

Development: Port Terrace Apartments **Unit #:** _____ **#Bedrooms** _____ **Anticipated Move-In Date:** _____

Other Needs: _____ **Home Phone #:** _____ **Work Phone #:** _____

All applicants 18 years of age and older, not related by blood, marriage or adoption, must complete their own application.

PERSONS OCCUPYING THE UNIT			RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	STUDENT (Circle One)	
Last	First	Middle				Y	N
			Head			Y	N
						Y	N
						Y	N
						Y	N
						Y	N
						Y	N

Proof of age will be requested if you are applying to live in a designated Elderly Development. Acceptable age verifications include a copy of: (1) a Birth Certificate, (2) a valid State Driver's License or (3) a valid State I.D. Card.

A. General Information

- Do you own a pet? **Yes** **No** If yes, what kind? _____ Weight _____
- Have you ever filed bankruptcy? **Yes** **No** If yes, please explain (include dates):

- Have you ever been convicted of a felony? **Yes** **No** If yes, please explain:

- Have you ever been evicted from an apartment for any reason? **Yes** **No**
If yes, please explain: _____

B. Housing Reference (List all residences and applicable landlord reference in the past three years.) (HPI 30)

Present Address _____ City _____ State _____ Zip _____
 From _____ To _____ (Mth/Yr) _____ Reason for Leaving _____
 Do you own this residence? YES NO If NO, do you rent this residence? YES NO
 Landlord _____ Address _____ City _____
 State _____ Zip _____ Landlord phone # _____ Rent per month _____
 Previous Address _____ City _____ State _____ Zip _____
 From _____ To _____ (Mth/Yr) _____ Reason for Leaving _____
 Do you own this residence? YES NO If NO, do you rent this residence? YES NO
 Landlord _____ Address _____ City _____
 State _____ Zip _____ Landlord phone # _____ Rent per month _____

C. Employment or Other Income Sources (List all sources of income for all adult household members)

Income Source _____ Monthly Gross Income \$ _____
Contact Person _____ Phone Number (____) _____
Income Source _____ Monthly Gross Income \$ _____
Contact Person _____ Phone Number (____) _____

D. Emergency Contact (Other than person listed on application). Please list someone in the immediate area if possible.

Name _____ Relationship _____
 Home Phone Number(____) _____ Work Phone Number(____) _____

E. Drivers License #: _____ **State Issued:** _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

- Y N 1. Are you or anyone in the household currently or soon to become a student? **full-time** **part-time** (HPI 16)
 (A full time student is defined as someone who has been or will be a full-time student for 5 months this year.)
 List name of student(s): _____
- Y N 2. Are you separated, but not divorced from your spouse? (HPI 37)
- Y N 3. Are any household members temporarily absent?
 Who? _____ How Long: _____
- Y N 4. Do you expect any changes to your household within the next 12 months? (HPI 36)
 If yes, please explain: _____
- Y N 5. Are you receiving Section 8 Assistance? Agency _____ Phone # _____ (HPI 35)
 Do you have a: **Certificate** **Voucher** (Circle One)

ASSETS

(HPI 39)

Please list where the asset(s) is held, the current value of each asset(s), and all income derived from the assets over the previous 12 months, for **all** household members. (Attach additional page(s) if necessary)

CIRCLE ONE	TYPE OF ASSET	WHERE HELD Please list addresses on attached form	BALANCE/VALUE	INTEREST Y OR N (amount)	FORM #
Y N	Checking Acct. #1				1
Y N	Checking Acct. #2				1
Y N	Savings Acct. #1				1
Y N	Savings Acct. #2				1
Y N	Trust Account				1
Y N	Certificate of Deposits				1
Y N	Certificate of Deposits				1
Y N	Certificate of Deposits				1
Y N	Money Markets				1
Y N	Mutual Funds				1
Y N	Pension/Annuity (NOT Paid Periodically)				7
Y N	IRA/Keough/401 K				11
Y N	Stocks/Bonds				11
Y N	Real Estate (FMV - Mortgage Balance)				12/19
Y N	Land Contract (provide amortization sche)				12
Y N	Personal Property/Investment				11
Y N	Cash kept at home - \$500 or more on hand, not in checking/savings account.				38
Y N	Safe Deposit Box in the past 2 years.				38
Y N	Lump Sum Payment				25
Y N	Assets disposed of in the past 2 years.				15
Y N	Whole Life Insurance Policy				11
Y N	Total Household Assets Less Than \$5,000				34



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INCOME

Please indicate each source of **ESTIMATED ANNUAL** income that you receive or anticipate receiving in the next twelve (12) months.

CIRCLE ONE	DESCRIPTION	FAMILY MEMBER	SOURCE	INCOME	FORM #
Y N	Employment #1				2
Y N	Employment #2				2
Y N	Self - Employment (2 years taxes)				3
Y N	Social Security				4
Y N	Social Security (SSI)				4
Y N	Public Assistance				5
Y N	Veterans Benefit				6
Y N	Pension/Annuity (Periodic Payments)				7
Y N	Disability				10
Y N	Child Support/Alimony				8
Y N	Military Compensation				9
Y N	Unemployment				14
Y N	Rental Income/Land Contract Pymts.				10
Y N	Other Income				10
Y N	Lottery Payments (periodic)				10
Y N	Workers Compensation				10
Y N	Previous Employment				20
Y N	Unemployed/Zero Income				28
Y N	Anticipated Income				29
Y N	Recurring Gift				10
Y N	Housing Authority				50

The undersigned certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to release the information in order to qualify for Section 42 Housing. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We agree to provide verifications of all income and assets as required by the Owner or its agent. I/We further authorize disclosure of all information which will verify my/our income and assets. I/We understand applicants must be eligible for the Section 42 Tax Credit program. Subject to approval, this will be my/our primary residence.

A credit check will be completed through a credit bureau. By completing this application, applicant grants management permission to confirm the above information supplied by applicant. The Fair Credit Reporting Act requires that management discloses to applicant that an investigative consumer report including information as to applicant's character, general reputation, personal characteristics and mode of living will be made.

Each Applicant 18 years of age or older must sign and date below.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____



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