

OFFICE USE ONLY Applicant Number _____

Affinity Orchard Place Apartments

Application

ALL INDIVIDUALS 18 YEARS OF AGE AND OLDER MUST COMPLETE A SEPARATE APPLICATION

Unit Type Desired 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom 5 Bedroom

Handicapped Accessible: 1 Bedroom 5 Bedroom

If Handicapped Accessible is needed, are you willing to take a unit that is not handicapped accessible if one becomes available? Yes No

Head of Household Name _____

Your Name (if different from Head of Household) _____

Current Address _____

City, State, Zip Code _____

Home Phone _____ Work Phone _____

1. LIST ALL PERSONS WHO WILL RESIDE IN THE UNIT STARTING WITH THE HEAD OF HOUSEHOLD:

Full Name	Relationship To Head	Birth Date	Age	Sex	Social Security No.
	Head				

2. Does anyone live with you now who is not listed above? Yes No

3. Do you expect a change in your household composition? Yes No

Explain if you answered yes to either question: _____

4. Do you currently have any form of rental assistance and/or have you applied for assistance? If so, please specify the subsidizing agency: _____

5. Are you or any member of your household a Disable Veteran? Yes No

INCOME (Please list all sources of income for all family members)

List all income from all types of employment, public assistance, child support, alimony, social security, SSI, disability, unemployment benefits, workers compensation, pensions, annuities, veterans' benefits, student financial assistance and any other income:

Name	Source of Income/Type of Income	Annual Income

ASSETS (Please list all asset sources for all family members)

List all checking, savings accounts (including IRAs, Keogh accounts, and Certificates of Deposits, Mutual funds, etc.) and all stocks, bonds, trusts, real estate, life insurance or other assets and their value owned for all household members:

Name	Bank Name	Type of Account	Balance

Within the past two (2) years, have you sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value. Yes No

If yes, please list the assets, value and date of transaction:

EXPENSES (Please list all medical and child care expenses for all family members)

Name	Service Provider	Type of Expense	Annual Amount

PREVIOUS RENTAL HISTORY

Name and address of Your Present Landlord:

Telephone No. _____
How Long Have You Lived There? _____
Reason for Leaving? _____

Is this landlord a relative? Yes No

Name and address of Your Former Landlord:

Previous Address you lived at: _____
Landlord Name _____
Address _____
City/State/Zip _____

Telephone No. _____
How Long Have You Lived There? _____
Reason for Leaving? _____

EMPLOYMENT HISTORY

Name and address of Your Current Employer:

Telephone No. _____
Telephone No. _____
Supervisor's Name _____
How long have you worked there? _____

GENERAL INFORMATION

Do you have a pet? Yes No If yes, Weight _____ Description _____
Do you have a waterbed? Yes No If yes, waterbed insurance company _____

MARKETING

How did you here about us?

- Newspaper Internet Friends/Family Referral (please list Name _____)
- Apartment Spotlight Magazine Other: _____.

EMERGENCY CONTACT INFORMATION:

Name: _____ Address _____
City: _____ State: _____ Zip Code: _____ Phone Number: _____

ALL APPLICANTS

I authorize Affinity Orchard Place Apartments to obtain an investigative Credit Report and/or a Criminal Background Report, and check registered sex offender status in connection with this application. This report may include information as to my character, general reputation, personal characteristics and/or mode of living and credit standing. I understand that I may request the name of the reporting agency providing this information. I understand that the above information is being collected to determine my eligibility. I authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which may be released to appropriate Federal, State, or local agencies. I further certify that if the result of this verification process allows me to receive rental assistance, the unit I/we occupy will be my/our only residence.

I have read this application and hereby state that the information provided by me on this application is accurate and complete, and I acknowledge that in the event I enter into a lease with Affinity Orchard Place Apartments that lease may be canceled by the lessor in the event any information provided by me in this application or any other document furnished by me is materially inaccurate or incomplete.

I understand that if approved for residency all applicants 18 or older must sign the Lease and its attachments as well as the Section 42 Tax Credit Tenant Income Certification, and that I must live in the unit and that unit must be my only place of residence.

Please refer to the Resident Selection Criteria for program eligibility and reasons for possible rejection. I have received a copy of the Resident Selection Criteria from the leasing office and copies will be available upon request.

