



APPLICATION FOR RESIDENCY

(Tax Credit Properties)

Do Not Leave Any Blanks – Doing so will delay the processing of your application
NA is NOT an acceptable answer, You must write None, -0-, \$0, etc.

PROPERTY NAME:		DATE:	
SIZE OF UNIT YOU ARE APPLYING FOR:			
STATUS OF APPLICANT: () SELF () CO-APPLICANT () OTHER ADULT OCCUPANT			
NAME :		SEX: () M () F	DATE OF BIRTH:
PHONE #:		EMAIL ADDRESS:	
MAIDEN OR OTHER NAME (IF APPLICABLE):			
SOCIAL SECURITY NUMBER:		MARRIED () DIVORCED () SEPERATED () WIDOWED () SINGLE* ()	
IF MARRIED, SPOUSE'S NAME:		*have never been married	
RESIDENCY			
CURRENT ADDRESS:		CITY:	STATE: ZIP: PHONE:
DATE OF MOVE-IN:	DATE OF MOVE-OUT	RENT () OWN ()	STATUS: SOLD, RENTING, FORECLOSURE, OTHER
LANDLORD:		AMOUNT OF MONTHLY RENT \$ _____	
IS LANDLORD A RELATIVE () YES () NO		ARE YOU LIVING WITH YOUR FAMILY? () YES () NO	
ARE YOU LIVING IN A SHELTER () YES () NO		DO YOU RECEIVE SECTION 8 ASSISTANCE () YES () NO	
ADDRESS OF LANDLORD:		STATE:	ZIP: PHONE:
REASON FOR MOVING:			
ARE YOU UNDER A LEASE AGREEMENT? () YES () NO EXPIRATION DATE:			
HAS ANY ADULT HOUSEHOLD MEMBER EVER RESIDED IN ANOTHER STATE OTHER THAN THE ONES LISTED ABOVE? () YES () NO IF YES, PROVIDE NAME, STATE LIVED IN, YEAR AND ADDRESS.			
LIST PREVIOUS RESIDENCES (A MINIMUM OF 2 YEARS RESIDENCY IS REQUIRED)			
<i>May use a separate sheet of paper if necessary</i>			
PREVIOUS ADDRESS:		CITY:	STATE: ZIP: PHONE:
DATE OF MOVE-IN:	DATE OF MOVE-OUT	RENT () OWN ()	STATUS: SOLD, RENTING, FORECLOSURE, OTHER
PREVIOUS LANDLORD:		IS LANDLORD A RELATIVE? () YES () NO	
LANDLORD'S ADDRESS:		STATE:	ZIP: PHONE:
REASON FOR MOVING:			
PREVIOUS ADDRESS:		CITY:	STATE: ZIP: PHONE:
DATE OF MOVE-IN	DATE OF MOVE-OUT	RENT () OWN ()	STATUS: SOLD, RENTING, FORECLOSURE, OTHER
PREVIOUS LANDLORD:		IS LANDLORD A RELATIVE? () YES () NO	
LANDLORD'S ADDRESS:		STATE:	ZIP: PHONE:
REASON FOR MOVING:			
EMPLOYMENT (COMPLETE NEXT SECTION UNTIL EMPLOYMENT HISTORY INCLUDES 2 YEARS)			
<i>May use a separate sheet of paper if necessary</i>			
CURRENT EMPLOYER:		EMPLOYED FROM:	TO:
ADDRESS:			
PHONE:	POSITION:	SUPERVISOR:	
GROSS ANNUAL SALARY: \$		NUMBER OF HOURS WORKED PER WEEK:	
OR HOURLY WAGE: \$			
ARE YOU SUBJECT TO TRANSFER? () YES () NO			
CURRENT EMPLOYER (if more than 1 job):		EMPLOYED FROM:	TO:
ADDRESS:			
PHONE:	POSITION:	SUPERVISOR:	
GROSS ANNUAL SALARY: \$		NUMBER OF HOURS WORKED PER WEEK:	
OR HOURLY WAGE: \$			
PREVIOUS EMPLOYER:		EMPLOYED FROM:	TO:
ADDRESS:			
PHONE:	POSITION:	SUPERVISOR:	
GROSS ANNUAL SALARY: \$		NUMBER OF HOURS WORKED PER WEEK:	
OR HOURLY WAGE: \$			



PERSONAL REFERENCES:

NAME: ADDRESS : PHONE:
 NAME: ADDRESS : PHONE:

OTHER SOURCES OF INCOME (PLEASE INDICATE SOURCE AND ANNUAL AMOUNT OF INCOME RECEIVED FROM)

