

FOR OFFICE USE ONLY

(Record with a date & time stamp OR write in and initial the date and time the application was received)

Date & Time Received:

Property Name:

Wellington Place

Unit Number:

Effective Date:

TO BE COMPLETED BY APPLICANT

Head of Household Name:

State Issued ID # (Head of Household):

State:

Home phone:

Cell phone:

Email:

Preferred Number of Bedrooms:



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, or handicap.

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FOR APPLICANT USE ONLY

Please answer all applicable questions. Each household member age 18 years or older and under 18 if head, spouse, or co-head must sign and date the application.

NOTE: Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility, or submits inaccurate and/or incomplete information on this application or during the interview, may be rejected for housing.

HOUSEHOLD COMPOSITION

1. **List the Head of Household and all other persons who will be living in the unit. Give the relationship of each household member to the head of household.**

Member #	Household member <small>First name, middle initial, and last name</small>	Relationship	Date of Birth	Sex <small>(Optional)</small>	Marital Status	Student Status this and/or next calendar year	Disabled?	SSN
1		HEAD				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
2						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
3						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
4						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
5						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
6						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
7						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
8						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
9						<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	



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HOUSEHOLD QUESTIONS

The following questions pertain to yourself and everyone who will occupy the unit. Check either **Yes** or **No** in response to each question. An explanation must be provided below if the answer is **Yes**. Use additional sheets, if necessary.

<p>2. Will any member of the household require a live-in aide?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, list name(s) below:</p>
<p>3. Is any member of this household temporarily absent, but under normal conditions would live in the unit?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, list name(s) below:</p>
<p>4. Have you or any member of your household ever used different names from the names given on this application?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, explain:</p>
<p>5. Have you or any member of your household ever used social security numbers different from those listed on this application?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, explain:</p>
<p>6. Do you anticipate any change in your household (someone moving in or out) during the next 12 months?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, list name(s) below:</p>
<p>7. Will all minor household members live in this unit with a parent or guardian who has at least 50% custody?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If No, list name(s) below: <input type="checkbox"/> N/A</p>
<p>8. Does/Will this household receive rent assistance?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, please indicate the source (Housing Choice Voucher, Rural Development RA, etc.)</p>
<p>9. List all states and counties in which all household members have ever lived:</p>		



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INCOME INFORMATION

For each household member (including temporarily absent and/or foster family members), list current and anticipated income sources for the twelve-month period beginning on the anticipated move-in date. All information must be verified. Include all full-time, part-time, or seasonal income even if completing this application in the off-season.

Include income for all members of the household

10. Employment wages/salaries (include tips, bonuses, commissions, and seasonal employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Military Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Self-Employment (Including digital income sources such as app-based driving services, e-commerce sales, and video-based platforms)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Unemployment Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Workers Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Social Security Benefits (Including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Benefits from Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Child Support (Answer yes if you have a court order or informal agreement, even if you are receiving less than the full amount awarded)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Alimony/Spousal Support (Answer yes if you have a court order or informal agreement, even if you are receiving less than the full amount awarded)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Regular or periodic payments received from persons not living in the unit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Student Financial Aid (public or private, not including student loans)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Regular payments received from a pension or the Veteran's Administration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Periodic payments from Indian Trusts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Periodic payments received from peer-to-peer payment systems (e.g. Paypal, Venmo, Blockchain, Square, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Regular payments received from a trust, annuity or other claim	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Other (list)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

27. **Does any adult member of the household have zero income?** Yes No If Yes, please list name(s): No



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ASSET INFORMATION

For each household member (including children), list all assets. All information must be verified.

Include assets for all members of the household

28. Checking Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Savings/Holiday Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Direct Express Cards (or any card where benefits or pay is deposited)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Stocks, Bonds, or Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Treasury Bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Money Market/Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Lump Sum Receipts (e.g. from inheritances, insurance settlements, lottery winnings, capital gains)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. IRA, 401(k), or Keogh Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. Capital Investments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38. Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39. Internet based funding/crowdsourcing accounts (e.g. GoFundMe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40. Bitcoin/Cryptocurrency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41. Universal or Whole Life Insurance policies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
42. Safety Deposit Boxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
43. Cash on Hand/Cash Savings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
44. Personal items held as an investment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
45. Other (list):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

46. I/We hereby certify that I/We have have not sold or given away any assets within the last two years where the amount received was \$1,000 or more below the total fair market value

If applicable: Identify assets sold or disposed of for fair market value

Household Member	Asset Type	Market Value	Date Sold/Disposed	Amount Received
		\$		\$
		\$		\$
		\$		\$
		\$		\$



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SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

47. **Applicant name**

48. **Applicant signature**

Date

The following section is optional and is used to help determine eligibility for special accessible housing features. All answers will be verified.

49. **Would you like to provide information to help determine your eligibility for special accessible housing features?**

- Yes** **No** (If No, skip to the next page)

To qualify for an accessible unit, a household member must have a physical impairment that:

- is expected to be of long-continued and indefinite duration
- substantially impedes the person’s ability to live independently
- is such that the person’s ability to live independently could be improved by more suitable housing conditions

50. **Do you or a household member have a mobility impairment which meets the definitions stated above?** Yes No

51. **If yes, list name(s) of family members:**

52. **Do you or a household member have a condition which requires (check those that apply):**

- a separate bedroom
- a unit for a visually-impaired person
- a unit for a hearing-impaired person
- a barrier-free apartment
- a one-level unit
- a bathroom on the first floor
- other physical modifications, please explain: _____

53. **Please explain exactly what you need to accommodate your situation:**

54. **Who should we contact to verify your need for the above housing features?**

Name

Address

City

State

Zip

Phone



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SIGNATURES

I/We understand the information in this application will be used to determine eligibility for housing assistance programs and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit. I/We hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorized the owner to make inquiries to verify the statement herein. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement. I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or nonverbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing. I/We understand that if I/we or any member or my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list or processing of my/our housing application is grounds for management to decline my/our application for housing. I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. If my/our application is approved, and move-in occurs, I/we certify that only the occupants listed on this application will occupy the unit, and that this will be my/our only residence. I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition. My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

All household members age 18 or older (and under age 18 if Head, Spouse, or Co-Head) must sign and date below:

Under penalty of perjury, I/we certify that the information presented in this application is true and accurate to the best of my/our 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.

1.	Applicant Signature	Date
2.	Applicant Signature	Date
3.	Applicant Signature	Date
4.	Applicant Signature	Date
5.	Applicant Signature	Date
6.	Applicant Signature	Date
7.	Applicant Signature	Date
8.	Applicant Signature	Date
9.	Applicant Signature	Date



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