Dear applicant:

The information on this form is needed to determine if your household is eligible under this property's leasing critera. Please complete this entire form and leave no blanks.

If there are any questions that you do not understand, please call the apartment manager. We thank you in advance for your cooperation.

HOUSEHOLD COMPOSITION

	Full Name	Relationship	Date of Birth	F/T = Full Time P/T = Part Time	Last 4 digits of Social Security Number	Receiving any source of income?
1		**Head of Household**		Student Status □ F/T □ P/T □ N/A		□ **Yes** □ **No**
2				Student Status □ F/T □ P/T □ N/A		□ **Yes** □ **No**
3				Student Status □ F/T □ P/T □ N/A		□ **Yes** □ **No**
4				Student Status □ F/T □ P/T □ N/A		□ **Yes** □ **No**
5				Student Status □ F/T □ P/T □ N/A		□ **Yes** □ **No**
6				Student Status □ F/T □ P/T □ N/A		□ **Yes** □ **No**

Are any of the household members listed above foster childern?   □ **Yes** □ **No**   **If yes, who?**_____
Are any of the household members listed above a live-in attendant?   □ **Yes** □ **No**   **If yes, who?**_____
Are any of the household members planning to attend school full time?   □ **Yes** □ **No**   **If yes, who?**_____

CURRENT EMPLOYMENT INFORMATION

Applicant's Name		Occupation		Work Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	Salary $ _____	□ Hourly □ Weekly □ Bi-weekly □ Twice a month □ Monthly □ Yearly □ Other _____		# of hours worked per week	Work Fax

Co-applicant's Name		Occupation		Work Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	Salary $ _____	□ Hourly □ Weekly □ Bi-weekly □ Twice a month □ Monthly □ Yearly □ Other _____		# of hours worked per week	Work Fax

Additional household member		Occupation		Work Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	Salary $ _____	□ Hourly □ Weekly □ Bi-weekly □ Twice a month □ Monthly □ Yearly □ Other _____		# of hours worked per week	Work Fax

Additional household member		Occupation	Work Phone	
Name and Street Address of Employer		City	State	Zip Code
Date Hired _____ Salary $ _____	□ Hourly □ Weekly □ Bi-weekly □ Twice a month □ Monthly □ Yearly □ Other _____		# of hours worked per week	Work Fax

OTHER SOURCES OF INCOME

Does anyone in your household receive income from any of the following? Please mark "yes" or "no" for each source of income.

Source: Employment	Check One	Source: Benefits/ Pensions	Check One	Source: Other	Check One
Second Job	□ Yes □ No	Workers Compensation	□ Yes □ No	Grants	□ Yes □ No
Bonuses	□ Yes □ No	Unemployment	□ Yes □ No	Scholarships	□ Yes □ No
Tips	□ Yes □ No	Alimony	□ Yes □ No	Recurring Gifts	□ Yes □ No
Commissions/ Fees	□ Yes □ No	Child Support	□ Yes □ No	AFDC/TANF	□ Yes □ No
Overtime Pay	□ Yes □ No	Social Security	□ Yes □ No	Other	□ Yes □ No

For each "Yes" marked above, please complete the following:

Household member name	Amount Received		Source
	Salary $ _____	□ Hourly □ Weekly □ Bi-weekly □ Twice a month □ Monthly □ Yearly □ Other _____	
	Salary $ _____	□ Hourly □ Weekly □ Bi-weekly □ Twice a month □ Monthly □ Yearly □ Other _____	
	Salary $ _____	□ Hourly □ Weekly □ Bi-weekly □ Twice a month □ Monthly □ Yearly □ Other _____	
	Salary $ _____	□ Hourly □ Weekly □ Bi-weekly □ Twice a month □ Monthly □ Yearly □ Other _____	
	Salary $ _____	□ Hourly □ Weekly □ Bi-weekly □ Twice a month □ Monthly □ Yearly □ Other _____	

HOUSEHOLD ASSETS

Does anyone in your household have any of the following types of assets? Please mark "yes" or "no" for each type of asset.

Type of Asset	Check One	Type of Asset	Check One	Type of Asset	Check One
Checking Account	□ Yes □ No	IRA/ Keogh Account *	□ Yes □ No	Revocable Trust Fund	□ Yes □ No
Savings Account	□ Yes □ No	Retirement/Pension Fund *	□ Yes □ No	Mortgage/Note Held	□ Yes □ No
Cash	□ Yes □ No	Mutual Funds/Stock*	□ Yes □ No	Life Insurance Policy*	□ Yes □ No
Certificate of Deposit*	□ Yes □ No	Real Estate/Land *	□ Yes □ No	Personal Property Held as an Investment	□ Yes □ No

For each "Yes" marked above, please complete the following:

Household Member Name	Type of Asset	Cash Value (see note)	$ Asset will earn in the next 12 months

NOTE: *When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdrawal, or any fees deducted to convert the asset to cash. For example, if you owned a home, and sold it, how much cash would you have after you paid off the mortgage, the realtor, etc.? That's the amount you should list in the "cash value" column.

Have you sold any real estate for less than its worth within the last two years? (If sale due to foreclosure, bankruptcy or divorce, answer "no".)
□ Yes   □ No   If yes, please explain.

All of the information provided above is true and complete to the best of my knowledge and belief.

Applicant		**Date**
Co-applicant		**Date**

Before returning this form to the management office, be sure that you have marked "yes" or "no" for each source of income and each type of asset. Incomplete forms will delay processing and will be returned.