() SOCIAL SECURITY \$ _____ () BONUSES \$ _____
 () MILITARY SERVICE \$ _____ () ALIMONY \$ _____
 () AFDC \$ _____ () SSI/SSDI \$ _____
 () OTHER (EXPLAIN) \$ _____ () CHILD SUPPORT \$ _____
 () COMMISSIONS \$ _____ () PART-TIME EMPLOYMENT \$ _____
 () PUBLIC ASSISTANCE \$ _____ () RENTAL \$ _____

ASSETS

HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE WITHIN THE LAST TWO YEARS? () YES () NO
 IF YES, WHAT WAS SOLD AND FOR HOW MUCH?
 *STOCK, BOND, TREASURY BILLS, CD'S, PROPERTY, TRUST FUNDS, IRA'S

NAME OF BANK OR FINANCIAL INSTITUTION:
 BRANCH ADDRESS:
 ACCOUNT#: (CHECKING) (SAVINGS) (OTHER): Cash on hand
 Express/Debit Card
 ACCT BALANCE \$ ACCT BALANCE \$ ACCT BALANCE \$

CREDIT CARD OR LOAN PAYMENTS:

COMPANY NAME	MONTHLY PAYMENT	BALANCE

CURRENT MONTHLY EXPENSES:
 UTILITIES \$ _____
 CHILD CARE \$ _____
 CAR PAYMENT \$ _____
 AUTO INSURANCE \$ _____
 MEDICAL/DENTAL \$ _____
 OTHER \$ _____

AUTOMOBILE: YEAR MAKE TAG (STATE & #)

DRIVER'S LICENSE NUMBER: STATE:

LIST NAMES OF ALL OTHERS WHO WILL OCCUPY THE APARTMENT:

NAME	SEX	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY	RACE & ETHNICITY

MISCELLANEOUS INFORMATION:
 DO YOU REQUIRE OR DO YOU CURRENTLY HAVE A LIVE-IN AIDE?
 IF YES, WILL YOUR CURRENT LIVE-IN AIDE BE RESIDING IN THIS UNIT WITH YOU? YES () NO ()
 NAME OF LIVE-IN AIDE:



STUDENT STATUS

ARE YOU A STUDENT? () YES () NO

IF YES, ARE YOU PART TIME OR FULL TIME? () PART TIME () FULL TIME

ARE THERE ANY ADULT STUDENTS IN THE HOUSEHOLD? () YES () NO

IF YES, PLEASE LIST ADULT STUDENT HOUSEHOLD MEMBERS: _____

HAVE ANY ADULT HOUSEHOLD MEMBERS BEEN IN SCHOOL FOR FIVE OR MORE MONTHS IN THE CURRENT CALENDAR YEAR? () YES () NO

IF YOU ARE A FULL TIME STUDENT, ARE YOU:

MARRIED AND FILING A JOINT RETURN? () YES () NO

RECEIVING BENEFITS UNDER AFDC (AID FOR FAMILIES WITH DEPENDENT CHILDREN) OR TITLE IV/TANF? () YES () NO

ENROLLED IN A JOB TRAINING PROGRAM RECEIVING ASSISTANCE UNDER THE JOB TRAINING PARTNERSHIP ACT JTPA? () YES () NO

A SINGLE PARENT LIVING WITH HIS/HER MINOR CHILD AND THE PARENT IS NOT A DEPENDANT ON ANOTHER'S TAX RETURN AND THE CHILDREN ARE DEPENDANTS ONLY OF THE PARENT? () YES () NO

PREVIOUSLY UNDER THE CARE AND PLACEMENT OF A FOSTER CARE PROGRAM? () YES () NO

EXPECTED DATE OF GRADUATION?

HUD REQUIRES US TO MAINTAIN DATA ON RACE AND ETHNICITY OF ALL APPLICANTS. PLEASE NOTE THIS INFORMATION IS REQUIRED FROM ALL HOUSEHOLD MEMBERS.

(A) WHITE, BLACK, AMERICAN INDIAN, ALASKAN NATIVE, ASIAN OR PACIFIC ISLANDER

(B) HISPANIC, NON-HISPANIC

DO YOU ANTICIPATE ANY CHANGES TO THE HOUSEHOLD IN THE NEXT YEAR i.e. adding a HH member () YES () NO
(THIS INFORMATION WILL BE USED TO DETERMINE UNIT SIZE ONLY.)

