



Application

Property Name: _____

Address: _____

Telephone: _____ Fax: _____ TDD/TYY: 711 National Voice Relay

Website: _____ Email: _____

Smoke-Free Community – This property is a smoke-free community. Smoking is prohibited in the apartment, on apartment balconies, porches, and/or patios, and in all indoor and outdoor common areas, including but not limited to parking lots, sidewalks, hallways, and elevators.

THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

Please print clearly in Blue or Black Pen. If an item(s) does not apply to you, answer "NO" or "N/A", do not leave anything blank. If you need to make corrections, draw a line across and initial. Do NOT use Liquid Paper, Correction Tape, White Out, etc.

Applicant Name:					
Home Phone:		Work Phone:			
Cell Phone:		Email Address:			
Driver's License or Government Issued ID #:				ID State:	
Emergency Contact Information - In case of illness, accident, emergency, please contact:					
Name:					
Address:		City:		State:	Zip Code:
Phone Number:		Email Address:			
Vehicle Information:					
Make:	Model:	Color:	Year:	License:	State:
Make:	Model:	Color:	Year:	License:	State:

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in. If a member of the household is a Foster Child or Foster Adult, note this in the Relationship column. Social Security Numbers must be disclosed for all members who are U.S. citizens or claiming eligible immigration status. If a member does not have a Social Security Number, enter "None" in the Social Security Number column.

Full Legal Name (First, MI, Last)	Relationship to the Head of Household	Sex (M/F) Optional	Birth Date (mm/dd/yyyy)	Student (Y/N)	Social Security Number	United States Military Veteran (Y/N)	List all States lived in (use abbreviation, i.e. FL for Florida)
	Head						

Residency Information (Past Three Years):

If additional space is required, use the back of this page.

Describe your current housing situation:
 Standard Housing Substandard Housing Public Housing Property
 Lacking a Fixed Nighttime Residence Fleeing or Attempting to Flee from Violence

Why do you want to move from your current residence? _____

CURRENT Street Address:	Own, Rent, or Other:
City, State, Zip Code:	Monthly Rent/Mortgage:
Landlord Name:	Move In Date:
Landlord Street Address:	Landlord Phone:
Landlord City, State, Zip Code:	
PRIOR Street Address:	Own, Rent, or Other:
City, State, Zip Code:	Move In Date:
Landlord Name:	Move Out Date:
Landlord Street Address:	Landlord Phone:
Landlord City, State, Zip Code:	
PRIOR Street Address:	Own, Rent, or Other:
City, State, Zip Code:	Move In Date:
Landlord Name:	Move Out Date:
Landlord Street Address:	Landlord Phone:
Landlord City, State, Zip Code:	
PRIOR Street Address:	Own, Rent, or Other:
City, State, Zip Code:	Move In Date:
Landlord Name:	Move Out Date:
Landlord Street Address:	Landlord Phone:
Landlord City, State, Zip Code:	
PRIOR Street Address:	Own, Rent, or Other:
City, State, Zip Code:	Move In Date:
Landlord Name:	Move Out Date:
Landlord Street Address:	Landlord Phone:
Landlord City, State, Zip Code:	

Resident History:	Yes/No	If Yes Explain
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?		
Do you live or have you lived in subsidized housing?		
Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community, or Previous Landlord?		
Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?		
Have you ever lived at this or any other POAH community?		

Utility Providers: You may not live in the apartment unless you can establish utilities in the apartment.	Yes/No	If Yes Explain
Do you have any overdue/outstanding balances owed to any utility provider?		
Will you be unable to establish utilities in your apartment for electricity, gas, or water?		
Do you receive assistance for paying your utility bills?		
Are any payments or allowances made under the HHS Low-Income Home Energy Assistance Program (LIEAP)? If no, how much do you receive monthly to assist with your utilities? _____		

Household Questions:	Yes/No	If Yes Explain
Are any members of the household claiming they are exempt from the Social Security Number requirement because the member(s) were 62 years old and receiving HUD rental assistance as of January 31, 2010 at another property?		
Have any of the household members used names or a social security number other than the names and numbers used above?		
Are any members of the household, currently married to, separated from, or in the process of getting a divorce from a person who will not be living in the unit?		
Have you or any members of the household ever filed or are currently filing for bankruptcy?		
Will any of the household members live anywhere except the unit you are applying for?		
Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?		
Do you expect the number of household members to change in the future?		
Will you or any ADULT household member require a live-in caregiver or aide?		
Will your household receive rental assistance from a federal, state, or local government?		
Are any household members applicants on a Public Housing Waiting List?		
Has your household been displaced by government action or a presidentially declared disaster?		
Do you know or are you related to any of our residents or staff?		

