



Property Name: VILLAS AT POOL PARK

Villas at Pool Park is a family complex. All occupants of the unit must be listed on the application and every applicant over 18 must sign and date the application.

ONE PET PER HOUSEHOLD UNDER 30 POUNDS WITH ALL REQUIRED PAPERWORK AND FULL SECURITY DEPOSIT PAID WILL BE ALLOWED.

THIS IS A NO SMOKING BUILDING. ANY SMOKING MUST BE DONE IN A PRE-DETERMINED AREA OUTSIDE. MANAGEMENT WILL MAKE THAT LOCATION DETERMINATION.

APPLICATION INSTRUCTIONS – DO NOT USE WHITE OUT

Please answer all questions thoroughly and return the application as soon as possible. Make sure to sign the last page, "General Authorization for Release of Information" and print your name neatly so we can read the correct spelling of your name. If there is an error or unanswered question on your application we will return it to you for completion. When we receive the correctly completed application you will be put on our waiting list according to the date and time we receive it.

Processing your application can take a few days to a couple of weeks depending on how quickly the banks and other financial institutions respond to our third-party verifications so be sure to put full addresses and phone numbers for all your information. All income and assets must be listed on the application for all household members. When your application has been approved we will call you.

IMPORTANT: Along with your application please enclose copies of the following documents (we cannot process your application without them). These documents cannot be more than 120 days old except for the copy of your social security card.

- Social Security card for all household members
- Drivers License or State photo I.D. for all adult household members
- Birth Certificates for anyone 18 and under
- Social Security or SSI **Monthly Benefit Letter** that shows your **current** monthly gross benefit amount (please do not send us the form the government sends you at the end of the year to file with your taxes). If you cannot find your **Monthly Benefit Letter** you can go to the Social Security office and they will print one for you. We cannot process your application without it.
- If you are receiving child support we need the court ordered child support document

If you own real estate we need: (These documents cannot be more than 120 days old)

- Current statement showing the **fair market value** your property.
- Current statement from your mortgage company showing the **balance owed on your mortgage.**
- If you are using your real estate for rental income we need a copy of the lease between you and your renters showing how much rent they are paying you.
- If you have sold your home in the last two years we need a copy of the Bill of Sale.
- If you are going into foreclosure we need your foreclosure documents.

If you are self-employed we need:

- Copies of your federal tax return **including the Schedule C or profit & loss schedule, for the last two years**

IMPORTANT: If someone will be helping you with your application and will be discussing your financial information with us, we need a notarized letter from you giving us permission to discuss your application with them.

**AHTC Form 305
TENANT INCOME QUESTIONNAIRE**

Property Name: Villas at Pool Park Bldg/Unit #: _____
 Initial Certification: _____ Recertification: _____ Other: _____

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YY)	Social Security or Alien Reg. No.
1			HEAD		
2					
3					
4					
5					

Do you expect any changes to the household in the next twelve months? Y N
 If yes, please explain _____
 Telephone #: (_____) _____

Income Information Identify each source and amount of income currently received by the household or that is anticipated to be received in the next 12 months.

	(Circle Y or N)			Monthly
	Yes	No		Gross Income
1	Y	N	Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. <u>Name of Employer(s)</u> _____ _____ _____	\$ _____ \$ _____ \$ _____
2	Y	N	Self employed. (List nature of self employment) _____ _____	(use net income from business) \$ _____
3	Y	N	Cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in the unit.	\$ _____
4	Y	N	Unemployment benefits and/or Worker's Compensation.	\$ _____
5	Y	N	Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
6	Y	N	Social security payments.	\$ _____
7	Y	N	<u>Unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.)	\$ _____

