

Dear Applicant,

Thank you for considering a Boyd Management property for your new home. Our team strives to make your future housing decision as easy as possible. If you have any questions or comments, please feel free to contact us.

Please provide the following:

**Application-** every question must be answered or indicated N/A (not applicable) and submitted with a \$25 application fee in check or money order, only. No cash accepted. Applications submitted without the \$25 fee will be returned to applicant.

(Note: HUD properties do not require an application fee.)

Social Security card for each household member- we can make copies.

Birth Certificate for each household member- we can make copies.

Returning your application in person is preferred as it can be reviewed with you to ensure that it is complete. All members of the household, including minors, must be listed on the application.

Upon receipt of the above items, we will process and evaluate your application through our acceptance criteria which are designed to be a fair and reasonable way to provide equality to all applicants. Part of this process includes verifying your income and assets in compliance with federal and state program regulations governing this property. This specific information can be found in our Resident Selection Plan on the bulletin board in the office. Again, thank you for your consideration of our community.

	Apartments
Office Address:	
Office Hours:	
Phone:	Fax:
Nationwide TTY Relay: 711 Ema	ail:
"This institution is an	n equal opportunity provider."

BMI	RENT	AL A	APPL	ICAT	TION
	<b>D</b> 4 • 4•		ALL DAAT	n (*	

**Smoking Restrictions Apply at All BMI Properties** 

**Property Name** 

**Property Address** 

Email Address

Phone

Fax



**\$25 APPLICATION FEE APPLIES (except HUD) AND MUST BE PAID IN CHECK OR MONEY ORDER. NO CASH ACCEPTED.** 

 BMI Staff to Check Appropriate Designation:

 Program Type
 Property Type

 USDA RD
 FAMILY

 TCC-9%
 HFOP- HEAD OF HOUSEHOLD 55+

 HUD-Requires No
 ELDERLY- 62+ AND/OR DISABLED

HUD-Requires No ELDERLY- 62+ AND/OR DISABLED Application Fee APPROVED PETS ARE ALLOWED AT THIS PROPERTY: YES

APPROVED PETS ARE ALLOWED AT THIS PROPERTY: YES NO An assistance animal is NOT a pet & is allowed when approved as a reasonable accommodation.

	]	HEAD O	F HOU	ISEHOLD (H	IOH)	INFORM	ATION			
First Name	Middle Initial	Ι	Last Name			Social Securit	y#	Birth I	Date	
Current Marital Status (c	heck only one)	Ne	ever Marr	ied Ma	rried	Divore	ed	Separated	Widowed	đ
List Dgmy "Any (	Other Names You	Have Used In	n The Past			Cell Phone		Home/Alter		
Current Mailing Address										
Email Address, if Available							Are you a	Full Time Student	YES	NO
Date You Want to Move In			Total #	of Persons in Hous	ehold		Size of De	sired Apartment		
Fq'{qwCurrently Hold a Ho	ousing Voucher	YES	NO	If YES, Name of H	Iousing A	Agency				
List All <b>Additional</b> H	lousehold Memb	ers, Not the H	ЮН	SocialSecu	rity#	Birth Date	Relations	hip to Applicant	Current Full Time S	
									YES	NO
									YES	NO
									YES	NO
									YES	NO
									YES	NO
ST	UDENT IN	FORMA	TION-	APPLIES T	O AL	L HOUSE	HOLD	MEMBERS		
1. Is/Was any member of YES NO If Y	f your househo ES, please list a		below:		ncludes	K-12 & high	er, within th	ne current Jan-Dec	calendar	year?
Name				hool/Location						
Name				hool/Location						
Name										
2. Do you or any househ the next 12 months?						nt intend to be YES NO		l time or part time please list all that a		-
Name of household member										
Date expected to become a s	tudent									
Name & location of school										
Name of household member										
Date expected to become a s	tudent									
Name & location of school										
Name of household member										
Date expected to become a s	student									
Name & location of school										
	DO YOU	NEED A	NY AC	COMMODA	TION	NS? SEE	BELOW	/:		
Both the owner and agent persons with disabilities. when they may be necessary Please check the following si	In accordance y to afford perso	with our st	tatutory r	esponsibilities an equal opportunity	d mana	gement policie	es, we will	make reasonable		

Yes, I/we are requesting reasonable accommodations for one or more members of our household based on a disability and I/we understand this request may be verified.