Reasonable Accommodations/Modifications: A reasonable accommodation is a change in rules, policies, practices, or services so a person with a disability will have an equal opportunity to use and enjoy a unit.	Yes/No
Do you or any household member need a reasonable accommodation/modification including accessible features or an accessible unit? If yes, please ask for the <i>Request for Reasonable Accommodation or Modification</i> form to complete along with the application.	

Pet & Assistance/Companion Animal Information:				Is the animal required to live in the unit to alleviate the symptom(s) of a disability for a household member? Yes/No
Animal Type:	Breed:	Height:	Weight:	
Animal Type:	Breed:	Height:	Weight:	

Criminal History:	Yes/No	If Yes Explain
Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? If YES, provide the nature of the crime(s), date, state, county, and indicate if the conviction was a felony.		
Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program?		
Are there any criminal charges pending now?		

Student Information: LIHTC	Yes/No	If Yes Explain
Are ALL members of the household full-time students?		
Will ALL members of your household become full-time students during any 5 months of this year or next year? (Example: a student who goes to school full-time in January, February, April, October and November is considered a full-time student that entire calendar year)		

Student Information: HUD	Yes/No	If Yes Explain
Is ANY member of your household taking classes at an institute of higher education? (Institutes of higher education include post-secondary vocational institutions, proprietary institutions of higher education which prepare students for gainful employment in a recognized occupation, and accredited post-secondary colleges and universities.) If Yes, provide the household member and name and address of the school.		
Does ANY member of your household intend to take classes at an institute of higher education within the next 12 months ?		

Income Information:

- List gross amounts anticipated to be received in the 12 month period following move in or recertification
- For minors include unearned income, such as SSA or SSI benefits, gifts, child support, income from assets
- For adults and emancipated minors include both earned income from jobs and unearned income
- Answer each YES-NO question. For each YES include the gross amount and frequency
- Do not leave any unanswered questions

Head of Household (a separate questionnaire must be completed for each member on the following pages)				
Type of Income	Check One	Amount	Frequency	Name of Source
Employment wages or salary	___ Yes ___ No			
Overtime, tips, bonuses, commissions, and/or cash payments	___ Yes ___ No			
Temporary, contractual, seasonal, or sporadic work	___ Yes ___ No			
Self-Employment	___ Yes ___ No			
Military Pay	___ Yes ___ No			
Unemployment Benefits	___ Yes ___ No			
Workers Compensation	___ Yes ___ No			
Severance Pay	___ Yes ___ No			
Social Security or Railroad Retirement	___ Yes ___ No			
SSI	___ Yes ___ No			
Pension	___ Yes ___ No			
Annuity or Retirement Accounts	___ Yes ___ No			
Veterans (VA) Benefits	___ Yes ___ No			
Long-Term Care, Disability or Death Benefits	___ Yes ___ No			
Trust Fund or Inheritance	___ Yes ___ No			
TANF or General Relief	___ Yes ___ No			
Child Support from Enforcement Agency	___ Yes ___ No			
Child Support from Court of Law	___ Yes ___ No			
Child Support from Individual	___ Yes ___ No			
Is Child Support awarded but not paid?	___ Yes ___ No			
Alimony/Spousal Support-Enforcement Agency	___ Yes ___ No			
Alimony/Spousal Support from Court of Law	___ Yes ___ No			
Alimony/Spousal Support from Individual	___ Yes ___ No			
Is Spousal Support awarded but not paid?	___ Yes ___ No			
Adoption assistance	___ Yes ___ No			
Real estate rental income	___ Yes ___ No			
Student financial assistance	___ Yes ___ No			
Regular payments from lottery or other winnings	___ Yes ___ No			
Regular payments from a settlement	___ Yes ___ No			
Regular contributions from organizations or individuals not living in the apartment	___ Yes ___ No			
Unearned income of dependents (household members under 18, disabled, or full-time students)	___ Yes ___ No			
If yes, please describe income of dependents _____				
Other (Describe) _____	___ Yes ___ No			
Changes expected in the next 12 months?	___ Yes ___ No			
If yes, please describe _____				