*Applicants being placed on a waiting list will be subject to policies, resident selection and approval, and rejection requirements in effect at the time that a unit becomes available. **I will contact the office if there are any changes to my address, phone number, household composition or income.***

I acknowledge that I must also complete and sign the attached Income/Asset Certification.

Signature of Applicant _____ Date _____

Owner/Manager _____ Date _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or an employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 u.s.c. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 u.s.c. 408 f, g and h.



Do you need a handicapped accessible unit? Yes No

If Yes, are you willing to take a unit that is not handicapped accessible if one becomes available? Yes No

Please be advised: If you have a disability and need a reasonable accommodation in order to participate in the application process or to make effective use of the housing program, you have the right to request such an accommodation.

Do you qualify for an income deduction based on a disability as defined below? YES NO

Person with a Disability (Handicapped Person).* [24 CFR 891.505 and 891.305]

A person with disabilities means:

- (1) Any adult having a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
- (2) A person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
 - (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - (ii) Is manifested before the person attains age 22;
 - (iii) Is likely to continue indefinitely;
 - (iv) Results in substantial functional limitation in three or more of the following areas of major life activity:
 - (A) Self-care,
 - (B) Receptive and expressive language,
 - (C) Learning,
 - (D) Mobility,
 - (E) Self-direction,
 - (F) Capacity for independent living, and
 - (G) Economic self-sufficiency; and
 - (v) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- (3) A person with a chronic mental illness, i.e., a person who has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
- (4) Persons infected with the human acquired immunodeficiency virus (HIV) who are disabled as a result of infection with the HIV are eligible for occupancy in the Section 202 projects designed for the physically disabled, developmentally disabled, or chronically mentally ill depending upon the nature of the person's disability. (24 CFR 891.505)

Note: A person whose sole impairment is alcoholism or drug addiction (i.e., who does not have a developmental disability, chronic mental illness, or physical disability that is the disabling condition required for eligibility in a particular project) will not be considered to be disabled for the purposes of the Section 202 program.

A person infected with the human acquired immunodeficiency virus (HIV) and a person who suffers with alcoholism or drug addiction, provided they meet the definition of "person with disabilities" in Section 811 (42 U.S.C) 8013(k)(2). A person whose sole impairment is a diagnosis of HIV positive or alcoholism or drug addiction (i.e., does not meet the qualifying criteria in Section 811 will not be eligible for occupancy in a section 811 project. (24 CFR 891.305)

I am aware that in order to receive the disabled household income deduction I will need to sign an authorization that will be sent to my physician for verification of the disability. Management does not require you to inform us of what the disability is, only that it is verified by a physician that you do meet the definition of a person with a disability as defined above.

Signature _____ Date _____

INCOME/ASSET CERTIFICATION
(To be completed by all household members, 18 yrs or older)

NAME _____ UNIT # _____

I certify that I **HAVE** or **DO NOT HAVE** any of the following:

INCOME	<u>HAVE</u>	<u>DO NOT HAVE</u>	ASSETS	<u>HAVE</u>	<u>DO NOT HAVE</u>
Employment Income (wages, salaries, overtime pay, commissions, fees, tips, bonuses)	_____	_____	Checking Account	_____	_____
			Savings Account	_____	_____
			Safety Deposit Box	_____	_____
Income, Salary or Distribution from a Business (self employed or as owner of a business)	_____	_____	Cash On Hand	_____	_____
			Certificates of Deposit	_____	_____
			Trust Fund	_____	_____
Income from Net Family Assets	_____	_____	Stocks, Bonds or Treasury Bills	_____	_____
			Money Market Account	_____	_____
Military Pay	_____	_____	Mutual Fund	_____	_____
			IRA (Individual Retirement Account)	_____	_____
<u>Payments in Lieu of Earnings:</u>			401K Account	_____	_____
Unemployment	_____	_____	Keogh Fund	_____	_____
Disability	_____	_____	Retirement Fund	_____	_____
Worker's Compensation	_____	_____	Pension Fund	_____	_____
Severance Pay	_____	_____	Life Insurance (excluding Term)	_____	_____
Social Security or SSI for any family members	_____	_____	Land Contract	_____	_____
			Mortgage or Deed of Trust	_____	_____
Veterans Administration Benefits	_____	_____	Real Estate or Other Capital Investments	_____	_____
Welfare (excluding Food Stamps)	_____	_____	Lump Sum Receipts (Inheritance, Insurance Settlement, Capital Gains, Lottery Winnings)	_____	_____
Child Support or Alimony	_____	_____	Personal Property held as an Investment: (e.g. Jewelry, Coins, Antique Cars)	_____	_____
<u>Payments from:</u>					
Insurance Policies	_____	_____			
Retirement Fund	_____	_____			
Pension Fund	_____	_____			
Death Benefits	_____	_____			
Annuities	_____	_____			
Income from Rental Property	_____	_____			
Student Financial Assistance	_____	_____			
Lottery Winnings paid periodically	_____	_____			
Recurring Monetary Gifts, Contributions or Payments (from persons not living in the unit)	_____	_____			