Yes, I/we are requesting a unit with accessible (handicap) features.



 For Office Use Only:

 Date Rec'd:
 Time:

SM Initials:



## **GENERAL INFORMATION**

A. Utilities may be the residents' responsibility, and if so, arrangements must be made with the appropriate utility company/companies prior to movein. If a deposit is required by the utility company, the amount could vary widely, as there are no strict regulations on what service providers can charge.

**B.** I/We understand that a security deposit for the apartment must be paid prior to move in, and this will hold the selected unit for a two week period. This deposit becomes non-refundable after a 72 hour waiting period. If you do not move in within a two week period after the deposit is received and when management advises unit is ready for occupancy, your security deposit will be forfeited. The selected unit will go back on the market and offered to the next eligible applicant.

C. I/We understand that a credit, criminal and residency history verification will be performed on all adult household members to process the application.

**D.** I/We understand that the SS# and verification of citizenship or eligible immigration status must be provided for each household member.

**E.** I/We understand that the management company, acting on behalf of the owner, is required to verify your income and assets in compliance with program regulations governing this property. Information contained on this application may be used, as well as, verification of information from third party sources. You, and all adult members, are required to complete and sign the release form attached to this application. After verifications are received, if the household income exceeds the program qualifying income limit or other eligibility requirements are not met, this application will be denied. Changes in household composition, income, assets, and/or student status changes during this verification period, you should immediately report to the manager and your application may need updating. Approved applicants that remain on the waiting list for a period that exceeds 120 days must have all eligibility requirements re-verified upon notification. Should the re-verification process deem a previously approved applicant now ineligible, the applicant will be denied.

**F.** By signing this application, you are stating that should you move into this complex, this unit will become your primary place of residence and you will not maintain a separate place of residence, whether subsidized or not.

## HEAD OF HOUSEHOLD (HOH) INFORMATION

<b>RESIDENCY</b> H (Must Show a Minin	HISTO mum of	<b>RY</b> Last 2 Yea	rs of l	Residency, Co	mplete A	ll 3 Resider	ncy Section	ons Only	if Needed f	or 2 Years	of Histo	ory)
		Current H	Reside	nce		Previous R	esidence		]	Previous Re	sidence	
Street Address												
City, State, Zip												
Check Which Applies	Owi	n Ren	t	Other	Own	Rei	nt	Other	Own	Ren	t	Other
If "Other", Explain												
Owner/Landlord Name												
Owner/Landlord Phone #												
Reason for Leaving												
Dates of Residency	From:		<b>-</b> To	:	From:		To:		From:		To:	
WAGES		Inco	me f	rom Employ	ment		Income	from 2nd	Employmen	t/Seasonal	Job, if A <sub>l</sub>	oplicable
Current Employer												
Complete Address												
Employers Phone & FAX	K											
Name of Supervisor												
Gross Pay- before taxes	s \$	· · · · · · · · · · · · · · · · · · ·					\$					
Pay Frequency	wkly	every othe	er wk	twice mthly	mthly	other:	wkly	every oth	ner wk twic	e mthly r	nthly ot	her:
Date you were Hired	mm/d	d/yyyy:					mm/dd	/уууу:				
BENEFITS &	OTHE	R INCOM	ſE	(This include Support, Ali	es Social Sec mony, Unem	urity, Retiremen ployment, Regu	nt/Pension, S alarly Recur	SSI, Disabilit ring Monetar	ty, Net Income f ry Gifts from Fa	rom Operation mily/Friends,	of a Busine FANF, Etc.)	ess, Child
Answer each section >		Income	Source	e	А	dditional Inc	ome Sourc	ce	Ad	Iditional Inc	ome Sourc	e
Source of Income												
Complete Address												
Phone Number	_								-			
Gross Amount	\$				\$				\$			
Frequency	wkly	mthly		other:	wkly	mthly	other	:	wkly	mthly	other:	
Is it Court Ordered?		YES		NO		YES	N	0	(check one)	YES	N	0
ASSETS (This in	ncludes any	thing of cash v	alue yo	u have access to. An	ything not n	nentioned below	, like 401K,	, stocks, bond	ds, CD's, money	markets, list u	nder "Other	Assets".)
		Answer A	.11	If YES, Na	me of Ban	k/Card/Asset		Last	t 4 Digits of A	Account Nu	nber	
Savings Account		YES	NO					XXXXX_				
Checking Account		YES	NO					xxxxx_				
Prepaid or Payroll Cards	5	YES	NO					xxxxx_				
Any Other Assets?		YES	NO If	YES, explain:								
Real Estate		YES	NO If	YES, what type?	Land	Home	Mobile I	Home	Other :			
If YES, List Real Estate	Address											
Life Insurance Policy		YES	NO									

