

DO NOT USE WHITE OUT

**Housing Credit Program
Applicant Questionnaire**

Property _____
Apartment # _____ **Bedroom Size** _____

Household Information

List all household members, including yourself and expected additions to family.

Name <i>First, Middle Initial, Last</i>	Relationship to Head Of House	M/F	Social Security Number	Birth Date M,D,Y	Full-time Student Y/N

Current Address: _____
Currently Rent / Own _____
 (circle one)
Daytime Phone _____ **Evening Phone** _____

ALL QUESTIONS MUST BE ANSWERED! (Circle Yes or No)

- Y N** 1. Do you expect any additions, including pregnancy, to the household within the next twelve months?
 Name & Relationship: _____
 Explanation: _____
- Y N** 2. Is there anyone living with you now who won't be living with you at this property?
 Name & Relationship _____
 Explanation: _____
- Y N** 3. Do you have full custody of your child(ren)? *(If no, obtain proof of amount of time child(ren) will be living in unit.)*
 Explanation: _____
- Y N** 4. Are there any absent household members who under normal conditions would live with you? *(For example, a spouse away in the military.)*
 Explanation: _____



- Y N** 5. Does your household have or anticipate having any pets other than those used as service animals?
Explanation: _____
- Y N** 6. Are you *currently* separated or in divorce proceedings with your spouse?
(#27) Date of divorce filing _____ or separation: _____
- Y N** 7. Have you or any one else named on this application filed for bankruptcy?
Explanation: _____
- Y N** 8. Have you or anyone else named on this application been convicted of a felony?
Explanation: _____
- Y N** 9. Have you or anyone else named on this application been convicted of dealing or manufacturing illegal drugs?
Explanation: _____
- Y N** 10. Have you or anyone else named on this application been convicted of property damage?
Explanation: _____
- Y N** 11. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home, or trailer?
Explanation: _____

Housing References

List the past THREE years of housing references. (If additional space is required, use the back of this page.)

	Landlord's Name/Address	Your Address	Own/Rent	Dates:
Name:	_____	_____	<i>circle one</i>	From: _____
Address:	_____	_____	Own	To: _____
	_____	_____	Rent	
Phone:	() _____	() _____		
Name:	_____	_____	<i>circle one</i>	From: _____
Address:	_____	_____	Own	To: _____
	_____	_____	Rent	
Phone:	() _____	() _____		
Name:	_____	_____	<i>circle one</i>	From: _____
Address:	_____	_____	Own	To: _____
	_____	_____	Rent	
Phone:	() _____	() _____		

Personal Reference

List a personal reference

Name: _____

Address: _____

Phone: _____ **Relationship:** _____ **Years known:** _____

Vehicle Information

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle 1	_____	_____	_____
Vehicle 2	_____	_____	_____

Emergency Contact

List someone in the area that is not already on the application.

Name: _____
Address: _____
Phone: _____ Relationship: _____ Years known: _____

Applicant Status

The following questions pertain to specific eligibilty requirements of the Housing Credit Program.

ALL QUESTIONS MUST BE ANSWERED!! (Circle Yes or No)

- Y N** 12. Are you or any other ADULT household members claiming zero income?
(#20) Household Member: _____
Explanation: _____
- Y N** 13. Do you receive now or expect to receive any type of student financial assistance?
(#8) School: _____ Household Member _____
- Y N** 14. Will you or any ADULT household member require a live-in care attendant to live
(#15,#21) independently?
Name of Attendant: _____
Relationship (if any) _____
- Y N** 15. Will your household be receiving Section 8 rental assistance at time of move-in?
Name of Agency: _____
Contact Person: _____
- Y N** 16. Will your household be eligible or are you applying to receive Section 8 rental
assistance in the next 12 months?
Expected Date: _____
Name of Agency: _____
Contact Person: _____
- Y N** 17. Do you currently lack a fixed, regular, and adequate nighttime residence?
(#24) Why do you consider yourself homeless?: _____
- Y N** 18. Do you expect any changes in your income in the next twelve months?
Explanation: _____

Y N 19. Have you received any child support payments within the last twelve (12) months?

Y N 20. Do you expect to receive child support payments in the next 12 months?

Y N 21. Do you currently have any court orders to receive child support?

Amount of anticipated child support MUST be listed for unborn child(ren).

Court orders for child support MUST be counted as income if no legal remedies have been pursued.

Income Information

All current income information, plus anticipated income in the next 12 months, must be listed.

Circle One	Description	Household Member	Source/Phone	Gross Yearly Income	Form #
Y N	Employment # 1				1
Y N	Employment # 2				1
Y N	Anticipated Employment				25
Y N	Self-Employment				2,28
Y N	Social Security # 1 <i>(SS / SSI / SSD) Circle what applies</i>				7
Y N	Social Security # 2 <i>(SS / SSI / SSD) Circle what applies</i>				7
Y N	Pension/Annuity Income				8
Y N	Veterans Benefits				8
Y N	Public Assistance <i>(NOT counting Food Stamps)</i> Case # _____				5
Y N	Student Financial Assistance				12
Y N	Child Support/Alimony				6,19
Y N	Child Support/Alimony				6,19
Y N	Anticipated Court Orders for Child Support <i>(including Unborn Children)</i>				25
Y N	Recurring Monetary Gift				8
Y N	Unemployment				4
Y N	Military Compensation				3
Y N	Rental Income				8
Y N	Lottery Payments				8
Y N	Workers Compensation				8
Y N	Severance Package				8
Y N	Settlement				8
Y N	Inheritances				8
Y N	Any other income other than what is listed				8
Y N	Disability Payments <i>(other than SSD)</i>				8

Assets

Circle One	Type of Asset	Household Member	Institution <i>Address/Phone Number</i>	Balance	Interest Rate/Rate of Return	Form #
Y N	Checking Acct #1					9
Y N	Checking Acct #2					9
Y N	Savings Acct #1					9
Y N	Savings Acct #2					9
Y N	E B T Card					
Y N	Certificates of Deposit					9
Y N	Certificates of Deposit					9
Y N	IRA					9
Y N	401K					9
Y N	Real Estate					10
Y N	Money Markets					9
Y N	Mutual Funds					10
Y N	Stocks					10
Y N	Bonds					10
Y N	Whole Life Insurance					10
Y N	Assets disposed of in the past 2 years					11
Y N	Safe Deposit Box					13
Y N	Pension/Annuity <i>(as an asset)</i>					10
Y N	Cash on Hand <i>(over \$500)</i>					9
Y N	Personal Property					10
Y N	Investment					10
Y N	Trust Fund <i>(Revocable or Non-Revocable) circle one</i>					9
Y N	Any other Asset other than what is listed					

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. 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 also understand that such action may result in criminal penalties, with no refund of hold and application fees.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, 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 the Housing Credit Program requirements.

By signing this form I/We understand that this application is preliminary only and the lessor or its Agents are not obligated to approve this application or deliver occupancy of the proposed premises.

"Title 18, Section 1001 of the U. S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government."

Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000.

The applicant(s) signature (s) that appear below hereby authorize Guardian Management, LLC, to investigate applicant(s) current and past history including but not limited to employment, credit bureaus, court records and other sources.

Applicant(s) further agrees that if the application is disapproved, the Lessor or Agent will notify the applicant(s) and any apartment being held will be released so it can be re-rented. If the applicant(s) cancel after the three (3) day period, for any reason, or if applicant(s) fails to provide requested information to management, the deposit being held on the apartment will be forfeited.

I/We hereby certify that the foregoing information is true and complete to the best of my/our knowledge.

Each applicant 18 years of age or older must sign and date below.

Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date