

Application For Residency

Date of Application: _____ Time: _____

Applicant Name: _____

Current Address: _____

City, State, Zip: _____

Home Phone #: _____ Work Phone #: _____

I. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the home. Indicate the relationship of each family member to the Head of the Household:

| Full Name | Relationship | Date of Birth | Age | Sex | Social Security # | Driver License # |
|-----------|--------------|---------------|-----|-----|-------------------|------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

2. Does anyone live with you now that is not listed above? Yes No

3. Does anyone plan to live with you in the future that is not listed above? Yes No

If yes, explain: _____

4. Have you, or any member of your household ever used different names from the above names shown? Yes No

If yes, please list names used and dates when such names were used: _____

5. Will any of the above household members live anywhere other than this home? Yes No

Are there any persons who will live in the home less than full-time? Yes No

If either question is answered Yes, please explain: _____

6. It MAY be a requirement of eligibility into this housing program that you, your spouse or Head of Household fall into one of the following categories. Please check all items which may apply:

- Over age 62 Disabled

7. If any of the above categories were checked, is a reasonable modification required and if so what kind: Yes No

- Home with accessibility features Sight impaired home



Hearing impaired home

Other: _____

8. Are you now living in a federally subsidized home? Yes No

Name of Community _____

Name of Manager or Management Company _____

City, State, Zip _____ Phone # _____

II. INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each 'Yes', provide details in the charts or spaces indicated. Do you, or any member of your household:

| Member Name | Source/Type or Place of Income | Annual Income |
|-------------|--------------------------------|---------------|
| | | |
| | | |
| | | |

III. ASSETS

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposits) of all household members.

| Member Name | Bank Name | Type of Account | Account # | Balance |
|-------------|-----------|-----------------|-----------|---------|
| | | | | |
| | | | | |
| | | | | |

2. List the value of all stocks, bonds, trusts, real estate, and other assets owned by any household member: _____

3. List the value assets disposed of for less than their fair market value during the past two (2) years: _____

IV. EXPENSES

1. Do you have expenses for child care of a child aged 12 or younger? Yes No
If yes, provide the name, address and telephone number of the care provider

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone#: _____

Weekly cost to you _____

Weekly cost to you _____



V. ****ELDERLY AND DISABLED FAMILIES ONLY****

1. Do you have Medicare? Yes No
If yes, what is your monthly premium? \$ _____

2. Do you have any other medical insurance? Yes No
If Yes, provide the following;

Name: _____

Name: _____

Address: _____

Address: _____

Policy #: _____

Policy #: _____

Premium Amount \$ _____

Premium Amount \$ _____

3. Do you have any outstanding medical bills? Yes No
If Yes, please explain _____

4. What medical expenses do you expect to incur in the next twelve (12) months?

5. If you use the same pharmacy, please provide the name, address, and phone number:

Name: _____

Address: _____

Phone #: _____

VI. **REFERENCES**

Please provide the name, address, and phone number of two (2) personal references. A relative or close friend is acceptable.

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

VII. **RENTAL HISTORY**

Present Landlord: _____

How long have you lived there? _____

Address: _____

Reason for leaving? _____

City, State, Zip: _____

Phone No: _____

Rental Rate _____



Are you receiving rental housing assistance from a Housing Choice Voucher Program or any other rent supplement program? (Circle One) YES NO

Former Landlord: _____ How long did you live there? _____

Address: _____ City, State, Zip _____

Reason for leaving: _____

Phone No: _____ Rental Rate _____

Have you, or any member of your household ever been evicted or otherwise removed from rental housing? Yes No If 'Yes', please list names, addresses, and dates: _____

Has any place where you or any members of your household were living been destroyed or damaged by fire? Yes No If 'Yes', please provide details: _____

VIII. EMPLOYMENT HISTORY or INCOME PROVIDER

Name and address of Head of Household
Present Employer or Income Provider

Name and address of Spouse's/Co-Head
of Household's Present Employer:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone #: _____

Phone #: _____

How long on this job _____

How long on this job _____

IX. OTHER

Do you or any other member of your household currently use any illegal drug or other illegal controlled substance? Yes No

If 'Yes', which household member(s)? _____

Is household member(s) seeking treatment? Yes No If 'Yes': _____



Name of Facility: _____

Address: _____

Contact: _____

Have you or any member of your household ever been arrested for, or convicted of, any drug related criminal activity, such as use, possession, distribution, trafficking or manufacturing of an illegal drug, or any other criminal activity that poses a threat to the health, safety and welfare of others? Yes No

If 'Yes', which household member(s)? _____

Where did the incident take place? _____

Explain the circumstances, outcome and present status: _____

** Upon acceptance of your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on the Waiting List, but this does not guarantee that your household will be offered a home. If later processing establishes that your household is not eligible or not qualified for housing, your application will be rejected. We will process your application according to standard procedures, which are summarized in the Tenant's Selection Criteria posted in the Management Office. It is your responsibility to contact us whenever your address, telephone number, income situation, or family composition changes.

APPLICATION CERTIFICATION

Federal law prohibits discrimination on the basis of race, color, religion, sex, or national origin, as well as on the basis of age within certain limits. In addition, some state and city legislation prohibits other types of discrimination such as that based on handicap, disability, marital status, familial status, and means of transportation.

I/We certify the information listed on this application is true and correct to the best of my/our knowledge. I understand that any information found to be false or misleading may be considered cause for denial and is punishable under Federal Law. I hereby authorize an investigation of my character, general reputation, criminal history and personal history. I also hereby release /Premier Property Management, LLC from all liability associated with lawful information such as reference checks, and the investigation of my character, general reputation, criminal and personal history.

I/We certify that if selected to receive assisted housing, the unit I/We occupy will be my/our only residence. I/We understand that we will be removed from the Waiting List if we fail to notify the Management Office if our address, telephone number, income situation, family composition or federal preference changes.

Signature of Head of Household

Date

Signature of Spouse/Co-Head of Household

Date

Signature of Management Agent

Date