	C	CO-TENANT (	Co-HOI	H) INF(	DRMA	ΓΙΟΝ			
First Name	Middle Initial	Last Name	;		Cell Pho	ne		Alternate P	hone
Current Marital Status	(abaak anly ana)	Never Marrie	d	Married		Divorced	Separat	ad W	idowed
List Other Names You Ha			u		Email Add	ress, if Availab	<u>^</u>	eu v	luoweu
<b>RESIDENCY</b>						1035, 1171 vanab			
(Must Show a Min	imum of Last 2 Y	ears of Residency,	Complete	e All 3 Re	sidency S	Sections Only	if Needed	for 2 Years	of History)
	Current	Residence		Previou	s Residenc	e		Previous Resid	lence
Street Address									
City, State, Zip									
Check Which Applies	Own	Rent Other		Own	Rent	Other	Own	Ren	t Other
If "Other", Explain									
Owner/Landlord Name									
Owner/Landlord Phone #	1								
Reason for Leaving									
Dates of Residency	From:	- To:	From:		- To:		From:		То:
WAGES	Inco	ome from Emplo	ovment		Incon	ne from 2nd E	mplovmen	t/Seasonal Jo	b, if Applicable
Current Employer		*	v				1 - 1		FF Finite
Complete Address									
Employers Phone & FAX	K								
Name of Supervisor									
Gross Pay- before taxe	s \$				\$				
Pay Frequency	wkly every ot	her wk twice mthly	mthly	other:	wl	kly every oth	er wk twi	ce mthly mt	hly other:
Date you were Hired	mm/dd/yyyy:				mm	n/dd/yyyy:			
<b>BENEFITS &amp;</b>	OTHER INC					n, SSI, Disability, arly Recurring Mo			
Answer each section >	Incom	e Source		Additional	Income S	ource	A	ditional Incor	ne Source
Source of Income									
Complete Address									
Phone Number									
Gross Amount	\$		\$	<u></u>			\$		
Frequency	wkly mthl	-	wkly	mt		ther:	wkly	mthly	other:
Is it Court Ordered?	YES	NO		YES	5	NO		YES	NO
ASSETS (This i	ncludes anything of cash	value you have access to	. Anything no	ot mentioned	below, like 4	01K, stocks, bond	ls, CD's, money	v markets, list un	der "Other Assets".)
	Answer A	All If YES,	Name of H	Bank/Card/	Asset	La	ast 4 of Acco	ount Number	
Savings Account	YES	NO				XXXXX_			
Checking Account	YES	NO				XXXXX_			
Prepaid or Payroll Cards	S YES	NO				XXXXX_			
Any Other Assets?	YES	NO If YES, expla							
Real Estate	YES	NO If YES, what ty	pe? La	nd Hon	ne Mob	ile Home (	Other:		
If YES, List Real Estate	Address:								
Life Insurance Policy	YES	NO							

