



## Rose Mountain Townhomes move-in application

ACHA MOSC MOUIT	talli Townnomes II	love-in application
Head of Household Name		
Head of Household Address		
City	Chal	
Phone Number	State	Zip Code
	Email	
he information on this form is needed to certify you nere are any questions that you do not understand	ur household. Please complete I, please call the apartment ma	this entire form and leave no blanks. It nager. Thank you for your cooperation.
art 1 household composition		
th mhr	ational in the L	

hh mbr	full name	relationship to head of household (hoh)	date of birth	social security number
1		НоН		
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6				
0 VOIL expect an	v additions to the line is	d within the next 12 months? (c		

## part 2 current/previous residency

current address provide previous address(es) if less than two years]	dates of residency	rent or own?	monthly payment	landlord/mortgage co. name
	from:		The state of the same to	
	to:			
		***************************************		
	from:			
	to:			
	from:			
	to:			
	from:			
	to:			

## part 3 household income

dc	es y	our h	ousehold have income, assistance, or benefits from the sources listed below?	monthly income/ assistance amount hh mbr
l Yes	s 🗆	l No	Self employment (list nature of self employment)	(use net income from business)
Yes	5 🗆	l No	Employment with a third-party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. If yes, list the information in Part 4 below.	\$
Yes		No	Unemployment benefits	\$
Yes		No	Veteran's Administration, GI Bill, or National Guard/military benefits/income	\$
Yes		No	Educational assistance (for full and part time students) in the forms of grants, scholarships, or fellowships (exclude student loan awards which must be repaid)	\$
Yes		No	Retirement benefits from Social Security	\$
Yes		No	Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)	\$
Yes		No	Unearned income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)	\$
Yes		No	Disability or death benefits other than Social Security	\$
Yes		No	Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance:	\$
		No	I/we receive public assistance income (example: TANF)	\$
Yes		No	Child support payments. If yes, for how many children do you receive support?	\$ Anticipated
Yes		No	I am entitled to receive child support payments and am currently making efforts to collect child support owed to us. Describe efforts being made to collect child support:	Amount:
Yes		No	Alimony/spousal support payments	\$
Yes		No	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings. If yes, list sources:  1. 2.	\$ \$
Yes		No	Income from real or personal property	(use net earned income)
Yes		No	Do your family, friends, or any other person or organization outside of your household help you meet needs by giving you cash assistance?  If yes, who provides the cash assistance?	How often do you receive the cash assistance?  Weekly Monthly  Yearly Other:
			What is the average cash amount you receive?	
Yes		No	Do your family, friends, or any other person or organization outside of your household help you pay a bill or expense, such as for utilities, car, gas, insurance, bus pass, telephone, cable/internet, diapers, etc.?  If yes, who helps you pay the bills or expenses?	How often do they pay the bills or expense?  Weekly Monthly  Yearly Other:
			What is the average amount of assistance you receive? \$	



Resident Nam	е				Occupation	n/Title		
Employer Nan		Contact Person						
Employer Add	ress							
City				State	2	Zip Co	ode	
Date Hired	Salary/Rate of Pay \$	□ 2x a month □ Monthly □ Hourly	<ul><li>□ Weekly</li><li>□ Biweekly</li><li>□ Annually</li></ul>	# Ho	ours Worked Veek	Work		Work Fax
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Employer Nam	е				Contact Pe			
Employer Addr	ess				Contact re	13011		
City				State		Zip Co	de	And the second s
Date Hired	Salary/Rate of Pay	☐ Monthly	□ Weekly □ Biweekly □ Annually	# Hou Per W	urs Worked /eek	Work P	hone	Work Fax
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Employer Name					Contact Per	son		
Employer Addre	255							
City				State		Zip Cod	łe	
Date Hired	Salary/Rate of Pay	☐ Monthly [	□ Weekly □ Biweekly □ Annually	# Hou Per W	rs Worked eek	Work Pl	none	Work Fax
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Resident Name			Occupation/Tit					
Employer Name			Contact Person	1				
mployer Addres	SS							
City		State						Zip Code
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Section 2					Occupation/	Title				
	Employer Nai	me			Contact Person					
	Employer Add	dress								
	City			T <sub>G</sub> .				No. of the second		
L				Sta	te			Zip Co	de	
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ea	ise choose o	ne option below	that bost doe	!		-				
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n incoment,	List non-stu	WWW. Company of the C	rrent and/or u	ocoming	calendar year (r	months need no	t be consecutive).	c a student i	ior live	
	List Horr-stu	dent here:						***************************************		Mineral Street
	-	Wine 1110								
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				do you have assets as listed below?	hh mbr#	account #(s)	interes	t cash value
				Savings account(s). If yes, list bank(s).			rate	
	] Ye	s 🗆	No	1.	1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1000 1000-1		9/	5 \$
_				2.	***************************************		%	\$
				Trust(s). If yes, please indicate which type (revocable or			-	
	l Ye	s 🗆	No	Horrievocable), bank, and/or trustee's name			%	\$
			100,00	1.	900000000000000000000000000000000000000			And
	-			2.			%	\$
	Yes	s 🗖	No	I/we own real estate (or hold a mortgage or Deed of Trust). If yes, provide description.	The second secon		Account of the Control of the Contro	\$
			- LEE 310000	Personal property that is being held as an investment.				
	Yes		No	ii yes, describe:			%	\$
				Stocks, bonds, or Treasury bills.				
	Yes		No	If yes, list sources/bank name(s).			%	\$
				1.			%	
				2.		The state of the s	70	\$
				Certificate(s) of Deposit (CD) or Money Market account(s).  If yes, list source(s)/bank name(s).		Paramana		
	Yes		No	1.		di-motor and a second	%	\$
				2.		Mercin danima	%	\$
				IRA/Lump Sum Pension/Keogh Account/401k.				
	200			If yes, list bank(s).				
	Yes		No	1.	100	un de constanti de la constant	%	\$
				2.		and the second	%	\$
	Yes		do	Benefit Cards (Direct Express Debit, TANF, and/or				
			_	unemployment benefits)				\$
				I/we have a life insurance policy (exclude term policies). If yes, list company.				
	Yes		. 1	1.		44.00	%	\$
				2.			%	\$
J	Yes		-	I/we have cash on hand or cash in a safe deposit box.				
J	Yes		lo	I/we have disposed of assets (i.e., gave away money/assets) for			%	\$
				less than the fair market value in the past two years. If yes, list items and date disposed.				\$
				I/we have income from accets as a second of the second of				
, (	Yes	O N	11	I/we have income from assets or sources other than those listed above (i.e. electronic accounts: Venmo, PayPal, Bitcoin, GoFundMe, etc.). If yes, list type below.	And Advances of the State of th		% 5	



If forms are completed electronically, o	ne of the following boxes must be check	ro di
☐ This form was completed electronically	v by the resident	ked:
☐ Management or someone outside of h attached).	ousehold assisted completing the form elect	ronically (Authorization to Assist is
signatures		
my/our knowledge. The undersigned fu an act of fraud. False, misleading, or inc of the lease agreement.	t the information presented on this form orther understands that providing false complete information will result in the d	is true and accurate to the best of representations herein constitutes enial of application or termination
Print Name of Applicant	Signature	Date
Print Name of Applicant	Signature	Date
Print Name of Other Applicant	Signature	Date
Print Name of Other Applicant	Signature	Date
Reviewed by (Signature of Owner/Represen	tative) .	Date
HT A A A		

All household members ages 18 or over must sign and date.

