INTERVIEWING

IT'S EASIER THAN YOU THINK

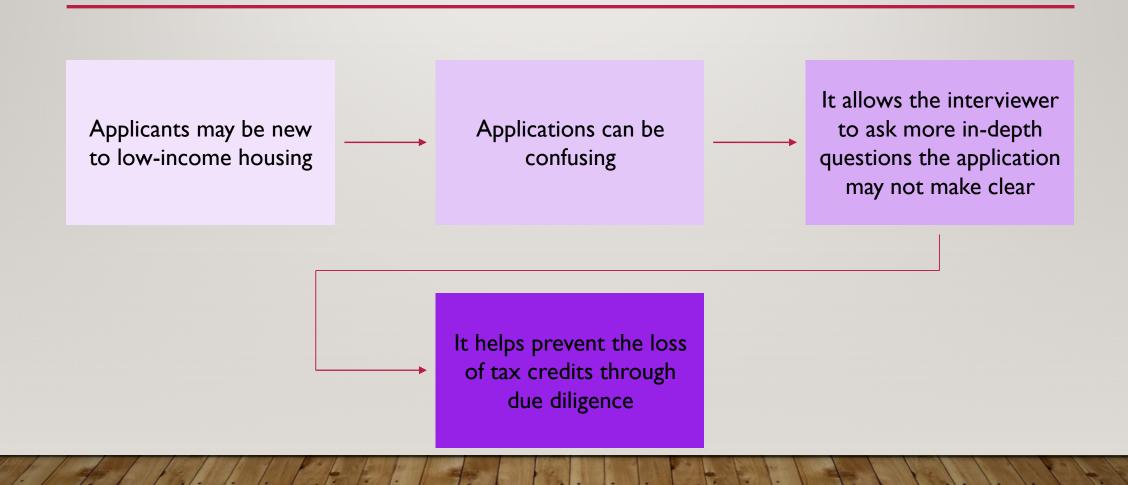


TOPICS

- Why are Interviews Important?
- How to Prepare for the Interview
- How to Conduct the Interview
- Do's and Don'ts
- Review an Application and Questions



WHY ARE INTERVIEWS IMPORTANT?



HOW TO PREPARE FOR THE INTERVIEW

- Review the application before the interview
- Make notes of items that appear to need clarification
- Schedule enough time for the interview
- Follow a consistent interview structure





Introduction: Includes initial greetings and small talk



Presenting information: The interviewer might explain the low-income program, the need of documents, and the application process in more detail



Questions (from interviewer to applicant): The bulk of the interview, where the interviewer asks the prepared questions as well as follow-ups



Questions (from applicant to interviewer): Allows some time for the applicants to ask any questions they might have



Wrap up: Interviewers would explain the next steps in the qualification and move-in process, any final questions from the applicant, plus the farewells

CONDUCTING THE INTERVIEW

DO'S

- **Prepare before the interview.** Being prepared will let the interview flow smoother and allow you not to rush and accidentally miss something.
- **Put the applicant at ease.** Make eye contact and establish rapport by finding a shared topic to talk about before you get down to the hard questions. Review the application and your notes beforehand so you have some personal info to draw on.
- **Listen attentively and take notes.** Pay attention to non-verbal cues such as posture, alertness, eye contact, pauses in responses or explanations.
- Allow the applicant to ask questions. Giving the applicant a chance to ask questions can help avoid longer times in gathering documentation, gathering information, and needing to re-interview them to qualify the household.
- **Be confident!** Showing your confidence can help put the applicant as ease just as much as yourself.



DON'TS

Don't coach your applicants.

- Avoid telling applicant's "how" they can qualify.
 - "If you ask your boss to reduce your hours for a month, you can come back and apply and qualify then."
- Be aware of lots of "what if" questions from the applicant.
 - "What if I only move in by myself instead?"
 - "What if I stop going to school?"
 - "What if I start letting them live in my house rent free?"



Don't ask leading questions. These kinds of questions may prompt an applicant to answer a question inaccurately.

"You don't go to school more than 5 months a year, right?" "You don't receive any tips do you?"



Instead, ask:

"Do you go to school full-time or part-time?" "How many months total do you go to school?"

"Do you ever receive tips?"

MORE DON'TS



AND MORE DON'TS



Don't interrupt or talk over the applicant.

Although you control the interview, it's never a good idea to interrupt somebody mid-sentence by talking over them. If you need to interrupt, do so cordially.



Don't ignore the applicant's questions

Applicants may need to ask questions to better understand what you are asking them! Failing to answer a question may cause the applicant to answer inaccurately.

LET'S LOOK AT AN APPLICATION



0.00	mber 125							
			HOUSE	CHOLD COMPO	SITION			
HH Mor#	Last Name	F	irst Name	Date of Birth	Marital Status	Relationship Head of Household	Full time Student?	Social Security
1	GARDENA	DOUG	G	1/10/80	M	SELF	(Y) / N	702-867-530
2	GARDENA	OLIV	E	5/5/10	S	DAUGHTER	(Y) / N	702-555-1212
Do y	y Member of the Hor ou anticipate a chang If Yes, please explain ou have a pet?	ge in household oc	cupants in the	next 12 months		If Yes who:_ YES	NO)
	n yes, want type, ore	ant sizt,		TUDENT STAT				
	ny of the occupant						No	
	chnical and trade schoo , to the above, answer t Are Applicant & Co-Appli	the following:	file a joint income ta:	a retum?			Yes	No (Circle one)
		the following: cant married and do they a TANF/AFDC? chuld part of a Foster Can	e program?				Yes Yes Yes Yes	No (Circle ons) No (Circle one) No (Circle one) No (Circle one)
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nonthly amount if	Recurring Gift Income			No	\$		_ Week / Mon
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		oring Income	YES	NO.	<u>s</u>		Week / Mon
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	Do you have a court or Child Support or other		YES	NO	\$		- Week / Mon
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elephone Number 702-555-7533	Fax Number 702-555	-7522		Address 555	UNIVERSI	TY WAY	
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, ect.								
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2000	Voucher i			NO If YES, pl. Case World Tenant Portion or Rent	ker Phone or Email			W = 1

	CERTIFICATION
Property Management, Agent for the owner of the pro-	on substantially the terms set forth herein. As an inducement to operty to accept this application, I certify that all information contained herein may result in the rejection of this application and/or termination of the Lease
I have paid \$ 25 application fee per application is denied or canceled at anytime for any re-	ant. I/We understand that this is a non-refundable fee. In the event that my eason, this money will not be refunded.
date of lease initiation. In the event this application is 72 hours of the date of deposit, the \$ 100	ding deposit to agent to hold an apartment available from date of application to soot approved by the owner, or the applicant withdraws the application within holding deposit shall be refunded. After that initial 72 hours period expires, it lease or occupy the premises on the agreed upon date, the holding deposit is holding deposit may be applied to any amounts owing at that
Management, and/or its Agent to obtain credit reports income, assets, and employment history as necessary tresidency. Fraudulent or misleading information may I understand I must provide management with all requ	statements are true and correct. I/We further authorize Property , criminal background reports, character reports, verification of rental history, to verify all information put forth in the above referenced application for be grounds for denial of residency or subsequent eviction. tired and requested documentation within 72 hours. I understand that failure the cancelation of my application, and that my apartment and holding fee
misdemeanor offense?	susehold been convicted of any felony or
Have you ever been evicted or refused to	
Were you referred to the property by any	Yes No Circle one)
If Yes, Who?	If Resident, Apt #
Doug Gardena	8/1/22
Applicant	Date
Applicant Steve Knight	Date
Management Representative	8/1/22
манаделини керпемецинуе	Date

DOCUMENTS WE NEED

- Doug's Earnings Verification Form from UNHD
- Identifications, deposits, animal vaccinations, etc.

WHAT ARE WE GOING TO DO NEXT?

• GET THE VERIFICATIONS, COMPLETE THE TIC, AND MOVE THEM IN!



WHAT DID WE WRITE IN OUR NOTES?

- How are they going to afford the rent?
 - Doug's employment income is: \$1100 X 12 months = \$13,200.
 - 3 Bedroom Rent @ 50% = \$1,063 X 12 months = \$12,756.
 - Utilities are included in the rent
- Why do they want a 3 bedroom apartment?
 - ...for one adult and one child?
 - They are rent burdened.
- Does this meet our Residential Selection Criteria?
- Where is Doug's spouse?