Spouse or CoHead – Name: _____				
Type of Income	Check One	Amount	Frequency	Name of Source
Employment wages or salary	___ Yes ___ No			
Overtime, tips, bonuses, commissions, and/or cash payments	___ Yes ___ No			
Temporary, contractual, seasonal, or sporadic work	___ Yes ___ No			
Self-Employment	___ Yes ___ No			
Military Pay	___ Yes ___ No			
Unemployment Benefits	___ Yes ___ No			
Workers Compensation	___ Yes ___ No			
Severance Pay	___ Yes ___ No			
Social Security or Railroad Retirement	___ Yes ___ No			
SSI	___ Yes ___ No			
Pension	___ Yes ___ No			
Annuity or Retirement Accounts	___ Yes ___ No			
Veterans (VA) Benefits	___ Yes ___ No			
Long-Term Care, Disability or Death Benefits	___ Yes ___ No			
Trust Fund or Inheritance	___ Yes ___ No			
TANF or General Relief	___ Yes ___ No			
Child Support from Enforcement Agency	___ Yes ___ No			
Child Support from Court of Law	___ Yes ___ No			
Child Support from Individual	___ Yes ___ No			
Is Child Support awarded but not paid?	___ Yes ___ No			
Alimony/Spousal Support-Enforcement Agency	___ Yes ___ No			
Alimony/Spousal Support from Court of Law	___ Yes ___ No			
Alimony/Spousal Support from Individual	___ Yes ___ No			
Is Spousal Support awarded but not paid?	___ Yes ___ No			
Adoption assistance	___ Yes ___ No			
Real estate rental income	___ Yes ___ No			
Student financial assistance	___ Yes ___ No			
Regular payments from lottery or other winnings	___ Yes ___ No			
Regular payments from a settlement	___ Yes ___ No			
Regular contributions from organizations or individuals not living in the apartment	___ Yes ___ No			
Unearned income of dependents (household members under 18, disabled, or full-time students)	___ Yes ___ No			
If yes, please describe income of dependents _____				
Other (Describe) _____	___ Yes ___ No			
Changes expected in the next 12 months?	___ Yes ___ No			
If yes, please describe _____				

Use a copy of this page for additional, **Other Adult** members.

Other Adult Member – Name: _____				
Type of Income	Check One	Amount	Frequency	Name of Source
Employment wages or salary	___ Yes ___ No			
Overtime, tips, bonuses, commissions, and/or cash payments	___ Yes ___ No			
Temporary, contractual, seasonal, or sporadic work	___ Yes ___ No			
Self-Employment	___ Yes ___ No			
Military Pay	___ Yes ___ No			
Unemployment Benefits	___ Yes ___ No			
Workers Compensation	___ Yes ___ No			
Severance Pay	___ Yes ___ No			
Social Security or Railroad Retirement	___ Yes ___ No			
SSI	___ Yes ___ No			
Pension	___ Yes ___ No			
Annuity or Retirement Accounts	___ Yes ___ No			
Veterans (VA) Benefits	___ Yes ___ No			
Long-Term Care, Disability or Death Benefits	___ Yes ___ No			
Trust Fund or Inheritance	___ Yes ___ No			
TANF or General Relief	___ Yes ___ No			
Child Support from Enforcement Agency	___ Yes ___ No			
Child Support from Court of Law	___ Yes ___ No			
Child Support from Individual	___ Yes ___ No			
Is Child Support awarded but not paid?	___ Yes ___ No			
Alimony/Spousal Support-Enforcement Agency	___ Yes ___ No			
Alimony/Spousal Support from Court of Law	___ Yes ___ No			
Alimony/Spousal Support from Individual	___ Yes ___ No			
Is Spousal Support awarded but not paid?	___ Yes ___ No			
Adoption assistance	___ Yes ___ No			
Real estate rental income	___ Yes ___ No			
Student financial assistance	___ Yes ___ No			
Regular payments from lottery or other winnings	___ Yes ___ No			
Regular payments from a settlement	___ Yes ___ No			
Regular contributions from organizations or individuals not living in the apartment	___ Yes ___ No			
Unearned income of dependents (household members under 18, disabled, or full-time students)	___ Yes ___ No			
If yes, please describe income of dependents _____				
Other (Describe) _____	___ Yes ___ No			
Changes expected in the next 12 months?	___ Yes ___ No			
If yes, please describe _____				