EXPENSES	<u>HAVE</u>	<u>DO NOT HAVE</u>
All medical bills including eye doctors, dentists, prescriptions, hearing aids, etc.	_____	_____
<small>**For elderly or disabled households ONLY**</small>		
Bills for Medical Insurance	_____	_____
<small>**For elderly or disabled households ONLY**</small>		
Child Care Expenses	_____	_____
Other Care Expenses	_____	_____

INCREASES & CHANGES	<u>HAVE</u>	<u>DO NOT HAVE</u>
Expected Income Increase in the next 15 months.	_____	_____
Expected Change in Family Composition in the next 15 months.	_____	_____

I swear and attest that the above information about my income and assets is true and correct. I understand that increases in total family income may cause me to no longer qualify for residency.

Household Member (18 yrs or older)

Date

I have personally met with the applicant/resident regarding the completion of this form and attest that to best of my ability I have explained the content of the form and answered any questions the applicant/resident had.

Signature of Agent/Owner

Date

STUDENT ELIGIBILITY QUESTIONNAIRE

(To be completed by all household members, 18 yrs or older)

Are you (or have you been since January 1st of the current year) a student who is enrolled in an institute of higher education as defined below? FULL-TIME PART-TIME NOT A STUDENT

[Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities.]

**** IF NOT PLEASE SKIP NEXT SECTION AND SIGN BELOW****

All units at Affinity Orchard Place Apartments are restricted with regard to students. However, many exceptions do apply.
****Check all that apply****

- | | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a student applying to live with your parents on the property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you at least 24 years of age? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a US veteran? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a student who is married? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a disabled student who has been receiving Section 8 as of November 30, 2005? |
-
- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are all members of the household full-time students (including children) ^{**} ?
<i>[** Full-time students are enrolled full-time in any elementary, secondary, graduate or post-graduate program.]</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a student receiving assistance under Title IV of the Social Security Act (TANF – Public Assistance/Welfare)? (APPLICANT MUST PROVIDE A COPY OF CURRENT "P/A" BUDGET SHEET) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a student enrolled in a Job Training program receiving assistance under the Job Training Partnership Act or under similar Federal, State or local laws? (APPLICANT MUST PROVIDE A COPY OF THE MISSION STATEMENT FROM YOUR EDUCATIONAL INSTITUTION) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a student who has legal dependents other than a spouse (For example, dependent children or an elderly dependent parent)? (APPLICANT MUST PROVIDE COPY OF MOST CURRENT COMPLETED FEDERAL INCOME TAX RETURN) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a student who is married and filing a joint Federal Income Tax return? (APPLICANT MUST PROVIDE COPY OF MOST CURRENT COMPLETED FEDERAL INCOME TAX RETURN) |
-
- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you established a household separate from your parents or legal guardian for at least one year prior to application for occupancy and are no longer claimed as a dependent by parents or legal guardians pursuant to IRS regulations? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you an orphan or ward of the court through the age of 18? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a graduate or professional a student? |

DO YOU RECEIVE STUDENT FINANCIAL ASSISTANCE?
(IF YES, APPLICANT MUST PROVIDE COPIES OF ALL CURRENT FINANCIAL ASSISTANCE AWARD LETTERS)

If you are a Full-Time or Part-Time student, what school do you attend?

Name of Educational Institution: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ Fax: (_____) _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Resident Printed Name of Applicant/Resident Date

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