




802 Property Management

APPLICANT INFORMATION			
Name:			
Date Of Birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please Circle)	Monthly Payment Of Rent:	How Long?	
If Renting who's your landlord?		Landlord's Phone Number:	
Landlord's Address:			
Begin Date:		End Date:	
Previous Address within the last five(5) years:			
Begin Date:		End Date:	
City:	State:	Zip Code:	
Own Rent (Please Circle)	Monthly Payment Of Rent:	How Long?	
Landlord's Name:		Landlord's Phone Number:	
Landlord's Address:			
HOUSEHOLD MEMBERS			
Name:	Date Of Birth:	SSN:	Relationship:
Name:	Date Of Birth:	SSN:	Relationship:
Name:	Date Of Birth:	SSN:	Relationship:
EMPLOYMENT INFORMATION (All Household income must be listed)			
Current employer:			
Employer address:		How Long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Current employer:			
Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Current employer:			
Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Position:	Hourly Salary (Please Circle)	Annual income:	



EQUAL HOUSING OPPORTUNITY

OTHER INCOME: Child Support, pension/annuity, Social Security, Reach-Up, unemployment, other periodic payments, etc. If you receive Social Security, please attach a copy of your current award letter with your application. Enter all other sources of income including current gross Social Security.

Applicant name:	Income type:	Source address, phone, fax	Gross monthly amount \$
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ASSETS

BANK ACCOUNTS

Please list all accounts held by each person who'll live in your apartment. Attach a separate sheet of paper, if needed.

Bank/institution	Type of account	Interest rate %	Current balance \$
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IRA/KEOGH/ANNUITY/PENSION/STOCKS

Name	# of shares	Share price \$	Cash Value\$	Quarterly dividend
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BONDS/INSURANCE POLICIES		
Date of Purchase:	Current value/cash value \$	
Date of Purchase:	Current value/cash value \$	
OTHER ASSETS		
Do applicants own real estate other than the home you live in? No		_____ Yes _____
If "Yes," what's the location?	Market Value \$	
Is this an income-producing property? No		_____ Yes _____
Does anyone applying own any other asset not already listed? (Do not include furniture. Do not include motor vehicles used for personal transportation.) No		_____ Yes _____
If "Yes," please describe	Market Value \$	
Have you or any member of the household disposed of, transferred or otherwise given away an cash, property or other assets for less than they are worth in the past two (2) years? Yes _____ No _____		
If "Yes," please describe		
Cash Value \$	Amount received \$	Date disposed of
Do you or any member of the household receive regular gifts or contributions from any person or organization? Gifts of contributions include cash, non-cash items, bills paid on your behalf, or items paid on your behalf. No		_____ Yes _____
If "Yes," please describe		
Cash Value \$	Received from	How often (i.e. monthly)
GENERAL INFORMATION		
Are you or any member of your family in need of an accessible apartment and/or if handicapped/disabled, requesting adjustments to income? No		_____ Yes _____
Will you or any member of your household require a live-in attendant? No		_____ Yes _____

If offered an apartment and I accept, this apartment will serve as my primary residence	_____ Yes _____
No	
Are you displaced due to domestic violence?	_____ Yes _____
No	
Are all members of the household citizens of the United States or non-citizens with eligible immigration status?	_____ Yes _____
No	
Have you or any member of your household been a full-time student in the past year or plan to enroll as a full-time student in the upcoming year?	_____ Yes _____
_____ No	
Do you currently have a Section 8 Housing Choice Voucher (HCV)?	_____ Yes _____
No	
If "No," are you on the waiting list for a Section 8 HCV?	_____ Yes _____
No	
Which public housing authority or authorities?	
Has anyone in your household ever been <u>charged with or convicted of</u> a crime, including misdemeanors and/or felonies?	_____ Yes _____
No	
If "Yes," Please explain	
Is anyone in your household subject to registration requirement under a state sex offender registration program?	_____ Yes _____
No	
If "Yes," please explain	

PERSONAL HISTORY

Have you ever been asked to move out or evicted? Yes No

Have you ever declared bankruptcy? Yes

No

Have you ever been sued for damage to a rental unit? Yes No

Have you ever broken a rental agreement or lease? Yes

No

Have you ever been sued for nonpayment of rent? Yes

No

Have you ever been charged or convicted of a criminal, civil or felony crime? Yes

No

Are you currently in collection for any late utility, credit card, cell phone, loans, etc.? Yes

No

If "Yes" to any of the above questions, please explain:

Do You Smoke? Yes

No

Do You have pets? Yes

No

If "Yes" what kind of pet?

Size of Apartment wanted? 1 Bedroom 2 Bedroom

Desired Date of Occupancy?

Please check which 802 Property you are interested in below:

Eagle Crest (55+) Falcon Manor (55+) Hawk's Nest (55+) Hawk's Meadow (55+)

Hawk's Meadow (Family) The Meadows at Essex

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION:

I/We certify that the information given on household composition, income, net family assets, allowances and deductions, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable by Federal Law with fines up to \$10,000.00 of imprisonment for up to five (5) years. I/we understand that false statements or information are grounds for termination of housing assistance, termination of tenancy and/or retroactive rent increases. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor creditor, landlord references, police records indicating unacceptable criminal behavior, and/or poor personal interview.

WARNING: Section 1001 of Title 18 of the 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.

"I have read and understand this statement."

Head of Household	Date
Other adult household member	Date
Other adult household member	Date
Other adult household member	Date
<p>The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service and US Department of Housing and Urban Development that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, gender identity, familial status, age, and disability are complied with.</p> <p>You are not requested to furnish this information, but are encouraged to do so. This information will not be used in evaluation your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname:</p>	
<p>Ethnicity _____ Not Hispanic or Latino _____ Hispanic or Latino</p>	
<p>Gender _____ Male _____ Female</p>	
<p>Race (Mark one or more) _____ American Indian/Alaska native _____ Asian _____ White _____ Black or African-American _____ Native Hawaiian or other Pacific Islander</p>	



RELEASE AND CONSENT FORM

(All applicants/residents 18 years of age and older must complete this form separately)

I, _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my application for participation in a property owned/managed by 802 Property Management. I authorize release of information without liability to the management listed above.

INFORMATION COVERED

I understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income and assets. I understand that this authorization cannot be used to obtain information about me that is not pertinent to my eligibility for and continued participation in a Low Income Housing Tax Credit Affordable Housing Program or other housing programs that may apply to the property.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Past and Present Employers, Welfare Agencies, Veterans Administrations
- Support and Alimony Providers, State Unemployment Agencies, Retirement Systems
- Educational Institutions, Social Security Administration
- Bank and other Financial Institutions, Utility Providers, Previous Landlords
- Public Housing Agencies, Appraisal Districts

III. APPLICANT CERTIFICATION

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I understand I have a right to review this file and correct any information that is incorrect.

Printed Name

Signature

Date



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