

MOVE-IN SECURITY DEPOSIT REPORT

Community: _____ Unit #: _____ #Bdr: _____

Move-In Date: _____ Full Rent: _____ Util Allowance _____

Rental Assistance: _____ 1st Month's Rent: _____ Sec. Dep.: _____

Amount paid with lease signing: _____

HEAD OF HOUSEHOLD

Can you read and write English? _____ If not did you bring someone with you to interpret? _____

Interpreter's Name: _____ If you did not bring someone we recommend it.

Name: _____ SS#: _____

in Household: _____ Allowable Limit: _____ Annual Gross Income: _____

Full-Time Student? _____ Expl: _____ Single Parent? _____ Disabled? _____

Homeless? _____ On PHA List? _____ Married Couple? _____ Children in HH? _____

Gender: _____ Date of Birth: _____

Income: Empl? _____ SS/Pension? _____ Public Asst? _____ Other? _____ Assets? _____

Head of Household Race: (please circle one) 1. *White/Caucasian* 2. *African American*
3. *American Indian* 4. *Alaska Native* 5. *Asian* 6. *Native Hawaiian* 7. *Pacific Islander*
8. *Other* 9. *Prefer not to answer*

Ethnicity: (please circle one) 1. *Hispanic/Latino* 2. *Non-Hispanic /Non Latino* 3. *Prefer not to answer*

Other household Members

Name: _____ Race #: _____ Ethnicity #: _____ HC: _____

Name: _____ Race #: _____ Ethnicity #: _____ HC: _____

Name: _____ Race #: _____ Ethnicity #: _____ HC: _____

Name: _____ Race #: _____ Ethnicity #: _____ HC: _____

Name: _____ Race #: _____ Ethnicity #: _____ HC: _____

Head of Household Signature: _____ Date: _____

In Accordance with Federal Law and U.S. Department of Agriculture policy, this institute is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

INFORMATION IS GATHERED FOR
STATISTICAL PURPOSES
ONLY

LIST ANY ADDRESSES YOU HAVE HAD WITHIN THE LAST 5 YEARS:

IF YOU HAVE HAD ADDRESSES PAST THE 5 YEARS WHERE YOU HAVE HAD A LANDLORD LIST THEM AS WELL: YOU NEED TO LIST ANY LANDLORD YOU HAVE EVER HAD.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

HAVE YOU EVER HAD A LANDLORD? _____ YES _____ NO

INITIAL TENANT APPLICATION

Development Name: _____

Development Address: _____

Date of Application: _____ Size of Unit Requested: _____ Date Housing is Needed: _____

Directions to Applicant: Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you. Include all members who you anticipate will occupy the unit at least 50% of the time during the next 12 months. For financial information, please provide the names and addresses of people who can verify the information you provide. Please use the backs of the pages to record additional information if there isn't enough room for an entry. Proof of identity and social security cards must be provided for all household members. All adults must sign/date the application.

PART I. FAMILY COMPOSITION

1.	Name <u>ALL</u> People to Occupy Apt.			*Social Security	Date of Birth	Relation to Head	Sex	Full-time Student?
	LAST NAME	FIRST	MI					
						HEAD		
2.								
3.								
4.								
5.								
6.								

*If benefits are drawn under a different Social Security #, please provide _____

Do you expect a change in family size in the future? Yes ___ No ___ If so, explain change and provide expected date of change. _____

Are there any temporarily absent family members? Yes ___ No ___ If so, provide name and date of return _____

Current Marital Status: Never Married ___ Divorced ___ Separated ___ Married ___ Widowed ___

Would you or any members of your household benefit from a handicapped-accessible unit?
Yes ___ No ___

PART IV. EMPLOYMENT HISTORY

- a. Applicant Employed By: _____ How Long? _____
 Supervisor _____ Phone _____
 Previous Employer: _____ How Long? _____
 Supervisor _____ Phone _____
Applicant (2nd Job): _____ How Long? _____
 Supervisor _____ Phone _____
- b. Co-Applicant Employed By: _____ How Long? _____
 Supervisor _____ Phone _____
Co-Applicant (2nd Job): _____ How Long? _____
 Supervisor _____ Phone _____
 Previous Employer: _____ How Long? _____
 Supervisor _____ Phone _____
- c. Other Adult Employed By: _____ How Long? _____
 Supervisor _____ Phone _____
Other Adult (2nd Job): _____ How Long? _____
 Supervisor _____ Phone _____
 Previous Employer: _____ How Long? _____
 Supervisor _____ Phone _____

PART IV. LANDLORD REFERENCES

- a. Present Landlord: _____ From/To: _____
 Address _____ City _____ State _____ Zip _____ Phone _____
- b. Previous Landlord: _____ From/To: _____
 Address _____ City _____ State _____ Zip _____ Phone _____
- c. Previous Landlord: _____ From/To: _____
 Address _____ City _____ State _____ Zip _____ Phone _____

PART V. GENERAL INFORMATION

- a. Have you ever been evicted? Yes ___ No ___
If yes, explain: _____
- b. Have you ever been convicted of a felony? Yes ___ No ___
If yes, explain: _____
- c. Have you ever filed for bankruptcy? Yes ___ No ___
If yes, explain: _____
- d. Have you ever received rental assistance? Yes ___ No ___
If yes, explain: _____
 - a. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? Yes ___ No ___
 If yes, explain: _____
- e. Will this be your only place of residence? Yes ___ No ___
If yes, explain: _____
- f. Do you live or have you lived in subsidized housing? Yes ___ No ___
If yes, where? _____ when? _____
- g. Have you, or your spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes ___ No ___
If yes, explain: _____
- h. Have you or any member of your household been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? Yes ___ No ___
If yes, explain: _____
- i. Have you or anyone in your home been or currently are registered as a sex offender?
Yes ___ No ___
- j. Do you have any pets? Yes ___ No ___
- k. Are you currently homeless or living at a shelter? Yes ___ No ___
- l. What is the condition of your current housing? (Check all that apply)
 Standard ___ Unsafe or Unhealthy ___ Living with Parents ___
 No Indoor Plumbing/Kitchen ___ Currently without Housing ___

CURRENT PLACE OF RESIDENCY/EMERGENCY CONTACT

Current Address:				
	Street Address	City	State	Zip
Current Telephone #:				
	Home	Work	Message	
Emergency Contact:				
	Street Address	City	State	Zip
Telephone #:				
	Home	Work		

I/We, the undersigned, state that I/we have read and answered fully and truthfully each of the preceding questions for all members of the Household who are to occupy the unit in the above Section 42 rental development for which application is made, all of whom are listed above. I/We understand that providing false information or making false statements may be grounds for denial of my/our application. I/We further understand that as part of the application process my credit report may be obtained without further authorization and that I/we will be required to authorize verification of my/our income and assets. I/We understand that all of the above information must be obtained in order to establish my eligibility for the Low Income Housing Tax Credit Program.

WARNING: Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

_____ Applicant Signature (Head)	_____ Date
_____ Applicant Signature (Co-Head)	_____ Date
_____ Applicant Signature	_____ Date
_____ Applicant Signature	_____ Date
_____ Applicant Signature	_____ Date