

ORIGINAL CERTIFICATION ()
 RE-CERTIFICATION ()

I. CREDIT APPLICATION

Co-Applicants must complete a separate application
 PLEASE PRINT AND FILL OUT COMPLETELY

COMPLEX _____
 SIZE _____ UNIT NBR _____ RENT _____

APPLICANT:
 FULL NAME: _____
 First M Last Social Security Birth date Yes No Student

OTHER OCCUPANTS:
 (1) Name Social Security Birth Date Relationship Yes No Student
 (2) Name Social Security Birth Date Relationship Yes No Student
 (3) Name Social Security Birth Date Relationship Yes No Student
 (4) Name Social Security Birth Date Relationship Yes No Student
 (5) Name Social Security Birth Date Relationship Yes No Student

STUDENT STATUS:
 Are all of the residents students? (If the answer is no, check no and skip to RENTAL HISTORY) () Yes () No
 If yes: is the household comprised of a single parent and child, neither of whom is a dependent of A third party? () Yes () No
 If yes: is Applicant & Co-Applicant married and file a joint tax return? () Yes () No
 If yes: does the household receive TANF or AFDC? () Yes () No

RENTAL HISTORY:
 CURRENT ADDRESS:
 Street Address Apt. # City State Zip Code Do you Own or Rent?
 ()
 Monthly Rent / Payment How Long? Owner / Manager Phone Reason for Moving

PREVIOUS ADDRESS:
 Street Address Apt # City State Zip Code Do you Own or Rent?
 ()
 Monthly Rent / Payment How Long? Owner / Manager Phone Reason for Moving

CREDIT REFERENCES:
 Bank Name Checking Account Number Savings Account Number Street Address City State Zip Code
 Driver's License Number State Expiration Date Vehicle Model Year License Plate #

HAVE YOU EVER: Filed for Bankruptcy? () Yes () No Been Evicted from Tenancy? () Yes () No

EMERGENCY CONTACT: _____
 Name Street Address City State Zip Code Phone Relationship

EMPLOYMENT HISTORY:
 Circle all Applicable: EMPLOYED FULL-TIME EMPLOYED PART-TIME SELF-EMPLOYED NON-EMPLOYED UNEMPLOYED ()

Current Employer Position How Long? Supervisor Phone

Street Address City State Zip Code Current Salary: \$ _____ per: hour week month year (circle one)

Avg. Hours Worked per Week: _____ Do you Receive Tips?: () Yes () No If yes, Avg. Amount of Tips per Week \$ _____

Do you Receive Bonuses?: () Yes () No If yes, how much?: \$ _____ per: week month year (circle one)

Do you Expect to Earn Substantial Overtime?: () Yes () No If yes, how much?: \$ _____ per: week month year (circle one)
 ()

Previous Employer Position How Long? Supervisor Phone

Salary: \$ _____ per: hour week month year (circle one)

Street Address City State Zip Code

OTHER INCOME:

Program regulations require that all income be disclosed in order to determine qualification. Please provide **monthly** amount, if applicable.

Alimony / Child Support () Yes () No \$ _____
 AFDC / TANF () Yes () No \$ _____
 SSA () Yes () No \$ _____
 SSI () Yes () No \$ _____
 Retirement/Pensions Annuities () Yes () No \$ _____
 Unemployment () Yes () No \$ _____
 Worker's Compensation () Yes () No \$ _____
 Recurring Gifts from Family () Yes () No \$ _____
 Other Recurring Gifts () Yes () No \$ _____

ASSETS:

Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use autos, jewelry, dishes, etc. need not be disclosed.

Checking Account () Yes () No \$ _____
 Savings Account () Yes () No \$ _____
 Money Market, CD's other () Yes () No \$ _____
 Stocks / Bonds () Yes () No \$ _____
 IRAs, 401(k), Keogh () Yes () No \$ _____
 Real Estate () Yes () No \$ _____
 Boat, Trailer, Rec. Vehicles () Yes () No \$ _____
 Life Insurance Policies () Yes () No \$ _____
 Other Assets () Yes () No \$ _____

Are the assets of the household more than \$5,000? () Yes () No Has any member of the household disposed of an asset for less than fair market value within the last 24 months? () Yes () No

If **NO** to both of the above, what is the expected earnings on all household assets for the next 12 months? \$ _____

APPLICANT STATES THAT THE ABOVE INFORMATION IS CORRECT AND HEREBY AUTHORIZED VERIFICATION.

NOTE: A NON-REFUNDABLE APPLICATION FEE OF \$ _____ IS REQUIRED TO PROCESS THIS APPLICATION

APPLICANT'S SIGNATURE _____

DATE _____

PHONE _____

Date Received: _____
 Date Appv'd: _____