		ADD	ITIONAL A	DUL	ΓINFO	RMA	ΓΙΟΝ			
First Name	Middle Init	ial	Last Name			Cell Ph	one		Alternate Pho	one
Current Marital Status (c	heck only one)	>>>	Never Marrie	d	Married		Divorced	Separat	ed V	Vidowed
List Any Other Names Yo						Email Ad	dress, if Available			
<b>RESIDENCY I</b> (Must Show a Mini	HISTORY mum of Las	Y st 2 Years	of Residency; C	omplet	e All 3 Re	sidency	Sections Only	if Needed fo	or 2 Years o	f History)
	C	Current Resid	ence	Previous Residence			Pı	revious Resid	ence	
Street Address										
City, State, Zip										
Check Which Applies	Own	Rent	Other	0	Own	Rent	Other	Own	Rent	Other
If "Other", Explain										
Owner/Landlord Name										
Owner/Landlord Phone #										
Reason for Leaving										
Dates of Residency	From:	-	To:	From:		- To	):	From:	- 1	ſo:
WAGES		Income	from Employ	ment		Inc	ome from 2nd H	Employment/	Seasonal Jol	o, if Applicable
Current Employer										
Complete Address										
Employers Phone & FAX	-									
Name of Supervisor										
Gross Pay- before taxes	\$		_			\$_	<u> </u>			
Pay Frequency		every other wk	twice mthly	mthly	other:		vkly every othe	er wk twice	mthly mthl	y other:
Date you were Hired	mm/dd/yy	уу:					m/dd/yyyy:			
BENEFITS &	<b>OTHER</b>	INCOM	E (This includes Support, Alimo	Social Se ony, Uner	curity, Retirer nployment, Re	nent/Pensio gularly Re	on, SSI, Disability, N ecurring Monetary G	Net Income from ifts from Family/	Operation of a E Friends, TANF,	Business, Child Etc.)
Answer each section'≯		Income Sou	rce		Additiona	Income	Source	Add	itional Incom	e Source
Source of Income										
Complete Address										
Phone Number	\$			\$				\$		
Gross Amount Frequency		mthly	- di - m	wkly	mth		- (h			
Is it Court Ordered?	wkly	YES	other: NO	WKIY	YE	-	other: NO	wkly	mthly YES	other: NO
	cludes anything		you have access to. Ar	nything no				s, CD's, money m		
	А	nswer All	If YES, Na	me of B	ank/Card/A	sset	Last	4 Digits of A	ccount Numb	er
Savings Account		ES NO	,				XXXXX	_		
Checking Account		TES NO					XXXXX			
Prepaid/Payroll Cards	Y	'ES NO					XXXXX			
Any Other Assets?	Y	'ES NO	If YES, explain:							
Real Estate	Y	'ES NO	If YES, what type?	2 La	and H	lome	Mobile Home	Other:		
If YES, Address of Real H	Estate:									
Life Insurance Policy	Y	YES NO								