8	Y	N	Supplemental Security Income (SSI).	\$ _____
9	Y	N	Disability or death benefits other than Social Security.	\$ _____
10	Y	N	Public Assistance (examples: TANF, AFDC, W2)	\$ _____
11	Y	N	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources 1) _____ 2) _____	\$ _____ \$ _____
12	Y	N	Income from real or personal property. (examples: rental income, mortgage or tax payments paid by third-party)	(use net earned income) \$ _____
13	Y	N	Alimony/spousal maintenance payments.	\$ _____
14	Y	N	I am entitled to receive Child Support payments.	\$ _____
			If yes, then answer the following:	\$ _____
	Y	N	a. I am currently receiving child support payments	
	Y	N	b. I am not receiving any child support payments but it is court ordered that I do.	
	Y	N	Circle one: 1) I am not pursuing the payments for the following reasons: _____ 2) I am making efforts to collect the child support owed to me. List efforts being made: _____	
15	Y	N	Section 8 rental assistance.	
16	Y	N	Income from a source other than those listed above. (Including Student Grants, Scholarships, etc.) If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____

Asset information Identify each asset, its value and rate of interest currently held by the household.

(Circle Y or N) Yes No			Cash Value/ Balance	Interest Rate
17	Y	N	Checking account(s).	
			If yes, list bank(s)	
			1) _____	\$ _____ %
			2) _____	\$ _____ %
18	Y	N	Savings account(s).	
			If yes, list bank(s)	
			1) _____	\$ _____ %
			2) _____	\$ _____ %

19	Y N	Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	\$ _____ \$ _____ \$ _____	_____ % _____ % _____ %
20	Y N	Revocable trust(s). If yes, list bank(s) 1) _____ 2) _____	\$ _____ \$ _____	_____ % _____ %
21	Y N	Real estate. If yes, provide description _____ _____	\$ _____ \$ _____	
22	Y N	Stocks, Bonds, or Treasury Bills. If yes, list sources/bank names 1) _____ 2) _____	\$ _____ \$ _____	_____ % _____ %
23	Y N	IRA / Lump Sum Pension / Retirement / Keogh / 401(K) Account, etc. If yes, list sources/bank(s) 1) _____ 2) _____	\$ _____ \$ _____	_____ % _____ %
24	Y N	Whole life insurance policy. If yes, how many policies _____ List Sources 1) _____ 2) _____	\$ _____ \$ _____	_____ % _____ %
25	Y N	More than \$500 cash on hand.	\$ _____	
26	Y N	Items held as an investment (antique car, coin collection, etc.) If yes, list items _____	\$ _____	
27	Y N	Safe deposit box. If yes, list contents _____	\$ _____	

28	Y N	Disposed of assets (i.e. gave away money / assets) for less than the fair market value in the past 2 years.	\$ _____ \$ _____	
29	Y N	Income from assets or sources other than those listed above. If yes, list type(s) below 1) _____ 2) _____	\$ _____ \$ _____	

Student Status

(Circle Y or N)
Yes No

30	Y N	Does the household consist of persons who have been (in the past year) or who are all part-time or full-time students (1 st grade and higher. Examples: Elementary, High School, College/University, trade school, etc.)?
31	Y N	Does anyone in your household anticipate becoming a full-time student household in the next 12 months?
32	Y N	<p>If you answered yes to either question 30 or 31, are you:</p> <ul style="list-style-type: none"> Receiving assistance under Title IV of the Social Security Act (AFDC/TANF) Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program Married and entitled to file a joint tax return Are you a single parent who is not claimed as a dependent of any other person? Are any of the children in the household claimed as a dependent of any person other than the parent(s)? Any student formally received Foster Care Assistance
	Y N	
	Y N	
	Y N	
	Y N	
	Y N	

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT SIGNATURE OF APPLICANT/TENANT DATE

PRINTED NAME OF APPLICANT/TENANT SIGNATURE OF APPLICANT/TENANT DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE) DATE

RENTAL HISTORY:

 Yes No----Have you or anyone else named on this application been convicted of a felony? Explanation: _____

 Yes No----Have you or anyone else named on this application been arrested for dealing, use of or manufacturing illegal drugs? Explanation: _____

 Yes No----Have you or anyone else on application been convicted of property damage? Explanation: _____

 Yes No----Have you or anyone on the application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer? Explanation: _____

HOUSING REFERENCE:

