

Affinity Orchard Place Apartments

Application for Residency

ALL INDIVIDUALS 18 YEARS OF AGE AND OLDER MUST SIGN THE APPLICATION

Unit Size:	# of Residents 18 or older	# of Residents under 18
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(Please choose one resident who is 18 or older to act as Head of Household for Administrative purposes only)

Head of Household Name _____

Current Address _____

City, State, Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List personal information for Head of Household

Member #	Member's Full Name	Relationship	Birth Date	Age	Social Security No.	Full-time Student?
1						

2. List all other members who will be living in the unit. Give the relations of each family member to the Head of Household.

Member #	Member's Full Name	Relationship	Birth Date	Age	Social Security No.	Full-time Student?
2						
3						
4						
5						
6						
7						
8						

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

Explain if you answered yes to either question: _____

5. Please identify any special housing needs your household has: _____

Member No.	Source of Income/Type of Income	Annual Income

Yes No **ARE ALL HOUSEHOLD MEMBERS FULL – TIME STUDENTS (INCLUDING CHILDREN)?**

Note: The definition of a full-time student is a person between the ages of 5 years and 18 years attending school; public or private and/or persons attending an education institution which considers that individual a full-time student.

IF ALL MEMBERS OF THE HOUSEHOLD ARE STUDENTS, DOES YOUR HOUSEHOLD MEET ANY OF THE FOLLOWING EXCEPTIONS?

Will the household be occupied by an individual who is a full-time student and receiving assistance under Title IV of the Social Security Act (TANF)? (this is public assistance – welfare) **(applicant MUST provide a copy of your current "P/A" Budget Sheet)**

Will the household be occupied by an individual who is a full-time 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 education institution)**

Will the household be occupied entirely by full-time students who are single parents and their children and such parents and children are not dependents of another individual? **(applicant MUST provide a copy of your most current completed Federal Income Tax Return)**

Will the household be occupied entirely by full-time students who are married and filing a joint Federal Income Tax return? **(applicant MUST provide a copy of your most current completed Federal Income Tax Return)**

PREVIOUS RENTAL HISTORY

Name and address of Your Present Landlord:

Telephone No. _____

How Long Have You Lived There? _____

Reason for Leaving? _____

Name and address of Your Former Landlord:

Telephone No. _____

How Long Have You Lived There? _____

Reason for Leaving? _____

EMPLOYMENT CURRENT AND/OR HISTORY

Employee's Name _____
Name and address of Employer: _____

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

Employee's Name _____
Name and address of Employer: _____

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

Employee's Name _____
Name and address of Employer: _____

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

GENERAL INFORMATION

Do you have a pet? Yes No If yes, please explain _____
Do you have a waterbed? Yes No If yes, waterbed insurance company _____

ALL APPLICANTS

I/we authorize you to obtain an investigative Credit Report and/or a Criminal Background Report 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/we understand that I may request the name of the reporting agency providing this information. I/we further certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my eligibility. I/we 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/we have read this application and hereby state that the information provided by me on this application is accurate and complete, and I/we acknowledge that in the event I enter into a lease with 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/we understand that if approved for residency all applicants 18 or older must sign the Lease and it's attachments as well as the Section 42 Tax Credit Tenant Income Certification.

I acknowledge that I have received, read, understand and have signed the Waiting List Policy for Orchard Place Apartments.

Signature of Head _____ Date _____

Signature of Spouse/Co-Head _____ Date _____

Signature of Spouse/Co-Head _____ Date _____

Owner/Manager _____ Date _____

Time of Application _____

Date Updated _____

Signature of Applicant _____

Signature of Owner/Manager _____

IN THE SPIRIT AND INTENT OF THE SECTION 504 REGULATION OF THE REHABILITATION ACT OF 1973, WE WILL NOT DISCRIMINATE ON THE BASIS OF HANDICAP.