

APPLICATION CHECKLIST

An application must be completed and signed by all adults 18 years of age and older that will be residing in the apartment.

Answer all questions on front & back, sign and date the forms, if it does not apply please N/A.
Do not scribble on application, if you make an error, draw a line across and initial.

The following items should be submitted with the application and Do Not Expire:

- Picture ID's for all adults in the household.
- Birth certificates.
- Social Security Cards for all household members.
- All pages of divorce decree.
- All pages of Child support order.

The following will be collected and will have a 90-day shelf life as of the time of printing/signatures:

- Household questionnaire, one per household providing all bank account numbers, debit card last 4 digits, employer name, phone number, fax, and all other sources of income and assets.

Income information:

- Two months of consecutive & current paystubs.
- All pages of Social Security award letter.
- All pages of social security pay back with date started, the amount paying back, and amount deducted.
- All pages of current cash assistance and food stamps assistance.
- One bank statement per account.
- Debit express receipt from ATM with current balance.
- 12 month history of child support payments.
- Student information to include: Full time or part time, current tuition and financial aid.
- Documentation of any other income not mentioned above.

_____ Review of documents received on _____ by _____

Date: _____

Time: _____

APPLICATION FOR HOUSING**Low-Income Housing Tax Credit Property****Please Print Clearly**

This is an application for housing at:	Project:
	Address:

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____

Street Apt.# City State ZIP

E-Mail Address _____

Daytime Phone: _____

Evening Phone: _____

No. of BR's in current unit: _____

Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment:

\$ _____

If owned, do you receive monthly rental income from property?

☐ Yes ☐ No (check one)Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV):

\$ _____

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR ☐ Handicap BR**B. HOUSEHOLD COMPOSITION**

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status M-married D-divorced S-single L-legal separation	Birth Date	Age	SS#	Student Y/N	F/T or P/T Student
Head								
Co-T								
3.								
4.								

Do you anticipate any additions to the household in the next twelve months? ☐ Yes ☐ No

If yes, explain

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	

Application

© SPECTRUM ENTERPRISES 2000

Page 2 of 5

	Alimony	
	Are you <i>entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		

D. ASSETS			
If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.			
Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Account	#	Bank	Balance \$
Certificates	#	Bank	Balance \$
Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
Life Insurance Policy	#		Cash Value \$
Life Insurance Policy	#		Cash Value \$

Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
401K or IRA	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property:	<i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>		
Location of property		
Appraised Market Value		\$
Mortgage or outstanding loans balance due		\$
Amount of annual insurance premium		\$
Amount of most recent tax bill		\$

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset</i>	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	

E. ADDITIONAL INFORMATION		
Are you or any member of your household currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your household ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you or any member of your household ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)	
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for one vehicle.	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Head of Household's Driver's License #:	Co-Resident's Driver's License #:
Additional Adult's Driver's License #:	Additional Adult's Driver's License #:
Do you own any pets?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe:	

DEPOSIT TO HOLD AGREEMENT

In consideration of management holding an apartment for me/us, I/we agree to pay a holding deposit in the amount of \$_____ and a \$_____ non-refundable application fee. The holding deposit is refundable if my/our application is not approved (14 business days may be required for processing deposit refund) payable to the party(s) completing this application. If my/our application is approved, the holding deposit is credited to the required move in costs. I/we may cancel this agreement and be refunded my/our holding deposit if we notify management of my/our decision to cancel by _____ AM/PM on _____ (14 business days may be required for processing deposit refund). Cancellation after this time will result in forfeiture of my/our holding deposit. I/We also understand that the holding deposit is subject to forfeiture in the event I/we fail to move in by the move in date mutually agreed upon by myself/ourselves and management upon approval of the application.

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application. I/We hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or part. I understand that there is a non-refundable fee to cover the cost of processing my application and I am not entitled to a refund even if I don't get the apartment.

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date

Biltmore Properties, Inc. (BPI) does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its assisted programs and activities. BPI's Section 504 Coordinator, Kathy McElvain (602.997.0013 ext 104 or 1.888.843.3372 for TTY users) located at 2330 W Mission Lane, suite 10 Phoenix, AZ 85021 has been designated to coordinate Limited English Proficiency and compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's Section 504 (24CFR, part 8 dated June 2, 1988). EQUAL HOUSING OPPORTUNITY

Student Certification

Property: _____ Tenant/Applicant: _____ Head of Household: _____

Unit: _____ Date: _____

THIS SECTION TO BE COMPLETED BY TENANT/APPLICANT

1. Are **ALL** members of your household full-time students? ☐ Yes ☐ No
2. Will **ALL** members of your household be full-time students during any 5 months of this year? ☐ Yes ☐ No
(Example: a student who goes to school full-time in any parts of January, February, April, October, and November)
3. Will **ALL** members of your household be full-time students during any 5 months of next year? ☐ Yes ☐ No
4. Is **ANY ADULT** member of your household a part or full time student in an institute of higher education? ☐ Yes ☐ No

If yes, who is enrolled _____ Which school are they enrolled in? _____
How do they pay for their education? _____ What is the cost of tuition per semester? _____

5. Does **ANY ADULT** member of your household intend to become a student *within the next 12 months*? ☐ Yes ☐ No

If yes, who will be enrolling in school? _____
If yes, will they be enrolling as a full-time or part-time student? _____

If yes to questions 1-3 of the above, please indicate which exception applies to your household and provide the required supporting documentation.

- ☐ All adults in the household are married and are entitled to file a joint tax return. (provide a copy of recent tax return or marriage certificate.)
- ☐ All adult members are single parents with minor children and no outside third party can claim the parent, and the children can only be claimed by a parent. (provide copy of tax return(if possible) or a signed affidavit that details this exception apply to the household.)
- ☐ Household receives welfare (provide welfare award letter, does not include food stamps).
- ☐ Household includes member who formerly received foster care assistance (provide foster paperwork from welfare agency).
- ☐ A single student gets assistance from the Job Training Partnership Act (JTPA) or similar program.

I/We understand that I/we will be residing in an apartment that is governed by a Federal Affordable Housing Program which follows federal regulations. I/we also understand that this program does NOT allow full-time student households unless they meet certain exceptions. The requirements for this program have been explained. I/We understand that if the student status of anyone in the household changes, the household composition changes, or if the household no longer meets one of the exceptions for student households, that I/we must notify the office immediately. I/We realize that these changes may mean that my/our household no longer qualifies for residency in a Federal Affordable Housing Program Unit and understand that I/we must move. The information provided regarding my/our current student status is true and accurate to the best of my/our knowledge.

Signature

Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee if HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure or information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and, (8)**