			MINO	RS IN THE	HOUSE	EHOLD			
MINOR MEMBER INFO:		Minor HH N	Member #1	М	inor HH M	1ember #2		Minor HH M	ember #3
Name of Minor									
Gender	MAL	E FEMALE	DECLINE 1 REPORT	TO MALE	FEMALE	DECLINE TO REPORT	MALE	FEMALE	DECLINE TO REPORT
Do you receive Child Support?		YES	NO		YES	NO		YES	NO
Or, have you ever filed for it?	~	YES	NO		YES	NO		YES	NO
CHILDCARE INFO:	Childcare	e Expenses are consi		<u> </u>		nor Household Member	individually (	· ·	
Do you pay for childcare yourself?	<b> </b>	YES	NO		YES	NO		YES	NO
Paid To/ Name of Childcare									
Phone Number	<b> </b>								
Street Address									
City, State, Zip									
MINOR MEMBER INFO:		Minor HH N	Aember #4	Ν	linor HH N	Member #5		Minor HH M	lember #6
Name of Minor									
Gender	MAL	E FEMALE	DECLINE T REPORT	TO MALE	FEMALE	DECLINE TO REPORT	MALE	FEMALE	DECLINE TO REPORT
Do you receive Child Support?		YES	NO		YES	NO		YES	NO
Or, have you ever filed for it?	<u> </u>	YES	NO		YES	NO		YES	NO
CHILDCARE INFO:	Childcar	-		JD properties, only- 1		inor Household Membe	r individually		
Do you pay for childcare yourself?		YES	NO		YES	NO		YES	NO
Paid To/ Name of Childcare									
Phone Number									
Street Address									
City, State, Zip									
<b>ASSETS for the MI</b>	NORS	in the HOU	JSEHOLD						
		Answer All		me of Bank/Asset		Account Holder Nar	ne	Last 4 Digits o	of Account Number
Savings Account		YES NO	11 11.0, 110	IIIC OF Darik/ 15500		Account Horaci		XXXXX	1 Noooune : Junio : .
Surings rives		110 110	1		1				
Checking Account		VEC NO							
Checking Account	• \	YES NO						XXXXX	
Checking Account Other Assets? (please expla	ain)	YES NO YES NO							
-	ain)	YES NO	ΓIONS FC	OR THE EN	TIRE H	OUSEHOLD	)***		
Other Assets? (please expla	,	YES NO				IOUSEHOLD	)***		
Other Assets? (please explanation) A. Are you and all member	ers of th	YES NO ***QUES	United States c	itizen?	YES	S NO		XXXXX	
Other Assets? (please explanation of the second sec	ers of th	YES NO ***QUES he household a U operties, there a	United States care certain bene	itizen? efits for those wh	YES o meet the	S NO		XXXXX	ilities.
<ul> <li>Other Assets? (please explained</li> <li>A. Are you and all members</li> <li>B. In specific federally fut To determine if any members</li> </ul>	ers of th inded pro	YES NO ***QUES he household a U operties, there a f the household	United States care certain bene qualifies, answ	itizen? efits for those wh wer the following	YES o meet the	S NO definition of elder		XXXXX	ilities.
<ul> <li>Other Assets? (please explained of the system)</li> <li>A. Are you and all members</li> <li>B. In specific federally fut To determine if any more * 1. is at least 62 years</li> </ul>	ers of th inded pro ember o years old	YES NO ***QUES he household a U operties, there a f the household d.	United States care certain bene qualifies, answ	itizen? efits for those wh wer the following	YES o meet the ;: . YES	S NO definition of elder S NO		XXXXX	ilities.
<ul> <li>Other Assets? (please explained of the system)</li> <li>A. Are you and all members</li> <li>B. In specific federally fure to determine if any model of the system of the system</li></ul>	ers of th inded pro- ember of years old inition of	YES NO ***QUES the household a U operties, there a f the household f persons with o	United States c are certain bene qualifies, answ disabilities	itizen? efits for those wh wer the following	. YES o meet the ;; . YES . YES	S NO definition of elder S NO S NO	ly or perso	xxxxx ns with disab	
<ul> <li>Other Assets? (please explained of the system)</li> <li>A. Are you and all members</li> <li>B. In specific federally fure To determine if any more with the system of the syste</li></ul>	ers of th inded pro- ember o years old inition of t unders t Elderly	YES NO ***QUES the household a U operties, there a f the household f persons with o stands pets are	United States c are certain bene qualifies, answ disabilities only allowed using for Older	itizen? efits for those wh wer the following for qualified ho r Persons (55+) a	. YES o meet the g: . YES . YES ouseholds w	S NO definition of elder S NO	ly or perso approval	xxxxx ns with disab and a signed	Pet Regulations/
<ul> <li>Other Assets? (please explained of the system)</li> <li>A. Are you and all members</li> <li>B. In specific federally fut To determine if any matrix of the system of the system</li></ul>	ers of th unded pro ember o vears old inition o t unders t Elderly deposit <b>pur "far</b>	YES NO ***QUES the household a U operties, there a of the household f the household f persons with of trands pets are y/Disabled, Hou may be require mily" properti	United States c are certain bene qualifies, answ disabilities only allowed using for Older ed and/or pet fe <b>ies have a no</b>	itizen? efits for those wh wer the following for qualified ho r Persons (55+) a ees may apply. <b>pet policy! Ass</b>	. YES o meet the : . YES . YES ouseholds wand Elderly istance an	S NO definition of elder S NO S NO with prior written to (all members of P nimals are not co	ly or perso approval nousehold nsidered	xxxxx ns with disab and a signed are 62+) desi pets and, up	Pet Regulations/ gnated properties, on an approved
