?

Household Member SSA Office Amount

(EMC #08)

18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member Source of Benefit Amount

(EMC #08)

19. Regular payments from a severance package?

Household Member Source of Benefit Amount

(EMC #08)

20. Regular payments from any type of settlement? (For example, insurance settlements.)

Household Member Source of Benefit Amount

(EMC #08)

21. Regular gifts or payments from anyone outside of the household?

(This includes anyone supplementing your income or paying any of your bills.)

Household Member Source of Benefit Amount

22. Regular payments from lottery winnings or inheritances?
(EMC #08)
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
23. Regular payments from rental property or other types of real estate transactions?
(EMC #08)
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
24. Any other income sources or types not listed?
(EMC #08)
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
25. Do you or any other household members expect any changes to your income in the next 12 months?
Explanation: _____

Asset Information:

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

- | <u>YES</u> | <u>NO</u> | | | | | | | | | | |
|-------------------------|----------------------------|--|-------------------------|----------------------------|---------------|-------|-------|-------|-------|-------|-------|
| <input type="radio"/> | <input type="radio"/> | 26. Checking or savings account (circle one or both)? <i>(Please list phone # of financial institute.)</i>
(EMC #09) | | | | | | | | | |
| | | <table border="0"> <thead> <tr> <th style="text-align: center;"><u>Household Member</u></th> <th style="text-align: center;"><u>Financial Institute</u></th> <th style="text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | <u>Household Member</u> | <u>Financial Institute</u> | <u>Amount</u> | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | 27. CDs, money market accounts, or treasury bills? <i>(Please list phone # of financial institute.)</i>
(EMC #09) | | | | | | | | | |
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| _____ | _____ | _____ | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | 28. Stocks, bonds or securities? <i>(Please list phone # of company/broker.)</i>
(EMC #10) | | | | | | | | | |
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| _____ | _____ | _____ | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | 29. Trust funds? <i>(Please list phone # of financial institute.)</i>
(EMC #09) | | | | | | | | | |
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| _____ | _____ | _____ | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | |

30. Pensions, IRAs, Keogh, 401K or other retirement accounts? *(Please list phone # of financial institute.)*
 (EMC #09)

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

31. Whole life insurance policy? *(Please list phone # of insurance carrier.)*
 (EMC #09)

<u>Household Member</u>	<u>Insurance Carrier</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

32. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?
 (EMC #10)
(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

<u>Household Member</u>	<u>Address of Property</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

33. Personal property held as an investment?
 (EMC #10)
(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

<u>Household Member</u>	<u>Item</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

34. A safe deposit box? *(Please list phone # of financial institute.)*
 (EMC #13)

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

35. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?
 (EMC #11)

Household Member: _____ Amount: _____

Explanation: _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program and/or HD or HUD programs.

YES NO

36. Are you or any other ADULT household members claiming zero income?
 (EMC #20)

Household Member: _____

Explanation: _____

37. Will any member of your household (INCLUDING MINORS) be a full-time student for five (5) months of the current or upcoming calendar year?
 (EMC #12 & #18)

Household Member(s): _____

(EMC #15 & #21)

38. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (if any): _____

39. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: _____

Contact Person: _____

40. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Expected Date: _____

Name of Agency: _____

Contact Person: _____

(EMC #13)

41. Do you or anyone in your household have cash on hand over \$500?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I do hereby authorize Canterbury House Apartments and its staff or authorized representatives to contact any agencies, including city, county, state, federal agencies, past/present employers, local police departments, offices, credit bureaus, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing.

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence.

Furthermore, I hereby release and hold harmless any agent of Canterbury House Apartments, Credit Reporting Agencies, present and/or past employers, present and/or past residences, its officers and employers that shall provide information to Canterbury House Apartments upon request, from and against any and all claims, demands, suits or expenses arising from or related to the content, validity or handling of said reports.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements. I understand that this form is only an application for residency and that the submission of this application does not reserve, nor in any way, guarantee a unit.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

Signature

Date

The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through its Rural Development or HUD, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner/agent is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

RACE/NATIONAL ORIGIN OF APPLICANT

White, non-Hispanic Black, non-Hispanic American Indian/Alaskan Native Asian or Pacific Islander
 Hispanic Other

SEX OF APPLICANT

Male Female