ASK MORE
QUESTIONS,
MAKE SOME
CORRECTIONS



LET'S TRY THIS AGAIN



	nber 123	HOUSE	HOLD COMPO	SITION			
HH Mbr#	Last Name	First Name	Date of Birth	Marital Status	Relationship to Head of Household	Full time Student?	Social Security
1	GARDENA	DOUG	1/10/80	M	SELF	(Y) / N	702-867-530
2	GARDENA	OLIVE	5/5/10	S	DAUGHTER	(Y) / N	702-555-1212
Do yo	Member of the Househol ou anticipate a change in h If Yes, please explain:	d a Veteran? YES ousehold occupants in the r	next 12 months?	?	If Yes who:YES	NO	
	ou have a pet? YES If yes, what type, breed and	NO size: DOG GEI	RMAN SHEE	PARD			

STUDENT STATUS			
Are any of the occupants of the household full time students? (Full-time is a student enrolled in a school for the number of hours or courses considered by the school to be full-time during 5 calendar months during the year. School includes post-secondary colleges, training courses and technical and trade schools.)	Yes	No	(Circle one)
If Yes, to the above, answer the following: Are Applicant & Co-Applicant married and do they file a joint income tax return?		Yes	No (Circle one)
Does the household receive TANF/AFDC?		Yes	No (Circle one)
Is any member of the household part of a Foster Care program?		Yes	No (Circle one)
Are any of the students, participants in the Job Training Partnership Act?		Yes	No (Circle one)

CONTACT INFOR	MATION- RENTAL	HISTORY (Ne	ed minimum 2 yea	rs of histo	ry)	
Phone (702) 555-1111	Emai	RIC	EARONI@D	ELICIO	OUS.COM	
Present Address 321 VENICE LANE	LV	State NV	89111	How Lo	2010	() Own
Name of Present Landlord/Mortgage Co. E. SCROOGE	L	City	State NV	Zip 89111	Monthly Paymen \$ 1500	
Previous Address 147 PANDA AVE	LV City	State	89222 ^{Zip}	How Lo	/2010 - 1/2019	() Oum
Name of Previous Landlord/Mortgage Co. MO MONAY	LV	City NV	89333 ^{State}	Zip	Monthly Paymen	

AUTO #1 (Year, Make, Mo 2016 FORD EXPLO			Payment Made to: OWN	10. 0	Payment Amt
Emergency Contact DENISE ROX	Relationsh FRIEND	123 MAIN ST	City CARSON CITY	State Zip NV 89999	Phone (702) 555-7788
Emergency Contact SHAY DIDETTE	Relationsh FRIEND	Address 456 SECOND ST	City CARSON CITY	State Zip NV 89999	Phone (7()2) 555-5566

3 GARDENA, MARTHA 4/15/71

SPOUSE

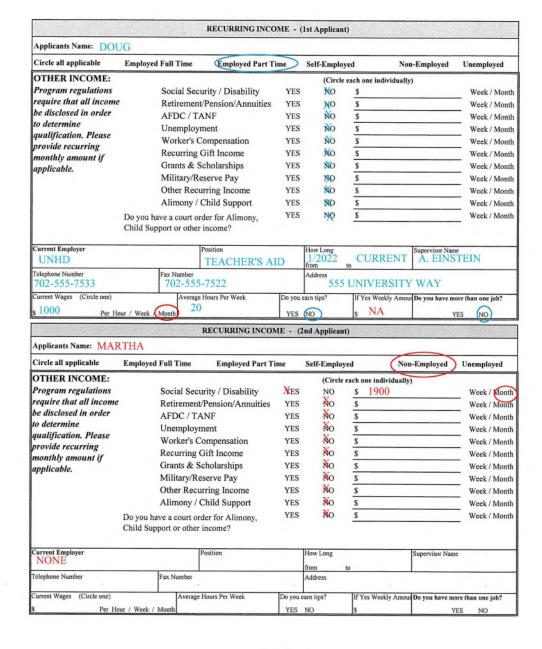
STUDENT NO

702-888-4545

- Is everyone listed on the application who will be living with you? If no, who are they and what is their relationship to you?
- Do you anticipate anyone else living with you within the next 12 months that is not listed on your application? If yes, who are they and their relationship to you? When will they move in?
- 3. Do you anticipate anyone moving out within the next 12 months? If yes, who are they? When will they move out?
- Is there a temporarily absent parent or child? If yes, where are they living? When will they rejoin the household?
- Is there a permanently absent parent or child? If yes, where are they living? Will they rejoin the household?

100			HOUSEHOL	LD COMPO	SITION	The same	(3)	RO NO		
HH Mbr#	Last Name	Fire	st Name	Date of Birth	Marital Status	Relation Head House	d of	Full tim Student	1 8/	ocial Security
1	GARDENA	DOUG	1	/10/80	M	SELF		(V)/ N	v 70	02-867-5309
2	GARDENA	OLIVE	5	/5/10	S	DAUGH	TER	(V)/ N	v 70	2-555-1212
Do y	y Member of the Hous ou anticipate a change If Yes, please explain: ou have a pet?	in household occu				If Yes w	YES	N	_	
	If yes, what type, breed	and size:	DOG, GERM	ENT STAT					SE	ERVICE AN
during	ed in a school for the num 5 calendar months during chnical and trade schools.	g the year. School inc	ludes post-secondary	colleges, tr	ining courses					
lf Yes	, to the above, answer the Are Applicant & Co-Applican Does the household receive T. Is any member of the househo Are any of the students, partic	following: at married and do they file ANF/AFDC? ald part of a Foster Care p	rogram?	m?				Yes Yes Yes Yes	No No No	(Circle one) (Circle one) (Circle one) (Circle one)
	Are Applicant & Co-Applican Does the household receive T Is any member of the househu Are any of the students, partic	following: at married and do they file ANF/AFDC? Id part of a Foster Care p ippants in the Jub Trainin	rogram? g Partnership Act? MATION- RENTAL	L HISTORY				Yes Yes Yes	No No No	(Circle one) (Circle one)
Phor	Are Applicant & Co-Applican Does the household receive T. Is any member of the househo Are any of the students, partic	following: at married and do they file ANF/AFDC? Id part of a Foster Care p ippants in the Jub Trainin	rogram? g Partnership Act?	L HISTORY	(Need minimum RICEARO	NI@DE	LICIO How Lo	Yes Yes Yes Yes	No No No	(Circle one) (Circle one) (Circle one)
Phor Preser 321 Name	Are Applicant & Co-Applican Does the household receive T Is any member of the househol Are any of the students, partic (10 (702) 555-1 Int Address	following: st married and do they file ANF/AFDC? tide part of a Foster Care pr ipants in the Jub Trainin CONTACT INFORM	rogram? g Partnership Act? MATION- RENTAI Ema City LV	State City	RICEARO V 8911	NI@DE Zip 1	LICIO How Lo	Yes Yes Yes OUS.CO	No No No OM	(Circle one) (Circle one) (Circle one)
Phor Preser 321 Name E. S Previo	Are Applicant & Co-Applican Does the household receive T is any member of the household Are any of the students, partic the (702) 555-11 Address VENICE LANE of Present Landlord/Mort CROOGE us Address PANDA AVE	following: tt married and do they file ANF/AFDC? td part of a foster Care p tipants in the Job Trainin CONTACT INFORM	rogram? g Partnership Act? MATION- RENTAL Ema City	State City State	RICEARO V 8911 V 8922	Zip 11 State NV 8	How Los From 2/ Zip 89111 How Los From 1/	Yes Yes Yes Yes OUS.CC ng? 2019 Te Monthly \$ 1500 ng? 2018 To	No No No OM Paymer	(Circle one) (Circle one) (Circle one) (Circle one) (Oxone) (X) Rent (Y) Phone (Y) Oxyn (X) Rent (Y) Oxyn (X) Rent
Phor Preser 321 Name E. S Previo 147 Name	Are Applicant & Co-Applican Does the household receive T. Is any member of the household Are any of the students, partic the (702) 555-11 It Address VENICE LANE of Present Landlord/Mort CROOGE us Address us Address us Address Use Add	following: tt married and do they file ANF/AFDC? td part of a foster Care p tipants in the Job Trainin CONTACT INFORM	rogram? g Partnership Act? MATION- RENTAI Ema City LV	State City	RICEARO V 8911 V 8922	Xip State NV 8	How Los From 2/ Zip 89111	Yes Yes Yes OUS.CC ng? 2019 To Monthly \$ 1500	No No No OM Paymer	(Circle one) (Circle one) (Circle one) (Circle one) (Oxone) (X) Rent (Y) Phone (Y) Oxyn (X) Rent (Y) Oxyn (X) Rent
Phor 321 Name E. S Previo 147 Name MO	Are Applicant & Co-Applican Does the household receive T. Is any member of the household Are any of the students, particle the (702) 555-11 Address VENICE LANE OF Present Landlord/Mort CROOGE US Address PANDA AVE OF Previous Landlord/Mort MONAY	following: tt married and do they file ANF/AFDC? td part of a Foster Care p ipinats in the Jub Trainin CONTACT INFORM 11 gage Co.	rogram? g Partnership Act? MATION- RENTAL Ema LV City LV LV IMPORTAL	State City State	V 8922 V 8933	Xip State NV 8	How Los From 2/ Zip 89111 How Los From 1/	Yes Yes Yes Yes OUS.CC ng? 2019 Te Monthly \$ 1500 ng? '2018 To Monthly	No No No OM Paymer	(Circle one) (Circle one) (Circle one) (Circle one) (Circle one) (Own (X) Rent Phone (Own (X) Rent Phone
Phor Preser 321 Name E. S Previo 147 Name MO	Are Applicant & Co-Applican Does the household receive T. Is any member of the household Are any of the students, partic the (702) 555-11 Address VENICE LANE of Present Landlord/Mort CROOGE BY ANDA AVE of Previous Landlord/Mort MONAY ### (Year, Make, Model, 6 FORD EXPLOR	following: tt married and do they file ANF/AFDC? tid part of a Foster Care p ipants in the Jub Trainin CONTACT INFORM 111 gage Co. Color) License Plat ER, WHITE	rogram? g Partnership Act? MATION- RENTAI Emas LV City LV IMPORTAL State FDG-123 NV	LHISTORY LIV State City City N	V 8922 V 8933	State NV State Sta	How Los From 2/ Zip 89111 How Los From 1/	Yes Yes Yes Yes OUS.CC ng? 2019 Te Monthly \$ 1500 ng? '2018 To Monthly	No No No OM Paymer	(Circle one) (Circle one) (Circle one) (Circle one) (Circle one) (Own (X) Rent Phone (Own (X) Rent Phone
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- 7. Only ask if indicated on the application: Is anyone in your household pregnant? If yes, what is the expected due date? How many unborns?
- 8. Only ask if your property requests the information from all applicants: Is everyone in your household a U.S. citizen or permanent resident?
- 9. **Do you have a pet or service/companion animal?** *If yes, what kind? Is it vaccinated/inoculated as required? Does this meet the Residential Selection Criteria?*
- 10. Is anyone in your household attending school or plan to attend school in the next 12 months? If yes, who/where? Will/Is the student enrolled 5 months or more in a 12-month period? If all members are yes, check for exemptions of student status.
- 11. Review contact / rental history and confirm it.
- 12. Review vehicle and emergency contacts and confirm it.