IS ANY APPLICANT IN THE MILITARY OR A DEPENDENT OF A SERVICEMAN? () YES () NO

ARE YOU A MILITARY VETERAN? () YES () NO

HOW DID YOU HEAR ABOUT US? PLEASE CHECK:

() NEWSPAPER () DRIVING/WALKING BY () OTHER: (PLEASE SPECIFY)

() RESIDENT () FRIEND

HAS ANY ADULT HOUSEHOLD MEMBER EVER BEEN CONVICTED OF A CRIME (OTHER THAN A SIMPLE TRAFFIC OFFENSE)? () YES () NO

HAS ANY ADULT HOUSEHOLD MEMBER EVER BEEN EVICTED FROM FEDERALLY ASSISTED HOUSING FOR DRUG RELATED CRIMINAL ACTIVITY? () YES () NO

IS APPLICANT OR ANY OTHER MEMBER OF THE APPLICANTS HOUSEHOLD SUBJECT TO A LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT IN ANY STATE? IF YES PLEASE LIST STATES.() YES () NO _____

IS ANY ADULT HOUSEHOLD MEMBER ABUSING, OR ENGAGING IN PATTERN OF ABUSE, OF ALCOHOL, OR ENGAGING IN ILLEGAL USE, OR A PATTERN OF ILLEGAL USE, OF A DRUG, IN SUCH A WAY THAT IT WOULD INTERFERE WITH THE HEALTH, SAFETY OR PEACEFUL ENJOYMENT OF THE PREMISES BY OTHER RESIDENTS? () YES () NO

***NOTE: CONVICTION OF A MISDEMEANOR IS NOT AUTOMATICALLY DISQUALIFYING.**

HAS APPLICANT BEEN INVOLUNTARILY DISPLACED TO A PRESIDENTIALLY DECLARED DISASTER? () YES () NO

Definition: A person or family in which each member or whose sole member is displaced by governmental action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or formally recognized under federal disaster relief laws.



PLEASE NOTE: ALL MEMBERS OF THE HOUSEHOLD 18 YEARS AND OLDER ARE REQUIRED TO COMPLETE A SEPERATE APPLICATION.

THIS APPLICATION IS MADE SUBJECT TO APPROVAL OF () AND MAY WITHOUT DESIGNATING CAUSE BE DISAPPROVED BY THEM, IT BEING AGREED THAT ANY SUCH DISAPPROVAL SHALL NOT BE CONSIDERED A REFLECTION UPON THE APPLICANT. THIS APPLICATION IS TO BE MADE A PART OF THE LEASE ENTERED INTO BY THE APPLICANT AND THE LANDLORD.

THE TRUTH OF THE INFORMATION CONTAINED HEREIN IS ESSENTIAL, AND IF () DEEMS ANY ANSWER OR STATEMENT HEREIN TO BE FALSE OR MISLEADING, IT SHALL BE CONSIDERED THAT ANY LEASE GRANTED BY VIRTUE OF THIS APPLICATION MAY BE CANCELED AT THEIR OPTION.

I HEREBY AFFIRM THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY WITHHELD ANY FACT OR CIRCUMSTANCE, WHICH WOULD, IF DISCLOSED, AFFECT MY APPLICATION UNFAVORABLY. AS AN INDUCEMENT TO ENTER INTO THE LEASE, I AUTHORIZE YOU TO VERIFY ANY AND ALL INFORMATION CONTAINED IN THIS APPLICATION AND TO INQUIRE INTO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MAKE OF LIVING, AND I RELEASE ALL CONCERNED FROM ANY LIABILITY IN CONNECTION WITH ANY INFORMATION THEY GIVE. I HAVE BEEN ADVISED THAT I HAVE THE RIGHT, UNDER SECTION 606(B) OF THE FAIR CREDIT REPORTING ACT, TO MAKE A WRITTEN REQUEST, WITHIN REASONABLE TIME, FOR A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF ANY INVESTIGATION.

SIGNATURE OF APPLICANT	DATE:
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SIGNATURE OF LEASING SPECIALIST	DATE:
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EMERGENCY CONTACT:

NAME: _____

TELEPHONE: _____

RELATIONSHIP: _____

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANYONE BECAUSE OF RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN, MARITAL STATUS, PHYSICAL OR MENTAL HANDICAP OR ANY OTHER PROHIBITED BASIS OF DISCRIMINATION. IF YOU FEEL THAT YOU HAVE, BEEN DISCRIMINATED AGAINST, PLEASE CONTACT LINDA ROBERTS, EMC, AT 301-562-1766.

THIS PROPERTY DOES NOT DISCRIMINATE ON THE BASIS OF HANDICAPPED STATUS IN THE ADMISSION OF OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, ITS FEDERALLY ASSISTED PROGRAMS OR ACTIVITIES.

APPLICANTS MUST REPORT ALL CHANGES IN ADDRESS, TELEPHONE, OR FAMILY SIZE TO THE RENTAL OFFICE. FAILURE TO DO SO MAY PREVENT US FROM CONTACTING YOU WHEN AN APPROPRIATE APARTMENT IS AVAILABLE.

FOR OFFICE USE ONLY:

APPROVED:

DATE:

DENIED:

DATE: