

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:

Ardmore Crossing

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				Full-Time Part-Time Not a Student	Yes No Decline	
2						Full-Time Part-Time Not a Student	Yes No Decline	
3						Full-Time Part-Time Not a Student	Yes No Decline	
4						Full-Time Part-Time Not a Student	Yes No Decline	
5						Full-Time Part-Time Not a Student	Yes No Decline	
6						Full-Time Part-Time Not a Student	Yes No Decline	
7						Full-Time Part-Time Not a Student	Yes No Decline	
8						Full-Time Part-Time Not a Student	Yes No Decline	
9						Full-Time Part-Time Not a Student	Yes No 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.

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



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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)	Yes	No
11. Military Pay	Yes	No
12. Self-Employment (Including digital income sources such as app-based driving services, e-commerce sales, and video-based platforms)	Yes	No
13. Unemployment Benefits	Yes	No
14. Workers Compensation	Yes	No
15. Social Security Benefits (Including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI))	Yes	No
16. Supplemental Security Income (SSI)	Yes	No
17. Benefits from Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC)	Yes	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)	Yes	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)	Yes	No
20. Regular or periodic payments received from persons not living in the unit	Yes	No
21. Student Financial Aid (public or private, not including student loans)	Yes	No
22. Regular payments received from a pension or the Veteran's Administration	Yes	No
23. Periodic payments from Indian Trusts	Yes	No
24. Periodic payments received from peer-to-peer payment systems (e.g. Paypal, Venmo, Blockchain, Square, etc.)	Yes	No
25. Regular payments received from a trust, annuity or other claim	Yes	No
26. Other (list)	Yes	No

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

Please provide additional information for each source of income the household answered YES to on the previous page.

Item Number	Member Name	Gross Annual Income	Income Source Name and Mailing Address	Income Source Phone or Fax Number
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		



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

Please provide additional information for each asset source the household answered YES to on the previous page.

Item Number	Member Name	Financial Institution	Market Value	This asset... <small>* indicate only if owned with someone outside of the household</small>	Interest Rate	Annual Income
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
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			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$
			\$	Is jointly owned* Earns income (ie. interest, dividends, etc.)	%	\$



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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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Housing History Disclosure

Property name **Ardmore Crossing**
 Unit number _____

Head of household
 Member name _____

Please provide the last _____ months of housing history. Each adult household member must complete this form at move-in.

This member has no address history from the required timeframe.
(If this box is checked, please provide an explanation below.)

Explanation: _____

1.	Street Address:		
City:		State:	Zip Code:
Reason for leaving:			
Start Date (Month/Year):		End Date (Month/Year):	
(Check One) Rent Own Other _____			Rent per month:
Landlord Name:		Landlord Phone:	
Is this a government subsidized development?		Yes No	This is my current address

2.	Street Address:		
City:		State:	Zip Code:
Reason for leaving:			
Start Date (Month/Year):		End Date (Month/Year):	
(Check One) Rent Own Other _____			Rent per month:
Landlord Name:		Landlord Phone:	
Is this a government subsidized development?		Yes No	This is my current address

3.	Street Address:		
City:		State:	Zip Code:
Reason for leaving:			
Start Date (Month/Year):		End Date (Month/Year):	
(Check One) Rent Own Other _____			Rent per month:
Landlord Name:		Landlord Phone:	
Is this a government subsidized development?		Yes No	This is my current address

Under penalty of perjury, I/we certify that the information presented in this certification 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.

Signature _____ Printed name _____ Date _____



Emergency Contact Form

Property name Ardmore Crossing

Head of household

Unit number

Member name

APPLICANT/RESIDENT CONTACT INFORMATION:

Applicant/Resident Name: _____

Mailing Address: _____

Telephone No: _____ Cell Phone No: _____

EMERGENCY CONTACT INFORMATION (Optional):

Instructions: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Name of Emergency Contact Person or Organization: _____

Address: _____

Telephone No: _____ Cell Phone No: _____

Email Address (if applicable): _____

Relationship to Applicant: _____

Reason for Contact (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with recertification process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance (if applicable) | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |

If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Signature of Applicant

Date



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