

# Surety Apartments

## APPLICATION FOR RESIDENCY AFFORDABLE HOUSING PROGRAM

### THIS SECTION TO DE COMPLETED BY PROPERTY MANAGER

Property Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_ Time of Application: \_\_\_\_\_  
Unit #: \_\_\_\_\_ Source: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

Please print! Answer all questions completely; do not leave any spaces blank. Write "no", "0" or "n/a" where appropriate.  
Do not use white-out. If you need additional space attach additional sheets and refer to the name of the application section.

### Applicant Data:

Full Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Have you ever used another name(s)? ☐ Yes ☐ No If Yes, what name? \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Drivers License: State \_\_\_\_\_ License \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Have you ever been convicted of, plead guilty or no contest to, or been placed on probation for a felony or misdemeanor? \_\_\_\_\_ (Y/N)

If yes, please describe: \_\_\_\_\_

### FAMILY COMPOSITION:

Directions to Applicant:

- Please complete the table below for each member of your household, whether or not those members are related.
- Include all members who you anticipate will live with you at least 50% of the time during the next 12 months.
- Student Status:
  - A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.
  - By definition, all residents of elementary or high school age are considered full-time students.

Name ALL People To Occupy Unit			DOB	Age	Sex	Relationship	SS No. Alien ID #	Student? Y or N
LAST NAME	FIRST	MI						
1.						HEAD		
2.								
3.								
4.								
5.								
6.								

Please complete the following questions:

7. Current Marital Status: ☐ single ☐ married (date \_\_\_\_\_) ☐ divorced (date \_\_\_\_\_) ☐ Widowed ☐ Separated ☐

8. Spouse's Maiden Name: \_\_\_\_\_ Is there an expected change in family size in next 12 months? ☐ Yes ☐ No

If 'Yes' Please describe \_\_\_\_\_

## Household Income:

For questions 9 through 30, indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12-month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

- |     |  |          |
|-----|--|----------|
| 9.  | Wages or salaries (include overtime, tips, bonuses, commissions and cash payments)         | \$ _____ |
| 10. | Child support (include child support you are entitled to but may not be receiving)         | \$ _____ |
| 11. | Alimony / Support Income   | \$ _____ |
| 12. | Social Security  | \$ _____ |
| 13. | Supplemental Security Income (SSI)   | \$ _____ |
| 14. | Public Assistance —General Relief, and/or Temporary Assistance for Needy Families (TANF)   | \$ _____ |
| 15. | Unemployment Compensation  | \$ _____ |
| 16. | Veterans Administration benefits, pensions, retirement benefits or annuities               | \$ _____ |
| 17. | Pensions and/or Retirement Funds   | \$ _____ |
| 18. | IS. Income from Insurance Policies   | \$ _____ |
| 19. | Disability, Death Benefits and/or Life Insurance Dividends                                 | \$ _____ |
| 20. | Workers' Compensation  | \$ _____ |
| 21. | Severance Pay  | \$ _____ |
| 22. | Net Income From a Business (including rental property, land contract or other real estate) | \$ _____ |
| 23. | Interest, Dividend & Other Income from Net Family Assets                                   | \$ _____ |
| 24. | Regular Contributions and/or Gifts from Person not residing in unit                        | \$ _____ |
| 25. | Lottery Winnings or Inheritances (paid as an annuity)                                      | \$ _____ |
| 26. | All regular pay paid to members of the Armed Forces  | \$ _____ |
| 27. | Annuities  | \$ _____ |
| 28. | Education Grants, Scholarships or Other Student Benefits                                   | \$ _____ |
| 29. | Self Employment  | \$ _____ |
| 30. | Other: _____   | \$ _____ |

Total: \$ \_\_\_\_\_

31. ☐ Yes ☐ No Do you anticipate any changes in this income in the next twelve (12) months?

## Employment History:

32. Other Applicant Employed By: \_\_\_\_\_
- Employer Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_
- From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_
- Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Check One: ☐ Annually ☐ Weekly ☐ Bi-Weekly ☐ Monthly
33. Other Applicant Employed By: \_\_\_\_\_
- Employer Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_
- From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_
- Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Check One: ☐ Annually ☐ Weekly ☐ Bi-Weekly ☐ Monthly
34. Other Applicant Employed By: \_\_\_\_\_
- Employer Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_
- From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_
- Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Check One: ☐ Annually ☐ Weekly ☐ Bi-Weekly ☐ Monthly
35. Other Applicant Employed By: \_\_\_\_\_
- Employer Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_
- From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_
- Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Check One: ☐ Annually ☐ Weekly ☐ Bi-Weekly ☐ Monthly

## Household Assets:

**CURRENT ASSETS** — List all assets currently held by all household members and the cash value of each. The cash value is the market value of the asset minus reasonable costs that were, or would be, incurred in selling or converting the asset to cash.