Asset Information:

- List assets for all household members, including minors
- Cash value is market value minus any costs/penalties/fees required to convert to cash
- Do not list assets not accessible to the household

Head of Household (a separate questionnaire must be completed for each member on the following pages)			
Type of Asset	Check One	Cash Value	Name of Source
Checking account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2 nd checking account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2 nd savings account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Debit/direct deposit card	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2 nd debit card	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cash held at home or in safety deposit box	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Certificate of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mutual funds or securities	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Bonds or Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IRA or KEOGH account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
401k, 403b, or other retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Revocable trust	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Whole life, universal life, or endowment insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Real estate or rental property	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Land contract or contract for deed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mobile home	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal property held as investment (gems, paintings, collections, show cars, antiques, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lump sum or one-time receipt of funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (Describe) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is another name listed on one or more assets above for beneficiary or other purposes, such as power of attorney, and these persons do not own the assets or receive income from the assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have joint ownership in one or more of the above assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you sold or given away real property or other assets valued at \$1000 or more (including cash donations) in the past two years? If YES, list items and date disposed: Item: _____ Date: _____ Item: _____ Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Changes expected in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe _____			

Spouse or CoHead – Name: _____			
Type of Asset	Check One	Cash Value	Name of Source
Checking account	___ Yes ___ No		
2 nd checking account	___ Yes ___ No		
Savings account	___ Yes ___ No		
2 nd savings account	___ Yes ___ No		
Debit/direct deposit card	___ Yes ___ No		
2 nd debit card	___ Yes ___ No		
Cash held at home or in safety deposit box	___ Yes ___ No		
Certificate of Deposit	___ Yes ___ No		
Mutual funds or securities	___ Yes ___ No		
Stocks	___ Yes ___ No		
Bonds or Treasury Bills	___ Yes ___ No		
IRA or KEOGH account	___ Yes ___ No		
401k, 403b, or other retirement	___ Yes ___ No		
Annuity	___ Yes ___ No		
Revocable trust	___ Yes ___ No		
Whole life, universal life, or endowment insurance	___ Yes ___ No		
Real estate or rental property	___ Yes ___ No		
Land contract or contract for deed	___ Yes ___ No		
Mobile home	___ Yes ___ No		
Personal property held as investment (gems, paintings, collections, show cars, antiques, etc.)	___ Yes ___ No		
Lump sum or one-time receipt of funds	___ Yes ___ No		
Other (Describe) _____	___ Yes ___ No		
Is another name listed on one or more assets above for beneficiary or other purposes, such as power of attorney, and these persons do not own the assets or receive income from the assets?	___ Yes ___ No		
Do you have joint ownership in one or more of the above assets?	___ Yes ___ No		
Have you sold or given away real property or other assets valued at \$1000 or more (including cash donations) in the past two years? If YES, list items and date disposed: Item: _____ Date: _____ Item: _____ Date: _____	___ Yes ___ No		
Changes expected in the next 12 months?	___ Yes ___ No		
If yes, please describe _____			

Use a copy of this page for additional, **Other Adult** members.

Other Adult Member – Name: _____			
Type of Asset	Check One	Cash Value	Name of Source
Checking account	___ Yes ___ No		
2 nd checking account	___ Yes ___ No		
Savings account	___ Yes ___ No		
2 nd savings account	___ Yes ___ No		
Debit/direct deposit card	___ Yes ___ No		
2 nd debit card	___ Yes ___ No		
Cash held at home or in safety deposit box	___ Yes ___ No		
Certificate of Deposit	___ Yes ___ No		
Mutual funds or securities	___ Yes ___ No		
Stocks	___ Yes ___ No		
Bonds or Treasury Bills	___ Yes ___ No		
IRA or KEOGH account	___ Yes ___ No		
401k, 403b, or other retirement	___ Yes ___ No		
Annuity	___ Yes ___ No		
Revocable trust	___ Yes ___ No		
Whole life, universal life, or endowment insurance	___ Yes ___ No		
Real estate or rental property	___ Yes ___ No		
Land contract or contract for deed	___ Yes ___ No		
Mobile home	___ Yes ___ No		
Personal property held as investment (gems, paintings, collections, show cars, antiques, etc.)	___ Yes ___ No		
Lump sum or one-time receipt of funds	___ Yes ___ No		
Other (Describe) _____	___ Yes ___ No		
Is another name listed on one or more assets above for beneficiary or other purposes, such as power of attorney, and these persons do not own the assets or receive income from the assets?	___ Yes ___ No		
Do you have joint ownership in one or more of the above assets?	___ Yes ___ No		
Have you sold or given away real property or other assets valued at \$1000 or more (including cash donations) in the past two years? If YES, list items and date disposed: Item: _____ Date: _____ Item: _____ Date: _____	___ Yes ___ No		
Changes expected in the next 12 months?	___ Yes ___ No		
If yes, please describe _____			