- 13. **Is anyone in your household currently working?** *If yes, do their work hours or paychecks fluctuate? Receive Tips?*
- 14. Has anyone had a job that ended in the last 60 days? If yes, verify if necessary. Have they applied for / receive UIB? Do they receive a severance?
- 15. Does anyone receive a pension, retirement, or annuity?
- 16. **Is anyone in your household disabled?** *If yes, have they applied for or do they receive disability benefits?*
- 17. **Does anyone receive Social Security payments?** *If yes, by check, e-deposit, or Direct Express?*
- 18. Is there money coming into your household from any other source (such as child support, unemployment, cash gifts or loans, worker's compensation, rental income, etc.)?
- 19. Does anyone work in exchange for food, shelter, or something else? If yes, who and what is the value of the exchange?
- 20. Has anyone in your household received cash/TANF or food assistance/SNAP, or Indian Commodities? If yes, when was the last time benefits were received? Does this count as income? Can aid in gathering info.
- 21. Does anyone have zero income? If yes, who? If an adult, why?

property such as cl	ns requi	ire the furni	at all asset ture, daily	s be disclosed	SSETS in order to det les, wedding ri	ermine qualific ings, dishes, etc.	ation. Ne	cessary person	onal L
Personal Property									
, ect.	nnlicant	Name	DOUG			1 V-	V	MARTH	IA
•	ppiicant	vaine.				Аррис	ant Name:		
ash on Hand	YES	NO	\$ 500	e Ean	ings/Interest	YES	No	Value	Earnings/Inter
rirect Deposit Card (Prepaid)	YES	NO		- s	0	YES	No	s	- S
hecking Acct (6 month avg)	YES	NO			0	XES	NO	s 4000	<u>s</u>
avings Acct (Current Balance	YES	NO		- s		YES	NO	\$ 4000	<u>s</u>
loney Mrkt/CD's	YES		s	5		YES	NO	s	- s
tocks / Bonds	YES		s	<u>s</u>		YES	NO	s	<u>s</u>
RA'S/ 401(K)/ Keogh	YES	47	s	<u>s</u>		YES	NO	\$	- s
eal Estate / Land	YES	No		- s		YES	NO	s	<u>s</u>
oat/Trailer/RV/ATV	YES		s	- s		YES	No	s	<u>s</u>
ump Sum Payments	YES		s	- s		YES	No	5	- s
afety Deposit Box	YES	NO	s	<u>s</u>		YES	No	s	- s
ife Insurance Policies	YES	NO	s	5		YES	No	s	- s
oyalties / Oil Contracts	YES	NO	s	- s		YES	NO	\$	- s
rust Funds	YES	NO	S	- s		YES	NO	\$	
Bonds/Savings Bonds	YES	80	s	- s		YES	NO	5	- <u>s</u>
ther_	YES	No		- s		YES	No	\$	- s
ther	YES		s	- s		YES	No	5	- 5
ther	YES	NO	s	- s		YES	NO	5	- 3
						160			
	Total:	:	s 2500	5	0		Total:	s 4000	s 0
Within the past two for more than \$1,00 \$ Items disposed:									
I/we have not sold of two (2) years.	or given	away	assets (inc		ral estate, ect.)	for less than fai	r market	value during	the past
two (2) years.		715			TION 8			666202	the past
two (2) years.		715		SEC	If YES, plea	for less than fai		666202	the past
two (2) years. o you receive Section 8 ame of Caseworker		715		SEC	If YES, plea	se complete the re-		666202	the past
two (2) years.	assistan	ce?	YES	SEC	If YES, plea	se complete the res		on	the past
two (2) years.	assistan	ce?	YES	SECONO Tenant Portion of	If YES, plea	se complete the res	st of Section	on	the past

Page 3 of 4

- 22. Do you have any resources or assets (such as bank accounts, life insurance, IRA/401k, cash on hand)?
- 23. Have you sold, given away, or disposed monies or any property for less than what it was worth in the last 2 years? If yes, document as necessary.
- 24. Will anyone outside your home pay any portion of your rent or housing expenses? If yes, is any portion subsidized by any agency, Section 8?
- 25. Do you receive any other kind of income, assistance, or anything else you think you may need to notify me of?
- 26. Only ask if there is no income, or if the expenses exceed the income: How are you meeting your expenses and providing personal items for your household? How will you pay the rent and utilities? Determine if the answers are reasonable. Does this meet the Residential Selection Criteria?

C	CERTIFICATION
Property Management, Agent for the owner of the prope	substantially the terms set forth herein. As an inducement to rty to accept this application, I certify that all information contained herein y result in the rejection of this application and/or termination of the Lease
I have paid \$_25application fee per applicant. application is denied or canceled at anytime for any reason	I/We understand that this is a non-refundable fee. In the event that my on, this money will not be refunded.
date of lease initiation. In the event this application is no 72 hours of the date of deposit, the \$\frac{100}{\text{hours}} hours of the date should applicant refuse to sign the least of	g deposit to agent to hold an apartment available from date of application to the approved by the owner, or the applicant withdraws the application within olding deposit shall be refunded. After that initial 72 hours period expires, is see or occupy the premises on the agreed upon date, the holding deposit is holding deposit may be applied to any amounts owing at that
income, assets, and employment history as necessary to was residency. Fraudulent or misleading information may be a I understand I must provide management with all require	iminal background reports, character reports, verification of rental history,
Have you or any other person in your hous misdemeanor offense? Have you ever been evicted or refused to p	ay rent for any reason? Yes (Circle one) Yes (Circle one)
Were you referred to the property by anyon If Yes, Who? <u>NA</u>	Yes No Circle one) If Resident, Apt #
Doug Gardena	8/1/22
Doug Gardena Applicant Applicant Steve Knight	Date 8/1/22
Applicant	Date
Management Representative	<u>8/1/22</u>
genetit representative	Date

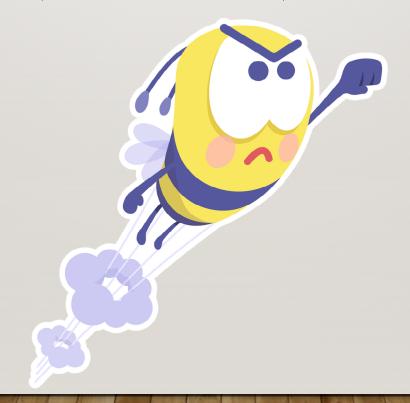
- 27. Has anyone been convicted of a felony? Misdemeanor? If yes, What was the offense? If yes, does this meet the Residential Selection Criteria?
- 28. Does anyone in your household have outstanding felony warrants, is anyone currently on parole or probation, or is anyone required to register as a sex offender? If yes, are they in compliance with the terms of their parole or probation or registration? Does this meet the Residential Selection Criteria?
- 29. Have you ever been evicted or refused to pay rent for any reason? If yes, clarify. Does this meet the Residential Selection Criteria?
- 30. Were you referred to the property by anyone?
- 31. Ask after reviewing "Rights and Responsibilities" with the applicant. Do you understand your rights and responsibilities? Do you have any questions regarding those rights and responsibilities?
- 32. Ask after reviewing reporting requirements with the applicant. Do you understand how and when to report changes?