<ul> <li>Other Assets? (please explained of the system)</li> <li>A. Are you and all members</li> <li>B. In specific federally fut To determine if any matrix of the system of the system</li></ul>	ers of th unded pro ember o vears old inition o t unders t Elderly deposit <b>pur "far</b>	YES NO ***QUES the household a U operties, there a of the household f the household f persons with of trands pets are y/Disabled, Hou may be require mily" properti	United States c are certain bene qualifies, answ disabilities only allowed using for Older ed and/or pet fe <b>ies have a no</b>	itizen? efits for those wh wer the following for qualified ho r Persons (55+) a ees may apply. <b>pet policy! Ass</b>	. YES o meet the : . YES . YES ouseholds wand Elderly istance an	S NO definition of elder S NO S NO with prior written y (all members of h	ly or perso approval nousehold nsidered	xxxxx ns with disab and a signed are 62+) desi pets and, up	Pet Regulations/ gnated properties, on an approved
<ul> <li>Other Assets? (please explained of the system)</li> <li>A. Are you and all members</li> <li>B. In specific federally fut To determine if any matrix of the system of the system</li></ul>	ers of th inded pro- ember of years old inition of t unders t Elderly deposit <b>pur "far</b> ccommo	YES NO ***QUES the household a U operties, there a f the household d f persons with of stands pets are y/Disabled, Hou may be require mily" propertion of ation request	United States c are certain bene qualifies, answ disabilities only allowed using for Older ed and/or pet fe <b>ies have a no</b> <b>t for a disabil</b>	itizen? efits for those wh wer the following for qualified ho r Persons (55+) a ees may apply. pet policy! Ass lity, they may b	. YES o meet the g: . YES ouseholds v and Elderly istance an e allowed	S NO definition of elder S NO S NO with prior written to (all members of h nimals are not co on any property	ly or perso approval nousehold nsidered	xxxxx ns with disab and a signed are 62+) desi pets and, up	Pet Regulations/ gnated properties, on an approved
<ul> <li>A. Are you and all members</li> <li>B. In specific federally fut To determine if any methods</li> <li>* 1. is at least 62 y</li> <li>* 2. meets the defines</li> <li>3. The applicant Attachment at and that a pet Most all of oreasonable actions</li> <li>4. Do you have a second seco</li></ul>	ers of th unded pro ember o years old inition of t unders t Elderly deposit <b>bur "far</b> <b>commo</b> a pet?	YES NO ***QUES he household a U operties, there a of the household f the household f persons with of stands pets are y/Disabled, Hou may be require mily" propertion odation reques	United States c are certain bene qualifies, answ disabilities only allowed using for Older and/or pet fe <b>ies have a no</b> <b>t for a disabil</b>	itizen? efits for those wh wer the following for qualified ho r Persons (55+) a ees may apply. pet policy! Ass lity, they may b	. YES o meet the g: . YES ouseholds w and Elderly istance an e allowed	S NO definition of elder S NO S NO with prior written (all members of h nimals are not co on any property S NO	ly or perso approval nousehold nsidered	xxxxx ns with disab and a signed are 62+) desi pets and, up	Pet Regulations/ gnated properties, on an approved
<ul> <li>A. Are you and all members</li> <li>B. In specific federally fut To determine if any motion of the second second</li></ul>	ers of th unded pro- ember o vears old inition of t unders t Elderly deposit <b>our "far</b> ccommo a pet? an assist	YES NO ***QUES the household a U operties, there a f the household d f persons with of stands pets are y/Disabled, Hou may be require mily" propertion odation request tance animal?	United States c are certain bene qualifies, answ disabilities only allowed using for Older ed and/or pet fe <b>ies have a no</b> <b>t for a disabil</b>	itizen? efits for those wh wer the following for qualified ho r Persons (55+) a ees may apply. <b>pet policy! Ass</b> <b>lity, they may b</b>	. YES o meet the g: . YES ouseholds v ouseholds v ouseholds v und Elderly istance an e allowed . YES	S NO definition of elderl S NO S NO with prior written (all members of h himals are not co on any property S NO S NO	ly or perso approval tousehold nsidered p and a dep	xxxxx ns with disab and a signed are 62+) desi pets and, up osit will not l	Pet Regulations/ gnated properties, on an approved
<ul> <li>A. Are you and all members</li> <li>B. In specific federally fut To determine if any methods</li> <li>* 1. is at least 62 y</li> <li>* 2. meets the defines</li> <li>3. The applicant Attachment at and that a pet Most all of oreasonable actions</li> <li>4. Do you have a 5. Do you have a ME</li> </ul>	ers of th unded pro- ember o years old inition of t unders t Elderly deposit bur "far ccommo a pet? an assist <b>DICA</b>	YES NO ***QUES the household a U operties, there a f the household f persons with of tands pets are y/Disabled, Hou may be require mily" propertion odation request tance animal? L EXPENSI	United States c are certain bene qualifies, answ disabilities only allowed using for Older ed and/or pet fe <b>ies have a no</b> <b>t for a disabil</b>	itizen? efits for those wh wer the following for qualified ho r Persons (55+) a ees may apply. pet policy! Ass lity, they may b	. YES o meet the g: . YES ouseholds wand Elderly istance an e allowed . YES ABLED	S NO definition of elderl S NO S NO with prior written (all members of h nimals are not co on any property S NO S NO S NO AT RD & HU	approval nousehold nsidered and a dep	xxxxx ns with disab and a signed are 62+) desi pets and, up osit will not b PERTIES	Pet Regulations/ gnated properties, on an approved be charged.
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# **QUESTIONS FOR THE ENTIRE HOUSEHOLD, continued**

