

Property\_

Unit Designation\_ Income Limit\_\_\_\_\_ Utility Allowance\_

Rent\_\_\_\_\_ R/I\_\_\_\_\_ BR Size\_

For Management use only.

Address & Unit #\_

## **INGERMAN AFFORDABLE HOUSING, INC.**

**RENTAL APPLICATION** 

Please complete each line on this application, if it does not apply put N/A.

	INFOR	MATION

ast Name	First Name	Middle Initial	Date of Birth
Street Address		City, Sta	te & Zip
Social Security #		Telepho	ne #
Current Landlord – I	Name, Address & Phone #	ŧ	
Present Rent	Years at F	Present Address	Expiration Date of Lease
Are you responsible	to pay utility bills? □ Yes □	□ No If, yes which ones	Gas 🗆 Electric 🗆 Water
Previous Address			
Previous Landlord –	Name, Address & Phone	#	
Number of Years at	previous address?		
lave fou Evel Dee		If yes where?	
lave You Ever Bee	n Convicted of a Crime?	∃Yes □ No If yes, Explai	n
CO-APPLICANT IN	FORMATION		
		Yes □ No If yes, Explai	n  Date of Birth
CO-APPLICANT IN	FORMATION		Date of Birth
CO-APPLICANT IN	FORMATION	Middle Initial	Date of Birth
CO-APPLICANT IN Last Name Street Address Social Security #	FORMATION	Middle Initial City, Sta Telepho	Date of Birth
CO-APPLICANT IN Last Name Street Address Social Security #	FORMATION First Name	Middle Initial City, Sta Telepho	Date of Birth
CO-APPLICANT IN Last Name Street Address Social Security # Current Landlord - I Present Rent	FORMATION First Name	Middle Initial City, Sta Telepho	Date of Birth The & Zip The # Expiration Date of Lease
CO-APPLICANT IN Last Name Street Address Social Security # Current Landlord - I Present Rent Are you responsible	FORMATION First Name	Middle Initial City, Sta Telepho	Date of Birth The & Zip The # Expiration Date of Lease
CO-APPLICANT IN Last Name Street Address Social Security # Current Landlord - I Present Rent	FORMATION First Name	Middle Initial City, Sta Telepho	Date of Birth The & Zip The # Expiration Date of Lease
CO-APPLICANT IN Last Name Street Address Social Security # Current Landlord - I Present Rent Are you responsible Previous Address	FORMATION First Name	Middle Initial City, Sta Telepho # Present Address	Date of Birth The & Zip The # Expiration Date of Lease
CO-APPLICANT IN Last Name Street Address Social Security # Current Landlord - I Present Rent Are you responsible Previous Address Previous Landlord –	FORMATION First Name Name, Address & Phone # Years at F to pay utility bills? □ Yes [	Middle Initial City, Sta Telepho	Date of Birth The & Zip The # Expiration Date of Lease
CO-APPLICANT IN Last Name Street Address Social Security # Current Landlord - I Present Rent Are you responsible Previous Address Previous Landlord – Number of Years at	FORMATION First Name Name, Address & Phone # Years at F to pay utility bills? □ Yes □ Name, Address & Phone Previous Address?	Middle Initial City, Sta Telepho	Date of Birth The & Zip The # Expiration Date of Lease

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<b>ANNUAL INCOME</b> Please insert yearly income from <i>all</i> sources that apply				
EMPLOYMENT INFORMAT				
<u>Current</u>				
Name & Address of Employe	er			
Telephone #	Supervisor's Name	Length of Employ	yment Hrly Rate/Hrs F	Per Wk
Previous				
Name & Address of Employe	er			
Telephone # S	Supervisor's Name	Length of Employ	yment Hrly Rate/Hrs F	Per Wk
If you have not been conti	nuously employed f	or the Past TWO Yea	rs please explain.	
CO-APPLICANT	er			
Telephone #	Supervisor's Name	Length of Employ	yment Hrly Rate/Hrs F	Per Wk
SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 OR OLDER	TOTAL
1. Gross Salary		1		
2. Overtime Pay		+ +		
3. Commissions/Fees/ Tips/Bonuses				
4. Unemployment Benefits				
5. Workers Compensation		1		
<ol> <li>Social Security, Pensions, Retirement Funds, etc., Received Periodically</li> </ol>				
7. TANF Payments (public assistance)	-	+ +		
8. Alimony, Child Support		+ +		
9. Interest and or Dividends		+ +		
10. Net Income from		+ +		
Business 11. Net Rental Income		++		
12. Other				
			TOTAL:	

## **ASSET INFORMATION**

Please list checking and savings accounts including CDs, Money Market Funds, 401K, Mutual Funds and other assets held by a financial institution (PLEASE LIST ACCOUNT TYPES OR ANSWER 'NONE' IF YOU DO NOT HAVE AN ACCOUNT).