DOCUMENTS WE NEED

- Clarification statement of where Martha is and when she is expected to move in
- Doug's Earnings Verification Form from UNHD
- Martha's most recent Social Security Letter
- Doug's Checking Account balances from the last 6 months
- Martha's Checking Account balances from the last 6 months
- Reasonable Accommodation for the service animal
- Identifications, deposits, animal vaccinations, etc.

WHAT ARE WE GOING TO DO NEXT?

• GET THE VERIFICATIONS, COMPLETE THE TIC, AND MOVE THEM IN!





QUESTIONS?

100000	mber 123	1	Rental Applie	cation			
1-35		HOUSE	HOLD COMPO	SITION		1000	
HH Mbr#	Last Name	First Name	Date of Birth	Marital Status	Relationship to Head of Household	Full time Student?	Social Security
1	GARDENA	DOUG	1/10/80	M	SELF	(Y) / N	702-867-5309
2	GARDENA	OLIVE	5/5/10	S	DAUGREER	(Y) / N	702-555-1212
Do yo	y Member of the Househo ou anticipate a change in l If Yes, please explain: ou have a pet? YES If yes, what type, breed and	nousehold occupants in the r	next 12 months		If Yes who:YES	NO	

STUDENT STATUS				
Are any of the occupants of the household full time students? (Full-time is a student enrolled in a school for the number of hours or courses considered by the school to be full-time during 5 calendar months during the year. School includes post-secondary colleges, training courses and technical and trade schools.)	Yes	No	(Cir.	cle one)
If Yes, to the above, unaver the following: Are Applicant & Co-Applicant married and do they file a joint income tax ceturn?		Yes	***	200 A
Does the household receive TANF/AFDC?		Yes	No	(Circle one)
Is any member of the household part of a Foster Care program?		Yes	No	(Circle one)
Are any of the students, participants in the Job Training Partnership Act?		Yes	No	(Circle one)

Phone (702) 555-1111	Emai	RIC			
Present Address 321 VENICE LANE	LV	State NV	89111 Zip	How Long? From 2/2019 To	() Own (X) Rent
Name of Present Landlord/Mortgage Co. E. SCROOGE	1	.V City	State NV	Zip Monthly Payme 89111 s 1500	
Previous Address 147 PANDA AVE	LV City	State	89222 ^{Zip}	How Long? From 1/2018To 1/2019	() Own (X) Rent
Name of Previous Landlord/Mortgage Co. MO MONAY	LV	City NV	89333 ^{State}	Zip Monthly Payme 1600	(702) 555-

		IMPORTANT INFO	DRMATION			
AUTO#I (Year, Make, Mo 2016 FORD EXPLO			Payment Made to: OWN	Payment Amt		
Emergency Contact DENISE ROX	Relationship FRIEND	Address 123 MAIN ST	CARSON CITY	State Zip NV 89999	Phone (702) 555-7788	
Emergency Contact SHAY DIDETTE	Relationship FRIEND	Address 456 SECOND ST	Carson CITY	State Zip NV 89999	Phone (702) 555-5566	

HOME SWEET HOME APARTMENTS

Nu	mber 123	1	Rental Applic	cation			
		HOUSE	HOLD COMPO	SITION			
HH Mbr#	Last Name	First Name	Date of Birth	Marital Status	Relationship to Head of Household	Full time Student?	Social Security
1	GARDENA	DOUG	1/10/80	M	SELF	(Y)! N	702-867-5309
2	GARDENA	OLIVE	5/5/10	S	DAUGHTER	(Y)! N	702-555-1212
	ou anticipate a change in he If Yes, please explaia: ou have a pet? If yes, what type, breed and s	NO	RMAN SHEI	AVEL AT AT A		NO	SERVICE AN
enrolle	any of the occupants of the	household full time stud	y the school to be	is a student full-time	XXX	No	(Circle one)
enrolle during and te		thousehold full time studing bours or course; considered bear. School includes post-secondring. If and they file a joint income tartific in the property of a Forest Care program?	ents? (Full-time y the school to be ndary colleges, tra	is a student full-time	XXX	Yes Yes Yes Yes	(Circle one) No (Circle one) No (Circle one) No (Circle one) No (Circle one)
enrolle during and te	ed in a school for the number of a calendar months during the yehnical and trade schools.) At the obove, answer the foliois Are Applicant & Co-Applicant marrians to be boveled receive TAMFA. Is any member of the household part Are any of the students, participants.	thousehold full time stude hours or course; considered bear. School includes post-second ving. In and do they file a joint income tar FDC? of a Fusier Care program? on the Job Training Pathership Act?	lents? (Full-time the school to be dary colleges, tra retum?	is a student full-time ining courses		Yes Yes Yes Yes	No (Circle ose) No (Circle ose) No (Circle ose)
enrolle curing and te If Yes	ed in a school for the number of a calendar months during the yehnical and trade schools.) At the obove, answer the foliois Are Applicant & Co-Applicant marrians to be boveled receive TAMFA. Is any member of the household part Are any of the students, participants.	thousehold full time studing bours or courses considered bear. School includes post-secondring. Ed and do they file a joint income target? Of a Forser Care program? In the Job Training Pathership Act? ACT INFORMATION-REN	lents? (Full-time y the sehool to be adary colleges, tra retum?	is a student full-time ining courses		Yes Yes Yes Yes	No (Circle one) No (Circle one) No (Circle one) No (Circle one)
Phon	ed in a school for the number of 5 calendar months during the yehnical and trade schools.) At the obave, answer the folion Are Applicant & Co-Applicant marriabos the household receive TAVEA to any member of the household part Are any of the students, participants CONT 10 (702) 555-1111 11 Address VENICE LANE	thousehold full time studing bear. School includes post-second full time studing for the school includes post-second full full full full full full full ful	lents? (Full-time by the school to be dary colleges, tra retum?	is a student full-time timing courses (Need minim	um 2 years of hist NI@DELICIT Zip How Lo	Yes Yes Yes Yes OUS CO	No (Circle one) No (Circle one) No (Circle one) No (Circle one)
Phon Fresen 321 Name	ed in a school for the number of 3 calendar months during the yelonical and trade schools.) to the chove, answer the folion Are Applicant & Co-Applicant marrians to the household merive TAVE/A to any member of the household part are any of the students, participants CONT to (702) 555-1111 t Address VENICE LANE of Present Landlord/Mortgage of CROOGE	thousehold full time studinous or courses considered bear. School includes post-secondring. ed and do they file a joint incone taster. FEC? of a Forest Care program? n the Job Training Partnership Act? ACT INFORMATION-REM	lents? (Full-time by the school to be school	is a student full-time initing courses (Need minim	um 2 years of hist NI@DELICIT Zip How Lo	Yes Yes Yes Yes Yes OUN.CO	No (Circle one) No (Circle one) No (Circle one) No (Circle one) M
Phon Presentable E. S.	ed in a school for the number of a calendar months during the yelmical and trade schools.) to the clove, answer the folion Are Applicant marrian Does the household meeting TANE/A Is any mouther of the household part Are any of the students, participants (20N) t (702) 555-1111 t Address VENICE LANE of Present Landlord/Mortgage (thousehold full time studing bear. School includes post-second full time studing for the school includes post-second full full full full full full full ful	lents? (Full-time by the school to be school	is a student full-time initing courses (Need minim	um 2 years of hist NI@DELICIO Zip How Lo 1 From 2 State Zip NV 89111	Yes Yes Yes Yes Yes Yes Yes Yes OUS.COO ong? 2019 To Monthly Pt \$ 1500	No (Circle one) No (Circle one) No (Circle one) No (Circle one) M () Own () Rent syment Phone () Our () O