C. Are you or any member of the household registered as a sex offender?	YES	NO
<b>D</b> . <b>1</b> . Do you or any member of the household have a pending criminal charge?	YES	NO
2. Have you or any member of the household been convicted of a crime?	YES	NO
If YES to either question above, please explain:		
E. Certify/answer if any members of the household:		
1. are a current illegal user of a controlled substance	YES	NO
2. have a previous conviction for illegal use of controlled substances	YES	NO
3. have been convicted of the illegal manufacturing or distribution of a controlled substance	YES	NO
> If you answered YES to <u>any</u> of the above <b>3</b> statements, please answer the statements below:		
4. have successfully completed a controlled substance abuse recovery program & provided proof	YES	NO
5. are presently enrolled in a controlled substance abuse program & provided proof	YES	NO

#### SIGNATURES/ACKNOWLEDGEMENT- Must be signed and dated by all members of the household age 18 & older:

#### TENANT AND ALL ADULT HOUSEHOLD MEMBERS CERTIFY THAT ALL INFORMATION ABOVE IS TRUE AND CORRECT AND UNDERSTAND THAT PROVIDING FALSE STATEMENTS OR INFORMATION IS PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY.

Signature	I	Date	
Signature	1	Date	
Signature	1	Date	
Signature	1	Date	

#### **Self-Identify Information:**

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, sexual orientation, reprisal, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating 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."

Applicant	Co-Applicant	Ethnicity:	Applicant	Co-Applicant
		A. Hispanic or Latino		
		B. NotHispanic or Latino		
		Gender:	Applicant	Co-Applicant
		Male	- ^	
		Female		
			A. Hispanic or Latino       B. Not Hispanic or Latino       Gender:       Male	Image: An analysis     Image: An analysis     Image: An analysis       A. Hispanic or Latino     B. Not Hispanic or Latino       B. Not Hispanic or Latino     Gender:       Male     Applicant

If this is your first time submitting this application, please stop, do not go any further. You have already given your signature and acknowledgment when you signed above. The section below is for updates only.

## THE SECTION BELOW IS FOR UPDATED APPLICATIONS THAT ARE OVER 120 DAYS OLD, ONLY!

UPDATED SIGNATURE/ACKNOWLEDGMENT FOR UPDATED APPLICATIONS, ONLY- Must be signed and dated by all adult applicants.

APPLICANT AND ALL ADULT HOUSEHOLD MEMBERS CERTIFY THAT ALL INFORMATION ON THIS APPLICATION HAS BEEN UPDATED TO BE TRUE AND CORRECT AND UNDERSTAND THAT PROVIDING FALSE STATEMENTS OR INFORMATION IS PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY.

Updated Signature	Updated	on
Updated Signature	Updated	on
Updated Signature	Updated	on
Updated Signature	Updated	on