List the past 3 years of housing reference, (if additional space is required, use the back of the page)

Landlord's Name/Address	Your Address	Own/Rent	Date
Name: _____	_____	Own _____	From: _____
Address: _____	_____	Rent _____	To: _____
_____	_____		
Telephone #: _____			

Name: _____	_____	Own _____	From: _____
Address: _____	_____	Rent _____	To: _____
_____	_____		
Telephone #: _____			

PROGRAM INFORMATION

1. Are you paying more than 50% of your gross income for rent and utilities?
_____ Yes _____ No
2. Are you currently living in substandard housing: _____ Yes _____ No
3. Have you been involuntarily displaced from your housing: _____ Yes _____ No
Explain if yes: _____
4. Are you currently living in subsidized housing: _____ Yes _____ No
5. Would anyone in your household benefit from a wheelchair or other
handicapped accessible unit: _____ Yes _____ No
If yes, would you like to request an adapted unit: _____ Yes _____ No
6. Do you need accommodation (s) to live in the unit that you are applying
for? _____ Yes _____ No. If yes, please describe the type of accommodation(s)
needed: _____
7. How did you hear about our housing: _____
8. Briefly describe your reason(s) for applying for our
apartments _____
9. What is your preferred moving date? _____
10. Do you currently _____ own _____ rent. If rental, amount of current rent \$____.
Check utilities paid by you _____ heat _____ electric _____ gas _____ other
Approximate monthly cost of utilities paid by you (exclude phone and
cable) \$ _____
11. Do you have a pet/animal? _____ Yes _____ No If yes what kind: _____

*****ANY FALSIFIED INFORMATION WILL RESULT IN APPLICANTS DENIAL
FOR RESIDENCY AND/OR EVICTION FROM RESIDENCY.**

General Authorization for Release of Information



CONSENT I authorize & direct any Federal, State or local agency, organization, business or individual to release to & verify my application for participation, and/or to maintain my continued assistance under the section 8, Rental Rehabilitation, Low-Income Public & Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) or Rural Development in administering and enforcing programs, rules and policies. I also consent to release information from my file about my rental history and any violations of my lease or occupancy policies. I also consent to release information from my file about my rental history to credit bureaus, collection agencies or future landlords, including my payment history and any violations of my lease or occupancy policies.

INFORMATION COVERED I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity & Marital Status	Employment, Income & Assets
Medical or Child Care Allowances	Credit & Criminal Activity
Residences & Rental Activity	

GROUP OR INDIVIDUAL THAT MAY BE ASKED The groups or individuals that may be asked to release information (depending on program requirements) include but are not limited to:

Previous Landlords (Including Public Housing Agencies)	Past & Present Employers
Courts & Post Offices	Welfare Agencies
Schools & Colleges	State Unemployment Agencies
Law Enforcement Agencies	Social Security Administration
Medical & Child Care Providers	Support & Alimony Providers
Retirement Systems	Veterans Administration
Utility Companies	Banks & Other Financial Credit
Providers & Credit Bureaus	Intuitions: Excludes authorization to charge for VOD's

CONDITIONS I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I understand I have the right to review my file and correct any information that I can prove is incorrect.

Tenant/Applicant's Signature

Co-Tenant/Co-Applicant's Signature

Address

City

State

Zip

Print Tenant/Applicant's Name

Date

Print Tenant/Applicant's Name

Date

Note: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS form 4506, "request a copy of tax form" must be prepared and signed separately.

ANNUAL STUDENT CERTIFICATION

Effective Date: _____
Move-in Date: _____ <small>(MM/DD/YYYY)</small>

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit Number: _____
 _____ Building Address: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.
- B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART TIME student(s). Verification of part time student status is required for at least one occupant.
- C. _____ Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

1.	Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return)	YES	NO
2.	Is at least one student a single-parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return)	YES	NO
3.	Is at least one student receiving Temporary Assistance to Needy Families (TANF), (provide release of information for verification purposes)	YES	NO
4.	Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation)	YES	NO
5.	Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	YES	NO

Full-time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household. Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

Signature	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)