		IMPORTANT INFO	RMATION				
AUTO #1 (Year, Make, Mo 2016 FORD EXPLO	and the first of the second second	at State FDG-123 NV	Payment Made to: OWN		Payment Ami		
Emergency Contact DENISE ROX	Relationsh FRIEND	ip Address 123 MAIN ST	Carlo Lip				
Emergency Contact SHAY DIDETTE	Relationsh FRIEND	Address 456 SECOND ST	City CARSON CITY	State Zip NV 89999	Phone (7()2) 555-5566		

702-888-4545

3 GARDENA, MARTHA 4/15/71 M SPOUSE STUDENT NO

		RECURRING INCO	ME - (1st Applican	1)			
Applicants Name: DOU	G							
Circle all applicable	Employed Full Time	Employed Part Ti	me	Self-Emplo	yed No	n-Employed	Unemployed	
OTHER INCOME:				(Orcle	each one individually	0		
Program regulations	Social Secu	rrity / Disability	YES	No	\$		Week / Mon	
require that all income	Retirement	Pension/Annuities	YES	NO	S		Week / Mon	
he disclosed in order	AFDC / TA	NF	YES	No	\$		Week / Mon	
to determine	Unemployr	nent	YES	No	S		Week / Mon	
qualification. Please provide recurring	Worker's C	corpensation	YES	NO	S		Week / Mon	
monthly amount if	Recurring	Gift Income	YES	No	s		Week / Mon	
applicable.	Grants & S	cholarships	YES	80	\$		Week / Mon	
	Military/Re	serve Pay	YES	NO	S		Week / Mon	
	Other Recurring Income			No	S		Week / Mon	
	Alimony /	Child Support	YES	ND	\$		Week / Mon	
	Do you have a court order for Alimony, Child Support or other income?			NO	5		Week / Mon	
Current Employer		Position		How Long	100	Supervisor Nam		
UNHD		TEACHER'S AI	D	1/2022 from	CURRENT	A. EINS	TEIN	
Telephone Number 702-555-7533	Fax Number 702-555	iber -555-7522			UNIVERSITY	WAY		
Curren: Wages (Circle one) 1000 Per Ho	Average 20	Hours Per Week	Do you	earn tips?	If Yes Weekly Amou		ere than one job?	

		RECURRING INCOM	Æ - (:	nd Applicar	nt)		
Applicants Name:				41.11			
Circle all applicable	Employed Full Time	Employed Part Ti	me	Self-Emplo	yed	Non-Employed	Unemployed
OTHER INCOME:				(Circle	each one in	idividually)	
Program regulations	Social Secu	rity / Disability	YES	NO	S		Week / Month
require that all income	Retirement	Pension/Annuities	YES	NO	\$		Week / Month
be disclosed in order	AFDC/TA	NF	YES	NO	\$		Week / Month
to determine	Unemployn	nent	YES	NO	\$		Week / Month
qualification. Please provide recurring monthly amount if applicable.	Worker's C	ompensation	YES	NO	\$		Week / Month
	Recurring (Jift Income	YES	NO	\$		Week / Month
	Grants & Se	YES	NO.	\$		Week / Month	
ирунсион.	Military/Re	YES	NO	\$		Week / Month	
	Other Recu	Other Recurring Income			S		Week / Month
	Alimony / C	Child Support	YES	NO	5		Week / Month
	Do you have a court on	ler for Alimony	YES	NO	\$		Week / Month
	Child Support or other				in .		-
Carrent Employer	1	Pesition .	_	How Long		Supervisor Nam	
I and a second of the second				from.	10		
Telephone Number	Fax Number			Address			10
Current Wages (Circle one)	Average	Hnurs Per Week	Do you	eam tips?	If Yes W	eekly Amour Do you have me	re than one job?
S Per Ho	ur / Week / Month		YES	NO.	3	Y	ES NO