	(	CERT	IFICAT	<b>FION</b>	QUEST	IONN	AIRE				
B	ehold Mem	BER'S N	IAME		RELATIO	NSHIP to F	ЮН	DAT BIR	E OF STUE	STUDENT	
HEAD OF HOUSEHOLD (HOH):					Head of	f Househ	old		YES	NO	
Select one: MARRIED NEVER MARRIED SEPA	ARATED WIE	OWED	DIVORCED								
Additional Adult:									YES	NO	
Select one: MARRIED NEVER MARRIED SEPA	ARATED WIE	OWED	DIVORCED								
ADDITIONAL ADULT:									YES	NO	
Select one: MARRIED NEVER MARRIED SEPA	ARATED WIE	OWED	DIVORCED								
ADDITIONAL ADULT:			_						YES	5 NO	
	ARATED WIE	OWED	DIVORCED						1 E.C	<u>, no</u>	
MINOR HH MEMBER:			_						YES	5 NO	
MINOR HH MEMBER:					CHILD -OR-		E GUARDIANSHIP		YES		
					CHILD -OR- CHILD -OR-		E GUARDIANSHIP		YES		
MINOR HH MEMBER:							E GUARDIANSHIP				
MINOR HH MEMBER:					CHILD -OR-		E GUARDIANSHIP		YES		
Do you or any other household member h	ave any of th	ne follov	ving? Che	eck YES	or NO for	each iter	n listed below	v and	for each me	mber.	
ASSETS:	MINO	RS	Addition	al Adult	Additional A	dult	Additional A	dult			
Cash on hand, in wallet/purse/coin bank, etc	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Checking Account	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Savings Account	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Pay Card:	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Cash held in Safe Deposit	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Certificate of Deposits/Money Market Funds	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Stocks and Bonds	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
IRA/Keogh/401K/Co Retirement Accounts	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Severance Pay	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Family Trust Funds	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Life Insurance Policy(s)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
House/Real Estate/Land	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Rental Property(s)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Personal Property Held as an Investment	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Lottery or other Winnings/Lump Sum Receipts	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Insurance/Worker's Comp Settlements	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Social Security/VA Disability Settlements	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Other:	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Have you disposed of any assets for less than fair market value in the past 2 years?	VEG	NO	VEC		VEC		VEG	NO	MEG		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
INCOME: Wages/Salary from Employment	YES	NO	YES	NO	YES	NO	YES	NO	VEC	NO	
Do you expect any significant changes in 12 mths?				NO		NO		NO	YES	NO	
Unemployment Compensation	YES YES	NO NO	YES YES	NO NO	YES YES	NO NO	YES YES	NO NO	YES YES	NO NO	
Income from a Business or Profession	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Social Security (SS)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Supplemental Security Income (SSI)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
AFDC or Public Assistance (not food stamps)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Child Support	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Retirement/Pension/Annuities Income	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Disability/Death Benefits	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Alimony	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Reguarly Recurring Monetary Gifts	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Other:	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	

#### I/WE CERTIFY THAT ALL INFORMATION IN THIS CERTIFICATION IS TRUE AND CORRECT AND UNDERSTAND THAT FALSIFYING ANSWERS IS PUNISHABLE BY LAW AND WILL LEAD TO DENIAL OF APPLICATION OR TERMINATION OF TENANCY.

, All Programs 04/2019	"This institution is an equal opportunity provider."	
SIGNATURE:	(ADDITIONAL ADULT)	DATE:
SIGNATURE:	(ADDITIONAL ADULT)	DATE:
SIGNATURE:	(ADDITIONAL ADULT)	DATE:
SIGNATURE:	(APPLICANT/RESIDENT)	DATE:

# Tgrgcug'( 'Eqpugpv



I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release information required, without liability, to Boyd Management Incorporated for the purpose of possible and/or continued occupancy.

I/We understand that previous and/or current information may be needed. I/We understand that this authorization cannot be used to obtain any information about applicants/household members that is not pertinent to household eligibility for possible and/or continued occupancy.

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

Credit/Criminal Record Providers	Welfare/Unemployment Agencies	Life Insurance/Annuity Companies
Past/Present Employers	Retirement/Pension Income	Child Support Agencies/Providers
Previous/Current Landlords	Social Security/VA Administration	Alimony Providers
Banking/Financial Institutions	Child Care Providers	Tax Assessment Records
Utility Suppliers	Medical Providers/Suppliers	School/Educational Institutions

## Eqpf kkqpu

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand I/we have a right to review and correct any information received.

## Signatures

(Must be signed by all applicants/household members age 18 and older.)

Applicant/Resident Signature	(Print Name)	Last 4 of SS #	Date
Applicant/ResidentSignature	(Print Name)	Last 4 of SS #	Date
Applicant/ResidentSignature	(Print Name)	Last 4 of SS #	Date
Applicant/Resident Signature	(Print Name)	Last 4 of SS #	Date
Phone #:	Fax #:		
, ie	itution is an equal opportun		EQUAL HOUSING OPPORTUNITY