

RENTAL APPLICATION for Calibre Residential

Ashworth Woods [] Sylvan View Estates []
Park Crest Terrace []

FOR MANAGEMENT USE ONLY	
Date & Time Application Received:	
Requested Accessible Unit:	
Tax Credit Set Aside:	
Approved:	
Unit Number:	

HOUSEHOLD COMPOSITION: List the head of your household and all members who will live in your home. All questions must be answered. Enter the race & ethnicity codes by using the following definitions:

Race Codes:

1. American Indian or Alaska Native,
2. Asian,
3. Black or African American,
4. Native Hawaiian or other Pacific Islander,
5. White, (choose all that apply),

Enter a D if you do not wish to provide this information.

Ethnicity Codes: Y if Hispanic or Latino, N if Not Hispanic or Latino, or enter a D if you do not wish to provide this information.

Member No.	Full Name, including middle initial, if applicable	Relationship to HOH	Race	Ethnicity	Dis-abled [Y/N]	Gender [M/F]	Date of Birth	Age	Full Time Student [Y/N]	Social Security No.
1		Head of Household								
2										
3										
4										
5										
6										
7										
8										

Desired Move in Date: _____

RENTAL HISTORY: Current Address: _____

Rent: \$ _____ Length of Residency: _____ Landlord's Name: _____

Landlord's Phone#: _____ Landlord's Address: _____

If less than three years, provide previous address: _____

Rent: \$ _____ Length of Residency: _____ Previous Landlord's Name: _____

Landlord's Phone#: _____ Landlord's Address: _____

CONTACT INFORMATION:

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email : _____



ANNUAL INCOME: For each type of income that your household receives or expects to receive, enter the gross amount of income you anticipate receiving from each source during the next 12 months:

SOURCE	HOH	CO-HEAD OR OTHER ADULT	OTHER ADULT	OTHER ADULT	HOUSEHOLD TOTAL
Gross Salary including any Overtime Pay					
Commissions/Tips/ Bonuses/Fees					
Alimony/Child Support					
TANF					
SSP					
Social Security					
SSI					
Pensions/Retirement Funds, etc.					
Unemployment Benefits					
Worker's Compensation/Disability					
Student Financial Assistance					
Income from Business					
Recurring Income or Gifts					
Other:					
				TOTAL:	

EMPLOYMENT:

HEAD OF HOUSEHOLD: I am not employed at this time.

Current Employer: _____ Position: _____ Supervisor: _____

Address: _____ Phone: _____ Fax: _____

Current Wages: \$ _____ per: (circle one) Hour Week Month Year

Hours Worked Per Week: _____ Tips or Commissions per Week: \$ _____ Annual Bonus: \$ _____

Do you anticipate an increase within the next 12 months? Yes No If Yes, When _____ How much? _____

Do you have more than one job? Yes No

CO-APPLICANT OR OTHER ADULT MEMBER: I am not employed at this time.

Current Employer: _____ Position: _____ Supervisor: _____

Address: _____ Phone: _____ Fax: _____

Current Wages: \$ _____ per: (circle one) Hour Week Month Year

Hours Worked Per Week: _____ Tips or Commissions Per Week: \$ _____ Annual Bonus: \$ _____

Do you anticipate an increase within the next 12 months? Yes No If Yes, When _____ How much? _____

Do you have more than one job? Yes No



Does any member of your household who is not now working, expect to work for any period during the next twelve months? Yes No N/A – All adults currently work.

ASSETS: Assets include cash (wherever held), all bank accounts, stocks, bonds, money market accounts, IRA's, annuities, retirement/pension funds, 401K's, 403B's, cash value of whole or universal life insurance policies, equity in real estate or capital investments, items held as an investment, (jewelry, art, coin or stamp collections, etc), etc. You must also include the value of any assets disposed of in the past 24 months for less than fair market value.

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTE	ACCOUNT NUMBER
Checking Account				
Savings				
Certificate of Deposit				
Mutual Funds/ Stocks/Bonds				
401K/IRA/Other Retirement Account				
Real Estate				
Life Insurance				
Savings Bonds				
Other				
TOTAL:				

I/We have no assets at this time.

Have you disposed of any assets at less than fair market value within the last 24 months? Yes No

OTHER:

Do you or any other household member currently have a pet? Yes No

If Yes, What type: _____ How many: _____

Have eviction charges ever been filed against you at a District Magistrate's office for nonpayment and/or late payment of rent to your landlord or for any other reason? Yes No

Have you or any other household member or person you wish to reside with you ever been convicted of a crime? (Omit only minor Traffic Violations; DUI is considered a crime.) Yes No

Have you or any other household member or person you wish to reside with you been released from jail in the past five (5) years? Yes No

Are you or any other household member a SDN or other Block Person designated by the U.S. government as a person who commits or supports terrorism or is involved in international narcotics trafficking? Yes No

Are there any special housing needs or reasonable accommodations, (Examples; a unit for mobility impaired, visually impaired or hearing impaired person, a live-in aide, etc.), that the household will require to meet the needs of a disabled family member? Yes No. If Yes, please list: _____



EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: _____

Address: _____

How did you hear about us?

I/We certify that if selected, the unit I/we occupy will be my/our only residence. I/We understand the above information is being collected to determine my/our eligibility under the section 42 tax credit program. I/We authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which may be released to appropriate federal, state, or local agencies.

By putting a deposit on a selected apartment, I/We have reserved an apartment in our name. I/We have not been guaranteed an apartment until the credit application, background check, and all income and asset verifications have been approved. If I/We withdraw my/our application after 3 days of applying, you may retain any deposits as liquidated damages.

I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that providing false statements or information is punishable under federal law.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

Head of Household Signature: _____ Date: _____

Co-Head or Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.

FOR MANAGEMENT USE ONLY:Application Fee Received Received Photo Ids Received Rental Verification Received Social Security Cards Received Birth Certificates Criminal/Credit: _____ Screening: Approved Rejected Date: _____Authorized By: _____

03/2011