Dependent (household member under 18, disabled, or a full-time student)			
Name: _____	Check One	Cash Value	Name of Source
Checking or Savings account	___ Yes ___ No		
Cash held at home or in safety deposit box	___ Yes ___ No		
Bonds or Treasury Bills	___ Yes ___ No		
Trust	___ Yes ___ No		
Other (Describe) _____	___ Yes ___ No		
Changes expected in the next 12 months?	___ Yes ___ No		
If yes, please describe _____			

Dependent (household member under 18, disabled, or a full-time student)			
Name: _____	Check One	Cash Value	Name of Source
Checking or Savings account	___ Yes ___ No		
Cash held at home or in safety deposit box	___ Yes ___ No		
Bonds or Treasury Bills	___ Yes ___ No		
Trust	___ Yes ___ No		
Other (Describe) _____	___ Yes ___ No		
Changes expected in the next 12 months?	___ Yes ___ No		
If yes, please describe _____			

Dependent (household member under 18, disabled, or a full-time student)			
Name: _____	Check One	Cash Value	Name of Source
Checking or Savings account	___ Yes ___ No		
Cash held at home or in safety deposit box	___ Yes ___ No		
Bonds or Treasury Bills	___ Yes ___ No		
Trust	___ Yes ___ No		
Other (Describe) _____	___ Yes ___ No		
Changes expected in the next 12 months?	___ Yes ___ No		
If yes, please describe _____			

Dependent (household member under 18, disabled, or a full-time student)			
Name: _____	Check One	Cash Value	Name of Source
Checking or Savings account	___ Yes ___ No		
Cash held at home or in safety deposit box	___ Yes ___ No		
Bonds or Treasury Bills	___ Yes ___ No		
Trust	___ Yes ___ No		
Other (Describe) _____	___ Yes ___ No		
Changes expected in the next 12 months?	___ Yes ___ No		
If yes, please describe _____			

Dependent (household member under 18, disabled, or a full-time student)			
Name: _____	Check One	Cash Value	Name of Source
Checking or Savings account	___ Yes ___ No		
Cash held at home or in safety deposit box	___ Yes ___ No		
Bonds or Treasury Bills	___ Yes ___ No		
Trust	___ Yes ___ No		
Other (Describe) _____	___ Yes ___ No		
Changes expected in the next 12 months?	___ Yes ___ No		
If yes, please describe _____			

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Signature Clause:

I certify that all information and answers to the questions are true and complete to the best of my knowledge.

I understand:

- Providing false information or making false statements may be grounds for denial of my application and may result in criminal penalties.
- Discovery of false, incomplete, or misleading information after occupancy may lead to termination of the right to occupancy.
- Management must verify the information contained in this application for purposes of proving my eligibility for occupancy, which is contingent on meeting this property’s resident selection criteria and the Low Income Housing Tax Credit Program. I will provide all necessary information and expedite this process in any way possible.
- Reports and records obtained to determine my eligibility will not be used in violation of any Federal or State Equal Opportunity Law or Regulation, and if any adverse action is to be taken based on the Consumer Report, a summary of my rights under the *Fair Credit Reporting Act* will be provided to me.

I consent to have this property and **POAH Communities, LLC** obtain reports and access any records pertaining to me, which may be on file with any:

- Landlord
- Management Agency
- Credit Agency
- Law Enforcement Agency
- City, State, or Federal Court
- Local, State, or Federal Agency
- State or Local Repository
- National, State, or Local Sexual Offender Registry

I hereby authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	

THIS SECTION IS FOR OFFICE USE ONLY		
Date Received:	Time Received:	Received by _____ As Agent for Owner