Retirement/Pension/Annutites YES NO \$ Week / Mont he disclosed in order he disclosed in		G						
Program regulations require that all income Retirement/Pension/Annuities PENSON S Week/ Mont Retirement/Pension/Annuities PENSON S Week/ Mont Retirement/Pension/Annuities PENSON S Week/ Mont PENSON S Week/ Mont PENSON S Week/ Mont Week/ Mont PENSON S WEEK/ MONT PENS	Circle all applicable	Employed Full Time	Employed Part T	ime	Self-Emplo	yed No	-Employed	Unemployed
Retirement/Pension/Annuities YES NO \$ Week / Mont AFDC / TANF YES NO \$ Week / Mont Person of determine qualification. Please Worker's Compensation YES NO \$ Week / Mont Pension/Annuities YES NO \$ Week / Mont Pension Pensio			A THE SE GROOM	550000	100	each one individually)	
AFDC / TANF YES NO \$ Week / Mont Unemployment YES NO \$ Week / Mont YES N		Social Sec	urity / Disability		NO			Week / Mont
The proposed				YES	-			Week / Mont
### Address Compensation Please Provide recurring Place Provide recurring Recurring Gift Insome Provider recurring Insome Recurring Insome Provider Recurring Insome Provider Recurring Gift Insome Recurring Gift Insome Provider	THE STREET STREET, STREET STREET	7/7/7/7/7/7/		10.707				Week / Mont
Worker's Compensation		11,000,000,000,000			3353.00	- 170		Week / Mont
Recurring Gift Income YES NO 5 Week / Mont Alimony / Child Support YES NO 5 Week / Mont Mont Military/Reserve Pay YES NO 5 Week / Mont Military/Reserve Pay	Court of the second sec				000			Week / Mont
Other Recurring Income YES NO S Week / Mont Alimony / Child Support YES NO S Week / Mont Do you have a ccurt order for Alimony. Caild Support or other income? Day you have a ccurt order for Alimony / Child Support or other income?								Week / Mont
Other Recurring Income Alimony / Child Support YES NO S Week / Mont Alimony / Child Support YES NO S Week / Mont Do you have a ccurt order for Alimony YES NO S Week / Mont Child Support or other income? Do you have a ccurt order for Alimony YES NO S Week / Mont TEACHERS AID	applicable.				221			
Alimony / Child Support YES NO \$ Week / Mont Do you have a court order for Alimony, Cailed Support or other income? Courrent Employer UNHD				37777	-			
Do you have a court order for Alimony, YES NO \$ Week / Mont Caild Support or other income? Courtent Employer								
Caild Support or other income? Current Employer UNHD TEACHERS AID TEA		Alimony /	Child Support					
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Fac Number TO2-555-7533 TO2-555-7522 Address TO2-555-7533 TO2-555-7522 Address TO2-555-7533 TO2-555-7522 Average Hours Per Week Eo you earn tips? If Yes Week y Arrour Eo you have more than one job? YES NO S WES NO S WES NO S WES NO S Week Month West			Position			Control to the said		
Fax Number T02-555-7532 T02-555-7532 Address T02-555-7532 Average Hours Per Week Eo you earn tips? If Yes Weeky Arroul Do you have more than one job? YES MO S WEEK	UNHD		TEACHER'S A	ID .	1/2022 from		A. EINS	TEIN
RECURRING INCOME - (2nd Applicant) Applicants Name: MARTHA Circle all applicable Employed Full Time Employed Part Time Self-Employed Non-Employed Unemployed OTHER INCOME: Program regulations Social Security / Disability NES NO \$ 1900 Week / Mont Sequire that all income Retirement/Pension/Annuities YES NO \$ Week / Mont Unemployment YES NO \$ Week / Mont Unemployment YES NO \$ Week / Mont Other Recurring Recurring Gift Income YES NO \$ Week / Mont Other Recurring Income YES NO \$ Week / Mont Other Recur			-7522		Address	UNIVERSITY	WAY	
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Applicants Name: MARTHA Circle all applicable Employed Full Fine Employed Fart Time Self-Employed Non-Employed Unemployed Unemployed OTHER INCOME: Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable. Worker's Compensation YES NO \$ 1900 Week / Mont Week / Mont Other Recurring Giff Income YES NO \$ Week / Mont Other Recurring Income YES NO \$ Week / Mont Other Recu	1000 Per Ho	et / Week / Month)	VES	NO	5	, v	TES (NO)
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De disclosed in order to determine In determine In determine In determine In determine Unemployment VES IN S Week / Mont Worker's Compensation VES IN S Week / Mont Other Recurring Income Alimony / Child Support Do you have a court order for Alimony, Child Support or other income? Current Employer NONE AFDC / TANF YES IN S Week / Mont Do you have a court order for Alimony, Child Support or other income?	OTHER INCOME:	Employed Full Time			(Circle	each one individually		
of determine to de	OTHER INCOME: Program regulations	Employed Full Time Social Seco	urity / Disability	Xes	(Circle	each one individually s 1900		Week / Month
Treat Employer NONE Week / Mont Week /	OTHER INCOME: Program regulations require that all income	Employed Full Time Social Secretary	urity / Disability /Pension/Annuities	XES YES	(Circle	s 1900		Week / Month
Worker's Compensation PES NO \$ Week / Mont Recurring Gift Income YES NO \$ Week / Mont Replicable. Grants & Scholarships YES NO \$ Week / Mont Other Recurring Income YES NO \$ Week / Mont Other Recurring Income YES NO \$ Week / Mont Other Recurring Income YES NO \$ Week / Mont Alimony / Child Support YES NO \$ Week / Mont Do you have a court creder for Alimony, Child Support or other income? Position Position How Long Supervisor Name	OTHER INCOME: Program regulations equire that all income be disclosed in order	Social Secretary Social Secretary AFDC / TA	urity / Disability Pension/Annuities	¥ES YES YES	(Circle	s 1900 \$		Week / Montl Week / Montl Week / Montl
Grants & Scholarships YES NO \$ Week / Mont Military/Reserve Pay YES NO \$ Week / Mont Other Recurring Income YES NO \$ Week / Mont Other Recurring Income YES NO \$ Week / Mont Do you have a court order for Alimony, Child Support or other income? Doyou have a court order for Alimony, Child Support or other income? Position How Long Supervisor Name NONE Position How Long Supervisor Name NONE Position How Long Supervisor Name NONE	OTHER INCOME: Program regulations require that all income be disclosed in order to determine	Social Second Full Time Social Second Retirement AFDC / TAUNEMPLOYEE	urity / Disability /Pension/Annuities ANF ment	XES YES YES YES	(Circle NO NO NO	s 1900 \$ 5		Week / Mont Week / Mont Week / Mont Week / Mont
Military/Reserve Pay YES NO \$ Week / Mont Other Recurring Income YES NO \$ Week / Mont Alimony / Child Support YES NO \$ Week / Mont Do you have a court order for Alimony, Child Support or other income? Position How Long Supervisor Name	OTHER INCOME: Program regulations equire that all income to disclosed in order to determine tualification. Please	Social Second Retirement AFDC / TAUNION Worker's Co.	urity / Disability //Pension/Annuities ANF ment Compensation	XES YES YES YES YES	(Circle NO NO NO NO	s each one individually s 1900 s s s		Week / Mont Week / Mont Week / Mont Week / Mont Week / Mont
Other Recurring Income YES NO \$ Week / Mont Alimony / Child Support YES NO \$ Week / Mont Do you have a court order for Alimony, Child Support or other income? Position How Long Supervisor Name NONE Position How Long Supervisor Name NONE Position How Long Supervisor Name NONE	OTHER INCOME: Program regulations equire that all income we disclosed in order of determine qualification. Please provide recurring	Social Secr Retirement AFDC / T/ Unemploys Worker's C Recurring 6	urity / Disability //Pension/Annuities ANF ment Compensation Gift Income	XES YES YES YES YES YES	(Circle NO NO NO NO NO NO	s each one individually s 1900 s s s s		Week / Mont Week / Mont Week / Mont Week / Mont Week / Mont Week / Mont
Alimony / Child Support Do you have a court order for Alimony, Child Support or other income? Position Position How Long from to	OTHER INCOME: Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if	Social Secr Retirement AFDC / T/ Unemploys Worker's C Recurring Grants & S	urity / Disability //Pension/Annuities ANF ment Compensation Gift Income icholarships	XES YES YES YES YES YES YES	(Circle NO NO NO NO NO NO NO	s 1900 s 1900 s 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Week / Mont Week / Mont Week / Mont Week / Mont Week / Mont Week / Mont Week / Mont
Do you have a court order for Alimony, Child Support or other income? Wask / Mont	OTHER INCOME: Program regulations equire that all income we disclosed in order to determine tualification. Please provide recurring tuanthly amount if	Social Sector Retirement AFDC / TA Unemploys Worker's C Recurring Grants & S Military/Re	urity / Disability //Pension/Annuities ANF ment Compensation Gift Income icholarships eserve Pay	YES YES YES YES YES YES YES YES YES	(Circle NO NO NO NO NO NO NO	s 1900 s 1900 s 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Week / Wont Week / Mont
Child Support or other income? Current Employer NONE Position How Long Superviso: Name from to	OTHER INCOME: Program regulations equire that all income we disclosed in order to determine tualification. Please provide recurring tuanthly amount if	Social Sector Retirement AFDC / TA Unemploys Worker's C Recurring Grants & S Military/Re Other Recu	urity / Disability //Pension/Annuities ANF ment Compensation Gift Income icholarships eserve Pay uring Income	YES	(Circle NO	s 1900 s 1900 s 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Week / Vont Week / Mont
NONE from to	OTHER INCOME: Program regulations require that all income we disclosed in order to determine tualification. Please provide recurring tuanthly amount if	Social Sector Retirement AFDC / TA Unemploys Worker's C Recurring Grants & S Military/Re Other Recu	urity / Disability //Pension/Annuities ANF ment Compensation Gift Income icholarships eserve Pay uring Income	YES	Circle NO	s 1900 s s s s s s s s s s s s s s s s s s		Week / Mont
from to	OTHER INCOME: Program regulations equire that all income to disclosed in order to determine tualification. Please trovide recurring tuonthly amount if pplicable.	Social Sector Retirement AFDC / TA Unemployed Worker's C Recurring Grants & S Military/Re Other Recurring / Do you have a court or	urity / Disability //Pension/Annuities ANF ment Compensation Gift Income icholarships eserve Pay arring Income Child Support der for Alimony,	YES	Circle NO	s 1900 s s s s s s s s s s s s s s s s s s		Week / Vont Week / Mont
elephone Nuraber Fax Number Address	OTHER INCOME: Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable. Current Employer	Social Sector Retirement AFDC / TA Unemployer Worker's Concentrate of Grants & Social Sector (Sector) Recurring (Grants & Social Sector) (Grants & Grants &	urity / Disability //Pension/Annuities ANF ment Compensation Gift Income icholarships seerve Pay arring Income Child Support der for Alimony, income?	YES	(Circle NO	s 1900 s s s s s s s s s s s s s s s s s s		Week / Mont
	OTHER INCOME: Program regulations require that all income the disclosed in order to determine qualification. Please provide recurring monthly amount if applicable. Surrent Employer NONE	Social Sector Retirement AFDC / T/A Unemploys Worker's C Recurring Grants & S Military/Re Other Rect Alimony / Do you have a court or Child Support or other	urity / Disability //Pension/Annuities ANF ment Compensation Gift Income icholarships seerve Pay arring Income Child Support der for Alimony, income?	YES	(Circle NO	s 1900 s s s s s s s s s s s s s s s		Week / Mont

ASSETS

Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobiles, wedding rings, dishes, etc. need not be disclosed.

Personal Property held as investments may include but not limited to gem, coin or other collections, art, antique cars, ect.

			Value	Farnings/Interest			Value	Earnings/Inte
Cash on Hand	YES	NO	s 500	s 0	YES	NO	5	5
Direc: Deposit Card (Prepaid)	YES	NO	S	\$	YES	NO	s	\$
Checking Acct (6 month avg)	YES	NO	s 2000	s 0	YES	NO	s	s
Savings Acct (Current Balance	YES	NO	\$	\$	YES	NO	s	S
Money Mrkt/CD's	YES	NO	\$	S	YES	NO	S	8
Stocks / Bonds	YES	NO	5	s	YES	NO	\$	8
IRA'S/ 401(K)/ Keogh	YES	NO	\$	s	YES	NO	\$	s
Real Estate / Land	YES	No	S	S	YES	NO	S	S
Boat/Trailer/RV/ATV	YES	NO	S	\$	YES	NO	S	\$
Lump Sum Payments	YES	NO	S	S	YES	NO	S	S
Safety Deposit Box	YES	Mo	S	S	YES	NO	S	8
Life Insurance Policies	YES	NO	S	S	YES	NO.	\$	s
Royalties / Cfl Contracts	YES	No	S	S	YES	NO	S	8
Trust Funds	YES	NO	S	S	YES	NO	S	S
Bonds/Savings Bonds	YES	NO	S	S	YES	NO	S	\$
Other	YES	NO	S	5	YES	NO	\$	S
Other	YES	NO	\$	2	YES	NO	S	\$
Other	YES	NO	<u>s</u>	<u>s</u>	YES	NO	\$	\$
	Total	ŀ	s 2500	s 0		Total	: <u>s</u>	\$
			Must check	one of the boxes below				
Within the past two	(2) ves	re I/s	ve baya sold or o	iven away or have dispos	ed of access G	naludina	anch roal act	ata aut l
				(FMV). Those amounts				
S	0 00101		an market varie	(1141). Hose amounts	ne meracea a	DOVE and	are equal to :	i iolai oi.
Transaction and I								
Items disposed						W.		

half ()			3	SECTION 8		
Do you receive	e Section 8 assistance?	YES	NO	If YES, pleas	se complete the rest of Section	
Name of Casewor	rker			Case Worker	Phone or Email	
Office:	Veucher Amoun	t	Terant Portio	on or Rent	Last Recertification Date	

Assistance			
Do you receive any other types of assistance that are not listed on any portion of this application?	YES	NO	7
If Yes, please state who you receive assistance from, the reason, and how often assistance	is received:		

Page 3 of 4

ASSETS

Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobiles, wedding rings, diskes, etc. need not be disclosed. Personal Property held as investments may include but not limited to gem, coin or other collections, art, antique cars ect.