YES	NO		FINANCIAL INSTITUTION NAME	CASH VALUE
<i>DO YOU OR DOES ANYONE IN YOUR HOUSEHOLD HAVE:</i>				
35. ____	____	Cash on Hand?	Bank _____	\$ _____
36. ____	____	Savings account?	Bank _____	\$ _____
37. ____	____	Checking account?	Bank _____	\$ _____
38. ____	____	Certificates of deposit?	Bank _____	\$ _____
39. ____	____	Money market account?	Bank _____	\$ _____
40. ____	____	Christmas club account?	Bank _____	\$ _____
41. ____	____	Safety deposit box?	Bank _____	\$ _____
42. ____	____	Money held in trust?	Bank _____	\$ _____
43. ____	____	Stocks, bonds or securities?	Bank _____	\$ _____
44. ____	____	Treasury bills?	Bank _____	\$ _____
45. ____	____	A retirement fund? (include IRAs & Keogh accounts)	Bank _____	\$ _____
46. ____	____	A pension fund?	Bank _____	\$ _____
47. ____	____	Whole Life Insurance Policy?	Bank _____	\$ _____
48. ____	____	Other: _____	Bank _____	\$ _____

YES	NO	
<i>DO YOU OR DOES ANYONE IN YOUR HOUSEHOLD:</i>		
49. ____	____	Have any personal property held as an investment (including paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques, etc.)? Cash Value
50. ____	____	Own equity in real estate, rental property, land contracts, contract for deeds or other real estate holdings or other capital investments (including your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property etc.)? Market Value less: a) any unpaid balance on loans secured by property, and b) reasonable costs that would be incurred in selling the asset penalties, broker fees, etc. Cash Value
51. ____	____	Received any lump sum receipts (including inheritances, capital gains, lottery winnings, insurance settlements and other claims)? If so, when? _____ Cash Value Where are the funds held? _____
52. ____	____	Have any assets in the last two years not listed above? If yes, did you dispose of any assets for less than fair market value? (This means the assets were either given away or sold at less than the allotted market value). What were the assets? _____ Market value at time of disposition \$ _____ Date you disposed of assets? _____

## Student Status:

53. ☐ Yes ☐ No Are you currently attending school as a full-time student or will you be during the next twelve months?

If 'Yes', explain: \_\_\_\_\_

54. ☐ Yes ☐ No Does any adult member of the household anticipate enrolling in the next twelve (12) months as a student?

If yes, who? \_\_\_\_\_ ☐ Full-time ☐ Part-time

Name of School(s) \_\_\_\_\_

Address(es) \_\_\_\_\_

55. ☐ Yes ☐ No Are any of the students married and filing a joint Federal Income Tax Return with their spouse or eligible to file a joint tax return with their spouse?

☐ Yes ☐ No Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to, TANF?

☐ Yes ☐ No Are any of the students enrolled in a job training program receiving assistance under the Job Training Partnership Act or under any current, similar Federal, State or local laws?

☐ Yes ☐ No Is the entire household composed of a Head of Household who is a single parent with minor children; the parent is not dependent and the minor child(ren) are not listed as dependents (as defined in IRC Section 152) on any other third party tax return, other than a parent of the minor child(ren) in the household?

☐ Yes ☐ No Has any student member of this household previously received foster care and placement assistance by the State agency plan under Title IV, Part B or E of the Social Security Act.?

## Additional Information:

56. ☐ Yes ☐ No Do you have full custody of your child(ren)? Explain the custody arrangements \_\_\_\_\_

57. ☐ Yes ☐ No Would you or any members of your household benefit from a handicapped-accessible unit?

If yes please explain, \_\_\_\_\_

58. ☐ Yes ☐ No Have you ever been evicted? If yes, explain \_\_\_\_\_

59. ☐ Yes ☐ No Have you ever filed for bankruptcy? If yes, when was it discharged? \_\_\_\_\_

60. ☐ Yes ☐ No Will your household be receiving Section 8 rental assistance at the time of move in?

61. ☐ Yes ☐ No Will your household be eligible or are you applying to receive Section 8 assistance in the next 12 months?

If yes, please explain: \_\_\_\_\_

62. ☐ Yes ☐ No Will this be your only place of residence? If no, explain \_\_\_\_\_

63. ☐ Yes ☐ No Will a pet be living with you?

Type of pet \_\_\_\_\_ Age \_\_\_\_\_ If dog, breed \_\_\_\_\_

Type of pet \_\_\_\_\_ Age \_\_\_\_\_ If dog, breed \_\_\_\_\_

*Pet policies and practices apply Pet rent (if applicable) and deposit will be due in full prior to move-in. Proof of current vaccinations will also be due prior to move-in. Please see the management staff for additional information on pet policies.*

HOUSING INFORMATION.		Please provide <u>three (3) years</u> of • Landlord history. Begin with your current address.				
Address	Monthly Rent	MI/MO Date	Reason for leaving	Name of Landlord/Property	Landlord Address	Landlord Phone

VEHICLES		Include company cars, motorcycles, etc.			
Make	Model	Year	Color	License #	State

EMERGENCY NOTIFICATION DATA		at least one contact for each applicant.	
Name / Relationship	Address	Telephone Number(s)	

Resident Statement:  
To be read and signed by Applicant

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application and my/our signature is my/our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

The application fee paid at the time of application is NON-REFUNDABLE. I understand that I will have 72 hours following notification of approval to cancel without forfeiting the security deposit. Should I/we cancel after 72 hours, all security deposit monies will be forfeited. Providing false or inaccurate information on the application will result in forfeiture of all monies paid and rejection of this application.

Applicant Signature (head)	Date
Applicant Signature (co-head)	Date
Other Applicant Signature	Date
Other Applicant Signature	Date

