

Application/Certification Questionnaire

PROPERTY NAME: _____

Instructions: Please print all sections in ink. Do not leave any sections blank, even those that do not apply to you. For instance, if a section asks for a driver's license and you do not have a driver's license, you should enter "none" or "N/A" (not applicable). If you need to make a correction, draw a line through the incorrect information, then print the correct information above and initial change.

Please refrain from using white out anywhere on the form

1. As head of household, you will complete this Application/Certification Questionnaire. **ALL PERSONS RESIDING IN THE UNIT MUST BE IDENTIFIED. ALL CHANGES TO COMPOSITION/INCOME MUST BE REPORTED.**
2. It is important that all information on this form and accompanying forms during certification processing be complete and correct. False, incomplete, or misleading information will cause your household's certification to be rejected.

Warning: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful, false statements of misrepresentations of any material fact involving the use of or obtaining federal funds.



1. Applicant Contact Information

Applicant Full Legal Name: _____ Home Telephone () - Work Telephone () - Current Address: _____ City, State, Zip: _____ Date: _____	Management Staff Only: Date Received: _____ Time: _____ AM/PM Received Via: _____ Mail _____ Person _____ IOM Manager Signature: _____
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2. Household Composition

List all persons, including yourself, who will reside in the apartment. PLEASE PRINT CLEARLY. Note: The number in the left-hand column is the household member number and is the number requested in the remaining sections of this form.

Full Name (Last Name, First Name, MI)	Relationship	Sex M/F	Age	Disabled Y/N	Birth Date	Student Status (Circle One)	Single, Married, Divorced, Separated, or Widowed?	Soc. Sec. Number	Driver's License #
1.	Head of Household					P/T F/T N/A			
2.						P/T F/T N/A			
3.						P/T F/T N/A			
4.						P/T F/T N/A			

3. Questions for All Applicants

The following pertain to you and all household members. Answer yes or no in response to each question and use the space provided to explain any yes answers.

- Yes No Do you require a handicap accessible unit?
- Yes No Are ALL household members full-time students?
- Yes No Will any of the above household members live anywhere except the apartment?
- Yes No Are there any temporarily absent household members (such as in the military or hospital that would otherwise live with you?)
- Yes No Have you, your spouse, or your co-applicant ever used different names from those shown above? If "Yes", please list the names used and the dates when such names were in use.

Please provide explanation to any "Yes" answers: _____

PETS: IF YOU ARE KEEPING OR "TEMPORARILY" HOUSING A PET IN YOUR UNIT FOR ANY AMOUNT OF TIME, IT WILL BE CONSIDERED *YOUR* PET IN TERMS OF RESPONSIBILITY ON THE PREMISES; A PET ADDENDUM MUST BE SIGNED AND PET DEPOSIT PAID. Must be approved by management BEFORE you allow a pet to reside in your unit.

Yes No Do you have PETS? If Yes, How many? _____ If Yes, Please describe the type(s)/breed/size/weight:

How did you hear about this housing opportunity? : _____

4. Race and Ethnicity of Head of Household

Race of Head of Household
 Please check all that apply:

White	Black	Native American/ Alaskan/ Hawaiian	Asian/ Pacific Islander	Refuse

Ethnicity of Head of Household
 Please check one:

Hispanic	Non-Hispanic	Refuse

5. Income from Employment

Program regulation requires that all income and assets be disclosed in order to determine qualification. List all full time, part-time, and/or seasonal employment for head, spouse/ co-applicant and other household members, including self-employment.

HH Member #	Place of Employment	Employer Address	Employer Phone Number	Supervisor	Wage (\$/hr)	Average total hours worked weekly

For the above employment, does this employee earn:

Overtime? Yes No # Hours _____ per week month quarter year Overtime Rate: \$ _____
 Commissions? Yes No Average \$ _____ per week month quarter year
 Tips? Yes No Average \$ _____ per week month quarter year
 Bonuses? Yes No Average \$ _____ per week month quarter year

HH Member #	Place of Employment	Employer Address	Employer Phone Number	Supervisor	Wage (\$/hr)	Average total hours worked weekly

For the above employment, does this employee earn:

- Overtime? Yes No # Hours _____ per week month quarter year Overtime Rate: \$ _____
- Commissions? Yes No Average \$ _____ per week month quarter year
- Tips? Yes No Average \$ _____ per week month quarter year
- Bonuses? Yes No Average \$ _____ per week month quarter year

Yes No Is anyone else in the household, other than those listed above, receiving income from employment? If Yes, please explain: _____

6. Income from Other Sources

Program regulations require that all income be disclosed in order to determine qualification. Do you, or does anyone in your household, receive the following:

- Yes No Employment \$ _____ per _____
- Yes No Self-Employment \$ _____ per _____
- Yes No Social Security (SSI)/Social Security Disability (SSDI) \$ _____ per _____
- Yes No Unemployment \$ _____ per _____
- Yes No Military Pay \$ _____ per _____
- Yes No Veterans Benefits (Income, not Medical benefits) \$ _____ per _____
- Yes No Rental Income \$ _____ per _____
- Yes No Severance Package \$ _____ per _____
- Yes No Settlements \$ _____ per _____
- Yes No Alimony \$ _____ per _____
- Yes No Child Support \$ _____ per _____
- Yes No Public Assistance (AFDC/TANF) \$ _____ per _____
- Yes No Food Stamps \$ _____ per _____
- Yes No Retirement/Pensions/Annuities \$ _____ per _____
- Yes No Dividends/Interest from Investments \$ _____ per _____
- Yes No Workman’s Compensation \$ _____ per _____
- Yes No Recurring Gifts from someone outside the Household \$ _____ per _____
- Yes No Grants & Scholarships \$ _____ per _____
- Yes No Other Recurring Monies \$ _____ per _____

7. Assets

Program regulations require that all income and assets be disclosed in order to determine qualification. Please read each questions carefully, answer questions completely and be prepared to verify items checked yes. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes, etc., need not be disclosed.

