

PASSMAN PLAZA III RETIREMENT COMMUNITY

APPLICATION FOR HOUSING FEDERAL TAX CREDIT PROGRAM

NOTE: All persons 18 years or older and unmarried must complete a separate application.

PLEASE PRINT / DO NOT USE WHITE OUT

Where did you hear about our apartments? Apt. Guide _____ Drive By _____ For Rent _____ Resident Referral
Other _____

Part I- HOUSEHOLD COMPOSTION

Note: HOH = Head of Household

Mbr #	Last Name	First Name and M.I.	Relation to HOH	Date of Birth	Age	Social Security Number	Full Time Student?
1							
2							
3							
4							

Do you anticipate any changes in the size of your household? YES NO

Do you have any pets? YES NO Type: _____

Part II- STUDENT STATUS

1) Are all occupants of the household full time students? YES NO

2) Do you anticipate any changes in the # of students in your household? YES NO

If YES to item 1 above, please answer the following:

- Is the household comprised of a single parent with school age child(ren) none of whom are dependents on a third party? YES NO
- Are the HOH and co-applicant married and do they file a joint Income Tax return? YES NO
- Does the household receive AFDC or TANF? YES NO
- Are any of the students participants in the Job Training Partnership Act? YES NO

Part III- RENTAL HISTORY

Current Street Address	Do you	Monthly Payment	Home Phone #	How Long?
	OWN RENT OTHER			
Current City, State & ZIP	Landlord	Landlord Phone #	Reason For Leaving	

If residency has been less than 2 years, please complete the following:

Previous Street Address	Did you	Monthly Payment	How Long?	Date Moved
	OWN RENT OTHER			
Previous City, State & ZIP	Landlord	Landlord Phone #	Reason For Leaving	

Part IV- CREDIT REFERENCES

Bank Name		Checking Account #		Savings Account #		Credit Card Number	
Drivers License Number	State	Expires	Vehicle Model		Year	Plates	
Ever filed for Bankruptcy?		Make explanation above for any item shown at left.					
YES NO							
Ever been evicted from Tenancy?							
YES NO							
Ever been convicted of a felony?							
YES NO							

Part V- RECURRING INCOME

Employment Information for HOH: (circle all applicable)

Employed Full Time	Employed Part Time	Self-Employed	Non-Employed	Unemployed	
Current Employer		Position	How Long?	Supervisor's Name	
Employer's Telephone Number		Employer's Telefax Number	Employer's Address		
Current wages per YEAR (must include anticipated overtime and bonuses)			Average hours worked per week	Do you get tips?	Do you have more than one job?
				YES NO	YES NO
OTHER INCOME Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.		Alimony / Child Support	YES NO	\$ _____	
		AFDC / TANF	YES NO	\$ _____	
		SSA / SSI	YES NO	\$ _____	
		Retirement / Pension / Annuities	YES NO	\$ _____	
		Unemployment	YES NO	\$ _____	
		Worker's Compensation	YES NO	\$ _____	
		Recurring Gifts from Household	YES NO	\$ _____	
		Other Recurring Monies	YES NO	\$ _____	

Part VI- ASSETS

ASSETS Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes, etc. need not be disclosed.		Checking Account	YES NO	\$ _____	
		Savings Account	YES NO	\$ _____	
		Money Market, CD's and other	YES NO	\$ _____	
		Stocks / Bonds	YES NO	\$ _____	
		IRA's, 401(k), Keogh	YES NO	\$ _____	
		Real Estate	YES NO	\$ _____	
		Boat, Trailer, Recreation Vehicle	YES NO	\$ _____	
		Other Assets	YES NO	\$ _____	
Are the total assets of the household less 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

Part VII- SECTION 8

Do you receive Section 8 Assistance? YES NO If YES, please complete the rest of this section.

Name of caseworker	Telephone of caseworker	Office	Voucher Amount	Last Recertification Date

Part VIII- EMERGENCY CONTACTS

Name of Contact	Address	Relation	Phone Number

Part VIII- EMERGENCY CONTACTS

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to this apartment community, Agent for the owner of the housing community to accept this application, I certify that all information contained herein is true. Material falsification of information provided may result in the rejection of this application or in the termination of the Lease Agreement. I have been advised and understand that residency at this housing community entails certain income restrictions and that residency is subject to qualifications.

Applicant has deposited herewith the sum of \$ _____, receipt of which is hereby acknowledged, as a non-interest bearing deposit (not as a rental payment) to be refunded as hereinafter provided in the Lease Agreement. In the event this application is approved, and applicant fails or refuses to enter in the contemplated lease, owner shall retain the said deposit as liquidated damages to cover the expense of taking and processing this application and removing the premises from the market and holding same for applicant. In the event the application is disapproved, or for any reason which owner is responsible and the Lease Agreement is not consummated, this deposit will be returned to applicant.

This application is made with the understanding that it is subject to acceptance by the owner. Upon acceptance of this application, I agree to execute a lease agreement before possession is delivered and to pay the balance of the deposit and/or other move-in costs. The deposit becomes non-refundable after application has been approved. Please allow ample time to process the application.

By execution of this application, I hereby authorize this apartment community, and/or it's Agent to make such investigation into my credit, employment, rental, and criminal history as they may deem appropriate and release all parties from all liability for any damage that may result from their furnishing information to you.

I understand that this housing community limits the number of occupants to two persons per bedroom.

Applicant's Signature

Date

Print Name

Spouse's Signature

Date

Print Name

FOR OFFICE USE ONLY

Application taken by _____ this _____ day of _____, 200__.

Application Fee \$ _____

Apartment # _____ Monthly Rental \$ _____ Special Offered _____

Application approved/disapproved by _____ this _____ day of _____, 200__.

Deposit Amount \$ _____

Applicant notified by _____ this _____ day of _____, 200__.

Reason Application Denied _____