				Value	Far	nings/Interest			Value	Earnings/Inte
Cash on Hand	YES	NO	S	500	S	0	YES	NO	5	5
Direct Deposit Card (Prepaid)	YES	NO	5		\$		YES	NO	\$	S
Checking Acct (6 month avg)	YES	NO	S	2000	5	0	XES	NO	5 4000	S
Savings Acet (Current Balance	YES	NO	S		\$		YES	No	5	S
Money Mrkt/CD's	YES	NO	S		S		YES	NO	5	S
Stocks / Bonds	YES	NO	S		_ s		YES	NO	5	\$
RA'S/401(K)/ Keogh	YES	NO	S		5		YES	NO	\$	s
Real Estate / Land	YES	NO	S			5-1	YES	NO	5	s
Boat/Trailer/RV/ATV	YES	NO	5		\$		YES	NO	\$	\$
Lump Sum Payments	YES	NO	5		5		YES	NO	S	s
Safety Deposit Box	YES	NO	5		\$		YES	No	5	\$
Life Insurance Policies	YES	NO	2		S		YES	No	S	\$
Royalties / Oil Contracts	YES	NO	5		S		YES	NO	5	\$
Trust Funds	YES	NO	\$		s		YES	NO	\$	\$
Bonds/Savings Bonds	YES	NO	5		S		YES	NO	S	\$
Other	YES	No	5		5		YES	No	\$	\$
Other	YES	NO	5		S		YES	No	S	s
Other	YES	No	5		5		YES	NO	\$	\$
	Total	l:	5	2500	s	0		Total	s 4000	s 0
				Must check o	ne of the	boxes below				
Within the past two	(2) yea	rs. I/v	ve h	ave sold or gi	ven awa	v or have dispos	sed of assets (i	rchiding	cash real est	ate ect \
for more than \$1,00										
S					*1507-10-40					
Items disposed:										

			SECTION 8		
Do you receive	Section 8 assistance? YES	NO	If YES, plea	se complete the rest of Section	
Name of Caseworl	ker		Case Worke	r Phone or Email	
Office:	Voucher Amount	Tenant Portis	on or Rent	Last Recertification Date	

Assistance	1	
Do you receive any other types of assistance that are not listed on any portion of this application?	(NO)	1
f Yes, please state who you receive assistance from, the reason, and how often assistance is received:		

	CERTIFICATION
Property Management, Agent for the owner of the pro	on substantially the terms set forth herein. As an inducement to operty to accept this application, I certify that all information contained herein may result in the rejection of this application and/or termination of the Lease
I have paid \$_25application fee per application is denied or canceled at anytime for any re	nt. I/We understand that this is a non-refundable fee. In the event that my asson, this money will not be refunded.
date of lease initiation. In the event this application is 72 hours of the date of deposit, the \$ 100	ding deposit to agent to hold an apartment available from date of application to not approved by the owner, or the applicant withdraws the application within holding deposit shall be refunded. After that initial 72 hours period expires, it ease or occupy the premises on the agreed upon date, the holding deposit is holding deposit may be applied to any amounts owing at that
income, assets, and employment history as necessary to residency. Fraudulent or misleading information may be	criminal background reports, character reports, verification of rental history, to verify all information put forth in the above referenced application for the grounds for denial of residency or subsequent eviction.
to provide requested information can and may lead to the provide requested information can and may lead to the provide recuested.	ired and requested documentation within 72 hours. I understand that failure the cancelation of my application, and that my apartment and holding fee
Have you or any other person in your ho	usehold been convicted of any felony or
Have you ever been evicted or refused to	(Urcle one)
Were you referred to the property by any	
If Yes, Who?	If Resident, Apt#
Doug Gardena	9/1/22
App icant	Date
Applicant	Date
Steve Knight	8/1/22
Management Representative	Date

CERTIFIC	CATION
hereby apply to lease the above described premises on substantially roperty Management, Agent for the owner of the property to accept a true. Material falsification of information provided may result in the Agreement.	t this application, I certify that all information contained herein
have paid \$_25 application fee per applicant. I/We under application is denied or canceled at anytime for any reason, this mon	stand that this is a non-refundable fee. In the event that my
ate of lease initiation. In the event this application is not approved	sit shall be refunded. After that initial 72 hours period expires it
We certify that to the best of my/our knowledge all statements are to fanagement, and/or its Agent to obtain credit reports, criminal back, toome, assets, and employment history as necessary to verify all information may be grounds for backers.	ground reports, character reports, verification of rental history,
understand I must provide management with all required and request provide requested information can and may lead to the cancelation tay be forfeited.	sted documentation within 72 hours. I understand that failure
Have you or any other person in your household bee misdemeanor offense?	(N)
Have you ever been cvicted or refused to pay rent for	r any reason? Yes No (Circle one)
Were you referred to the property by anyone?	Yes (No (Circle one)
If Yes, Who?	If Resident, Apt#
Doug Gardena	8/1/22
Doug Gardena Applicant Martha Gardena	Date 8/1/22

8/1/22 Date

Applicant

Steve Knight

Management Representative

DU/TIG	nit 123	1	Rental Appli	cation			
		HOUSE	HOLD COMPO	SITION		SCHOOL ST	
HH Mbr#	Last Name	First Name	Date of Birth	Marital Status	Relationship to Head of Household	Full time Student?	Social Security
1	GARDENA	DOUG	1/10/80	M	SELF	(Y) / N	702-867-530
2	GARDENA	OLIVE	5/5/10	S	DAUGHTER	(Y)/ N	702-555-1212
Do yo	Member of the Househo ou anticipate a change in If Yes, please explain:	old a Veteran? YES household occupants in the r	next 12 months	,	If Yes who:YES	NO	
D	ou have a pet? YES	NO	RMAN SHEI				

Are any of the occupants of the household full time students? (Full-time is a student	Yes	No	(Cir	cle one)
enrolled in a school for the number of hours or courses considered by the school to be full-time during 5 calendar months during the year. School includes post-secondary colleges, training courses and technical and trade schools.)				
If Yes, to the above, answer the following:				
Are Applicant & Co-Applicant married and do they file a joint income tax return?		Yes	No	(Circle one)
Does the household receive TANF/AFDC?		Yes	No	(Circle one)
Is any member of the household part of a Foster Care program?		Yes	No	(Circle one
Are any of the students, participants in the Job Training Partnership Act?		Yes	No	(Circle one

CONTACT INFOR	MATION- RENTAL	HISTORY (Ne	ed minimum 2 yea	rs of history)	
Phone (702) 555-1111	Emai	RIC	EARONI@D	ELICIOUS.COM	
Present Address 321 VENICE LANE	LV	State	89111 Zip	How Long? From 2/2019 To	() Own (X) Rent
Name of Present Landlord/Mortgage Co. E. SCROOGE	L	V City	State NV	Zip Monthly Paymer \$9111 \$ 1500	
Previous Address 147 PANDA AVE	LV City	State	89222 ^{Zip}	How Long? From 1/2018 To 1/2019	() Own (X) Rent
Name of Previous Landlord/Mortgage Co. MO MONAY	LV	City NV	89333 ^{State}	Zip Monthly Paymer 1600	

		IMPORTANT INFO	RMATION		
AUTO #1 (Year, Make, Mod 2016 FORD EXPLO			Payment Made to: OWN		Payment Amt
Emergency Contact DENISE ROX	Relationship	Address	City	State Zip	Phone (702)
	FRIEND	123 MAIN ST	CARSON CITY	NV 89999	555-7788
Emergency Contact	Relationship	Address	City	State Zip	Phone (702)
SHAY DIDETTE	FRIEND	456 SECOND ST	CARSON CITY	NV 89999	555-5566

- 1. Is everyone listed on the application who will be living with you? If no, who are they and what is their relationship to you?
- 2. Do you anticipate anyone else living with you within the next 12 months that is not listed on your application? If yes, who are they and their relationship to you? When will they move in?
- 3. **Do you anticipate anyone moving out within the next 12 months?** If yes, who are they? When will they move out?
- 4. **Is there a temporarily absent parent or child?** If yes, where are they living? When will they rejoin the household?
- 5. Is there a permanently absent parent or child? If yes, where are they living? Will they rejoin the household?

