

# Bell Mirage Estates

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## Waitlist Guidelines

1. All applications must be completely filled out and submitted with required income documentation to be conditionally approved.
2. Applying for the waitlist does not guarantee an apartment. All approvals for the waitlist are conditional and a full application will be processed when an apartment becomes available.
3. Each application is screened for completeness and legibility. All information on the application must be complete and correct. False, incomplete or misleading information will cause an applicant to be rejected.
4. After review of background screening, applicant may be denied based on criminal convictions that show a demonstrable risk to residents' safety or property.
5. Previous evictions or judgements (paid or unpaid) will deny the application.
6. All wait times for the waitlist are approximate and are given based on historical data for the community. We are not able to accommodate move in time frames or to guarantee apartment availability.
7. The application fee is \$35 per adult and can be paid by money order or cashier's check. It must be paid at the time the application is submitted and all fees are non-refundable.
8. Updated information is required every 6 months to determine continued eligibility to remain on the waitlist. Contact information should be updated as it changes so that we have the most up to date information to contact you. Failure to do so will result in being removed from the waitlist.

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Applicant

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Date

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Applicant

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Date

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Agent for Owner

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Date

# APPLICATION FOR HOUSING

Date \_\_\_\_\_

Low-Income Housing Tax Credit Property

Time \_\_\_\_\_

**Please Print Clearly**

This is an application for housing at:	<b>Project:</b>
	<b>Address:</b>
Please complete this application and return to:	<b>Name:</b>
	<b>Address:</b>

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

## A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street                      Apt.#                      City                      State                      ZIP

Daytime Phone: \_\_\_\_\_                      Email Address: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_                      Do you     RENT or  OWN (check one)

Bedroom size requested:     Studio     One BR     Two BR     Three BR     Handicap BR

## B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS# (	Student Y/N
Head		Self				
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

Will all listed minors be living in the unit at least 50% of the time?

Yes  No

Have there been any changes in household composition in the last twelve months?	Yes	No
<i>If yes, explain:</i>		
Do you anticipate any changes in household composition in the next twelve months?	Yes	No
<i>If yes, explain:</i>		
Is there someone not listed above who would normally be living with the household?	Yes	No
<i>If yes, explain:</i>		

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?  Yes  No

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full-time student(s) a TANF or a title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return and whose children are not dependents of any-one other than a parent?	Yes	No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	Yes	No

**C. INCOME**

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$

Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>legally entitled</i> to receive alimony?	Yes No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	Yes No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>legally entitled</i> to receive child support?	Yes No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	Yes No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?	<b>Yes</b>	<b>No</b>
Is any member of the household legally entitled to receive income assistance?	<b>Yes</b>	<b>No</b>
Is any member of the household likely to receive income or assistance ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2 etc)?	<b>Yes</b>	<b>No</b>
<b>If yes to any of the above, explain:</b>		
Is the income received?	<b>Yes</b>	<b>No</b>

### D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work	#		Balance \$	
	#		Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
Money Market Accounts	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

Investment Property		Appraised Value \$
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Real Estate Property: <b><i>Do you own any property?</i></b>	Yes	No
<b><i>If yes</i></b> , Type of property		
Location of property		
Appraised Market Value	\$	
Mortgage or outstanding loans balance due	\$	
Amount of annual insurance premium	\$	
Amount of most recent tax bill	\$	

Have you sold/disposed of any property in the last 2 years?	Yes	No
<b><i>If yes</i></b> , Type of property:		
Market value when sold/disposed	\$	
Amount sold/disposed for	\$	
Date of transaction:		

Do you have any other assets not listed above (excluding personal property)?	Yes	No
<i>If yes, please list:</i>		

**E. ADDITIONAL INFORMATION**

Are you or any member of your family currently using an illegal substance?	Yes	No
Have you or any member of your family ever been convicted of a felony?	Yes	No
<i>If yes, describe:</i>		

Have you or any member of your family ever been evicted from any housing?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, describe</i>		

**F. REFERENCE INFORMATION**

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

Personal Reference #1:	
Address:	
Relationship:	Phone #:

Personal Reference #2:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

**G. VEHICLE AND PET INFORMATION (if applicable)**

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Do you own any pets?	Yes	No
<i>If yes, describe:</i>		

**CERTIFICATION**

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

**SIGNATURE (S):**

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date

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*Biltmore Properties, Inc. (BPI) no discrimina sobre la base de la discapacidad en la admisión o acceso para, o tratamiento o empleo en, su programas federal asistidos y actividades. BPI's Sección 504 Coordinadora, Kathy McElvain (602.997.0013 ext. 104, o 1.800.367.8939 o 711 para usuarios de TTY) ubicado en 2330 W Mission Lane, Suite 10 Phoenix, AZ 85021 ha sido designado para coordinar Dominio del inglés limitado y cumplimiento de los requisitos de no discriminación contenidos en la sección 504 del Departamento de vivienda y desarrollo urbano (24CFR, parte 8, de fecha 2 de junio de 1988). Igualdad de oportunidades en la vivienda*