- Yes No Does any household member have a Checking, Savings, CD, or Money Market Account?
- Yes No Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments, or a Whole Life Insurance Policy (life insurance that you can make withdraws from even if there isn’t a death)?
- Yes No Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?
- Yes No Does any household member have a Pension account that will pay upon retirement or termination of employment (Not including IRA, Keogh, 401K or Annuity accounts)?
- Yes No Does any household member own any Real Estate/Land? (Include rental property, primary residence, vacation property, time-shares, commercial property and contracts for deed).
- Yes No Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (ie: coin stamp collections, antique cars).

- Yes No Does any household member have a Trust Account/ Trust Fund?
- Yes No Does any household member have any Treasury Bills or Governmental Bonds?
- Yes No Does any household member have cash on hand? If "Yes", what is the amount: \$ _____

If you answered "Yes" to any of the above, please complete:

HH Member #	Description of Asset/ Type of Account (ie: Checking, Savings, Retirement Account, Cash on Hand, Real Property, etc)	Source Name/ Address/ Phone Number (ie: Bank or Financial Institution)	Account Number	Estimated Current Value (Cash Value)

Yes No Have you or anyone in your household disposed of an asset of more than \$1,000 for less than fair market value within the last 24 months? If "Yes", please describe: _____

8. **History:**

Yes No Are you and your household members all U.S Citizens? If "No", please explain: _____

Yes No Have you ever received rental assistance or lived in subsidized housing? If "Yes", please describe: _____

Yes No Has your rental contract or Lease ever been terminated for fraud, non-payment of rent, failure to re-certify, or any other reason? If "Yes", please explain: _____

Yes No Have you, or any member of your household, been evicted from any property, including but not limited to, a federally assisted property, for drug-related criminal activity within the last 3 years? If "Yes", please explain: _____

Yes No Are you, or any member of your household, currently engaged in the use of illegal drugs or alcohol that may interfere with the health, safety, or right to peaceful enjoyment of the property or other residents? If "Yes", please explain: _____

Landlord References: Please enter current and previous rental information for the LAST THREE (3) YEARS:

Present Landlord/Name of Apartments: _____ Phone: _____

Address: _____ City, State, Zip: _____

Dates of Lease Term: _____ to _____ Monthly Rent Amount: _____

Yes No Did you pay utilities? If "Yes", what was the monthly cost? (estimate): _____

Yes No Was your Lease Term fulfilled?

Previous Landlord/Name of Apartments: _____ Phone: _____

Address: _____ City, State, Zip: _____

Dates of Lease Term: _____ to _____ Monthly Rent Amount: _____

Yes No Did you pay utilities? If "Yes", what was the monthly cost? (estimate): _____

Yes No Was your Lease Term fulfilled?

Previous Landlord/Name of Apartments: _____ Phone: _____

Address: _____ City, State, Zip: _____

Dates of Lease Term: _____ to _____ Monthly Rent Amount: _____

Yes No Did you pay utilities? If "Yes", what was the monthly cost? (estimate): _____

Yes No Was your Lease Term fulfilled?

Have you or any member of your household EVER:

Yes No Been arrested, cited, prosecuted, plead guilty to or been convicted of a felony?

Yes No Been placed on probation, parole, or affected by the Megan Laws?

Yes No Been convicted of a crime pertaining to sexual abuse or assault?

Yes No Been subject to a lifetime sex offender registration program?

Yes No Been evicted or had a forcible detainer filed against you?

Yes No Do you, or any member of your household, have a pattern of alcohol use that has interfered with the health, safety, or right to peaceful enjoyment of the premises by other residents?

Yes No Do you currently have a warrant for your arrest?

Please explain ALL "YES" answers IN DETAIL. (What happened, when (dates), where, and RESULTS).

Please include a separate sheet if more space is needed.

9. **Vehicle Info: all vehicles must be in working order and have current license/registration.**

Yes No Do you have vehicles that will be parked on the property? If Yes, How Many? _____
Please complete the following information for all vehicles:

Make: _____ Model: _____ Year: _____ Color: _____ License Plate #: _____

Make: _____ Model: _____ Year: _____ Color: _____ License Plate #: _____

10. **Emergency Contact Info**

In case of Emergency, contact:

Name: _____ Relationship: _____ Telephone: _____

Statements by All Adult Household Members

We certify that all information given in this Application /Certification Questionnaire and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our Application or, if move-in has occurred, terminate our Rental Agreement.

We authorize the Property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, state, or local agencies.

We certify that only those persons listed in this Application/Certification Questionnaire will occupy the unit, that they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition. If this certification is for a household of more than one person, we consider ourselves a stable household, and all of our income is available for its needs.

We have read and understand the information in this Application/Certification Questionnaire, in particular the information contained in the instructions for Head of Household, and we agree to comply with such information.

We have been notified that the Tenant Selection Criteria, which summarized procedures for processing applications, is available upon request in the Leasing office.

Applicant's signatures:

Signature of Head of Household

Date

Signature of Spouse/ Co-Applicant

Date

Signature of Co-Applicant

Date