Name of Financial Institution	Type of Account	Current Value	Is this an Interest Bearing Account?
	ΤΟΤΑ	L ASSET INCOME	

Please list Stocks, Bonds, and other directly held assets (OR ANSWER "NONE" IF YOU HAVE NO STOCKS, BONDS OR OTHER DIRECTLY HELD ASSETS).

Name of Assets	Number of Shares	Current Value	Actual Income
Other			
	TOTAL STOCK/	BONDS INCOME	

Do you own any Real estate? 

Yes 
No If yes Value of real-estate\_\_\_\_\_

Do you own a Business or Income Producing Real estate? 

Yes
No

Do you receive income (rent/receipts) from this asset? 

Yes
No

If yes annual net amount of income\_\_\_\_\_

**DISPOSAL OF ASSETS:** I \_\_\_\_\_ have \_\_\_\_ have not disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. If yes, please list the asset value under the "other" column in the above listing of assets.

FOR STATISTICAL PURPOSES ONLY				
Race of Head of Household:	I prefer not to answer	U White	Black or African American	
	American Indian/Alaska	Native	Asian/Pacific Islander	
Ethnicity of Head Household	Hispanic or Latino	□ Nor	-Hispanic or Latino	
What is your martial status? Married, Single, Divorced, Separated (Circle One)				

**HOUSEHOLD COMPOSITION** Please list all household members that will be residing in the unit and relationship to head of household:

Name	Relationship to Head of Household	Social Security Number	Date of Birth
	head		

What size apartment are you applying for? Studio, 1-2-3-4-5	
How many people will live in the apartment you are applying for?	
Do You Currently Receive Section 8 Assistance (Voucher, Certificate or Project Based)	🗆 Yes 🗆 No
In what County/Counties	
Representative's Name and Telephone Number	
Has your Assistance ever been terminated?  Yes No If yes, please list reasons why terminated	y assistance was

Are there any special housing needs or accommodations that the household will require? Examples are a unit for mobility impaired, a unit for visually impaired, a unit for hearing impaired, or grab bars, wheel in showers.

## STUDENT STATUS:

Are <b>all</b> adults full-time students?	🗌 Yes 🗌 No	

Will all adults become full-time students within the next 12 months?  $\ \square$  Yes  $\ \square$  No

Please check all that applies: To be eligible, the STUDENT must be able to answer YES to one & provide documentation.

YES	<u>No</u>	
		<ol> <li>I am a full-time student that is married AND currently filing a joint tax return. Please provide: A signed copy of most recent tax return and copy of marriage license required.</li> </ol>
		2. Our household is currently AFDC (Aid to Families with Dependent Children). Please provide: A third party verification of AFDC award required.
		3. I am a full-time student that is enrolled in the Job Training Partnership Act (JTPA) or a similar program. Please provide: A verification of enrollment & mission statement of the program if not JTPA.
		<ol> <li>I am a full-time student that is a single parent with children and none of us are dependent on anyone else's tax return. Please provide: A signed copy of most recent tax return.</li> </ol>
		5. At least one household member will be residing in the unit who is NOT a full-time

student. List all household members (Part-time students must include verification from school documenting this status).

## **CREDIT & CRIMINAL CHECK**

PART II OF APPLICATION

APPLICANT'S NAME	DATE OF BIRTH	
SOCIAL SECURITY NUMBER		-
STREET ADDRESS		CITY, STATE & ZIP
PREVIOUS STREET ADDRESS		CITY, STATE & ZIP
EMPLOYER'S NAME	ADDRESS	PHONE#
CO-APPLICANT'S INFORMATION		
APPLICANT'S NAME		DATE OF BIRTH
APPLICANT'S NAME		DATE OF BIRTH
		DATE OF BIRTH
SOCIAL SECURITY NUMBER		-
SOCIAL SECURITY NUMBER	ADDRESS	CITY, STATE & ZIP

You have applied to live in an apartment that is governed by the Housing Credit Program. This Program has restrictions on income and requires us to determine income eligibility. We must determine your income prior to granting your eligibility and, if such eligibility is granted, we will request proof of income for each year that you remain in the unit.

I/We hereby certify that I/We are at least eighteen (18) years of age and that the information voluntarily given on this form/application is true and correct. If any information is found to be incorrect, incomplete or missing, then this application may be automatically denied.

I/We hereby give approval authorizing you to release to Ingerman Affordable Housing, Inc. or their affiliate or The Registry complete information concerning my credit standing, criminal background check, base pay and average earnings, or any other pertinent information. It is understood by filling in this form that I am authorizing Ingerman Affordable Inc. and/or The Registry to verify all the information given.

By signing this application I/We acknowledge that there will be a payment of a non-refundable application fee.

I/We acknowledge that if credit is approved the completion of our application process will also require a satisfactory housekeeping visit.

Applicant's Signature	Date
Co-Applicant's Signature	Date
For Ingerman Group Use Only:	
rev. 11-Aug-08	

(APT. COMPLEX)

DATE\_ FROM: