



## APPLICANT QUESTIONNAIRE

Desired Apartment Size (check one): 1BR      2 BT

Date Desired: \_\_\_\_\_

### Household Information

List all household members and all sources of income for each member that will be living in this apartment. Please include overtime, tips, bonuses, commissions, unemployment benefits, public assistance, child support, pension, social security benefits.

\*If employment listed below is less than two years, please list previous employment for each member of the household.

|                                   |         | HEAD  | 2     | 3     | 4     |
|-----------------------------------|---------|-------|-------|-------|-------|
| Name of Each Household Member     | First → | _____ | _____ | _____ | _____ |
|                                   | Last →  | _____ | _____ | _____ | _____ |
| Relationship to Head of Household |         | HEAD  |       |       |       |
| Male / Female                     |         |       |       |       |       |
| Social Security Number            |         |       |       |       |       |
| Date of Birth                     |         |       |       |       |       |
| Student Yes/No                    |         |       |       |       |       |

#### Income anticipated for the next 12 months for each household member.

|   |  |  |  |  |
|---|--|--|--|--|
| Name of Employer                                  |  |  |  |  |
| Dates Employed                                    |  |  |  |  |
| Position  |  |  |  |  |
| Annual or Monthly Income                          |  |  |  |  |
| Name of Employer                                  |  |  |  |  |
| Dates Employed                                    |  |  |  |  |
| Position  |  |  |  |  |
| Annual or Monthly Income                          |  |  |  |  |
| Alimony, Child Support                            |  |  |  |  |
| Social Security, Pensions, Retirement Funds, Etc. |  |  |  |  |
| Self Employment Income                            |  |  |  |  |
| Other Income                                      |  |  |  |  |
| Other Income                                      |  |  |  |  |

#### Include all assets held and the income derived from the assets.

| Assets      | Bank Name | Account Number | List Average Balance |
|-------------|-----------|----------------|----------------------|
| Checking    |           |                |                      |
| Checking    |           |                |                      |
| Savings     |           |                |                      |
| Investments |           |                |                      |
| Investments |           |                |                      |



Do you fall into the category of "Frail Elderly" as defined below (check appropriate box)? YES  NO

"Persons age 55 or more who require assistance with one or more activities of daily living or instrumental activities of daily living. Also, persons age 55 or more who have limitations in mental capacity or emotional strength and motivation that affect their capacity to viably live independently; that is without assistance or intervention."

Current Address: \_\_\_\_\_  
 \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Do you have any pets? Yes  No  If yes, please list all pets. \_\_\_\_\_

**Housing Information**

Do you own or rent at your current address? Rent  Own

If you have rented an apartment during the past **TWO** years, please list apartment information below:

| <u>Current Landlord's</u><br><u>Name/ Address</u> | <u>Your Address</u> | <u>Dates From: To:</u> |
|---|---------------------|------------------------|
| Name: _____                                       | _____               | _____                  |
| Address: _____                                    | _____               | <u>Amount Paid</u>     |
| _____   | _____               | _____                  |
| Phone: _____                                      | _____               | _____                  |

| <u>Previous Landlord's</u><br><u>Name/ Address</u> | <u>Your Address</u> | <u>Dates From: To:</u> |
|--|---------------------|------------------------|
| Name: _____  | _____               | _____                  |
| Address: _____                                     | _____               | <u>Amount Paid</u>     |
| _____  | _____               | _____                  |
| Phone: _____                                       | _____               | _____                  |

**Signature Clause**

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

I authorize my consent to have management verify the information in this application for the purpose of providing my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and requirements.

**All ADULT household members must sign below:**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date



### Statistical Information

The following information is required for statistical purposes so that the Department of Housing and Urban Development (HUD) may determine the degree to which its programs are being utilized by people of different racial & ethnic backgrounds.

**RACIAL GROUP IDENTIFICATION:** Used for statistical purposes only. (Please check only one from this group for the head of household only)

#### Single Race

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

#### Multi-Race

- American Indian or Alaska Native & White
- Asian & White
- Black or African American & White
- American Indian or Alaska Native & Black or African American
- Other Multi Racial

**ETHNICITY:** (check **only one** from this group)

Hispanic

Non-Hispanic

**Do you need a handicapped accessible/adaptable apartment?**

Yes

No