		HOUSE	HOLD COMPO	SITION		30 00	
HH Mbr#			Date of Birth	Marital Status	Relationship to Head of Household	Full time Student?	Social Security
1	GARDENA	DOUG	1/10/80	M	SELF	(Y) / N	702-867-5309
2	GARDENA	OLIVE	5/5/10	S	DAUGHTER	(Y) / N	702-555-1212
Do yo	Member of the Household a ou anticipate a change in hou If Yes, please explain: ou have a pet? YES If yes, what type, breed and size	sehold occupants in the r	next 12 months		If Yes who:YES	NO)
			TUDENT STATE				
enrolled during and tec	ny of the occupants of the ld in a school for the number of h 5 calendar months during the year thnical and trade schools.)	nousehold full time stud ours or courses considered b r. School includes post-secon	lents? (Full-time y the school to be	is a student full-time	Yes	No	(Circle one)
enrolle during and tec If Yes.	d in a school for the number of h 5 calendar months during the yea	nousehold full time stude ours or courses considered b r. School includes post-secon tg: and do they file a joint income tar C? a Foster Care program?	dents? (Full-time y the school to be indary colleges, tra s return?	is a student full-time	Yes	Yes Yes Yes Yes Yes	(Circle one) No (Circle one) No (Circle one) No (Circle one) No (Circle one)
enrolle during and tec If Yes.	d in a school for the number of h 5 calendar months during the yea hinical and trade schools.) to the above, answer the following Are Applicant & Co-Applicant married Does the household receive TANF/AFE Is any member of the household part of Are any of the students, participants in	nousehold full time stude ours or courses considered b r. School includes post-secon tg: and do they file a joint income tar C? a Foster Care program?	dents? (Full-time y the school to be ndary colleges, tra s return?	is a student full-time tining courses		Yes Yes Yes Yes	No (Circle one) No (Circle one) No (Circle one)
enrolled during and tec lf Yes.	d in a school for the number of h 5 calendar months during the yea hinical and trade schools.) to the above, answer the following Are Applicant & Co-Applicant married Does the household receive TANF/AFE Is any member of the household part of Are any of the students, participants in	nousehold full time students or courses considered by r. School includes post-seconds: 182: and do they file a joint income take Core a Foster Care program? the Job Training Partnership Act? CT INFORMATION- REN	Jents? (Full-time the school to be adary colleges, tra return?	is a student full-time ining courses		Yes Yes Yes Yes	No (Circle one) No (Circle one) No (Circle one) No (Circle one)
enrolleduring and tece of the technique	d in a school for the number of h 5 calendar months during the yea hinical and trade schools.) to the above, answer the following the Are Applicant & Co-Applicant married Does the household receive TANF/AFI Is any member of the household part of Are any of the students, participants in CONTA e (702) 555-1111 Address VENICE LANE	nousehold full time stude ours or courses considered by r. School includes post-second; and do they file a joint income take the constant of	Jents? (Full-time by the school to be ndary colleges, tra return? VTAL HISTORY Email Lity State	is a student full-time ining courses	um 2 years of histo NI@DELICIO Zip How Lo	Yes Yes Yes Yes Yes	No (Circle one) No (Circle one) No (Circle one) No (Circle one)
Phone Present 321	d in a school for the number of h 5 calendar months during the yea hinical and trade schools.) to the above, answer the following Are Applicant & Co-Applicant married Does the household receive TANE/AFI Is any member of the household part of Are any of the students, participants in CONTA e (702) 555-1111	nousehold full time stude ours or courses considered by r. School includes post-second g: and do they file a joint income tark? C? a Foster Care program? the Job Training Partnership Act? CT INFORMATION- REN	Jents? (Full-time ty the school to be andary colleges, tra terturn? STAL HISTORY Email City State N LV	is a student full-time ining courses	um 2 years of histo NI@DELICIO Zip How Lo	Yes Yes Yes Yes OUS.COM	No (Circle one) No (Circle one) No (Circle one) No (Circle one) M
Phone Present 321 Name of E. SC Previous	d in a school for the number of h 5 calendar months during the yea hnical and trade schools.) to the above, answer the followin Are Applicant & Co-Applicant married Does the household receive TANF/AFL Is any member of the household part of Are any of the students, participants in CONTA e (702) 555-1111 Address VENICE LANE of Present Landlord/Mortgage Co	nousehold full time stude ours or courses considered by r. School includes post-seconds: and do they file a joint income tax C? a Foster Care program? the Job Training Partnership Act? CT INFORMATION- REN	Jents? (Full-time ty the school to be andary colleges, tra terturn? STAL HISTORY Email City State N LV	is a student full-time ining courses	um 2 years of histo NI@DELICIC Zip How Lo 1 From 2/ State Zip NV 89111	Yes Yes Yes Yes Yes OUS.CO! ng? 2019 To Monthly Pa \$ 1500	No (Circle one) No (Circle one) No (Circle one) No (Circle one) M () Own () Rent nymen Phone () Own () O

- 7. Only ask if indicated on the application: Is anyone in your household pregnant? If yes, what is the expected due date? How many unborns?
- 8. Only ask if your property requests the information from all applicants: Is everyone in your household a U.S. citizen or permanent resident?
- 9. **Do you have a pet or service/companion animal?** If yes, what kind? Is it vaccinated/inoculated as required? Does this meet the Residential Selection Criteria?
- 10. Is anyone in your household attending school or plan to attend school in the next 12 months? If yes, who/where? Will/Is the student enrolled 5 months or more in a 12-month period? If all members are yes, check for exemptions of student status.
- 11. Review contact / rental history and confirm them.
- 12. Review vehicle and emergency contacts and confirm them.

456 SECOND ST CARSON CITY

CARSON CITY

123 MAIN ST

FRIEND

NV 89999

NV 89999

Emergency Contact

SHAY DIDETTE

		RECURRING INCO	ME - (1st Applica	nt)			
Applicants Name: DOU	JG							
Circle all applicable	Employed Full Time	Employed Part Ti	me	Self-Emple	yed	Non-Empl	oyed	Unemployed
OTHER INCOME:				(Circl	e each one indiv	idually)	Marine Sanda	W.—
Program regulations		rity / Disability	YES	NO	\$			Week / Monti
require that all income	Retirement	YES	NO	\$			Week / Monti	
be disclosed in order	AFDC / TA	YES	NO	\$			Week / Mont	
to determine	Unemployn	nent	YES	NO	\$			Week / Monti
qualification. Please provide recurring	Worker's C	ompensation	YES	NO	S			Week / Monti
monthly amount if	Recurring (Gift Income	YES	NO	s			Week / Montl
applicable.	Grants & S	cholarships	YES	NO	\$			Week / Montl
pp.icusic.	Military/Re	serve Pay	YES	NO	\$			Week / Monti
	Other Recu	rring Income	YES	NO	s			Week / Month
	Alimony / 0	Child Support	YES	NO	\$			Week / Monti
	Do you have a court or	der for Alimony.	YES	NO	S			Week / Month
	Child Support or other							-
Current Employer		Position.		How Long		Emagi	isor Name	
UNHD		TEACHER'S AI	D	1/2022 from	CURRE	ENT A.	EINS 7	ΓΕΙΝ
Telephone Number	Fax Number			Address	10			
702-555-7533	702-555			55:	5 UNIVERS	SITY WA	Y	
Current Wages (Circle one)		Hours Per Week	Do you	earn tips?	If Yes Weekly	Amour Do you	have mo	re than one job?
s 1000 Per Ho	ur / Week / Month		YES	NO	s		YE	es (NO)
		RECURRING INCOM	AE - C	nd Annlies	nt)		11/2	
Applicants Name:			(-					
Circle all applicable	Employed Full Time	Employed Part Ti	me	Self-Emplo	yed	Non-Emple	oyed	Unemployed
OTHER INCOME:				(Circl	e each one indivi	dually)		
Program regulations	Social Secu	rity / Disability	YES	NO	S			Week / Month
require that all income	Retirement/	Pension/Annuities	YES	NO	S			Week / Month
be disclosed in order	AFDC / TA	NF	YES	NO	S			Week / Month
to determine	Unemployn	nent	YES	NO	S			Week / Month
qualification. Please	Worker's Co	ompensation	YES	NO	S			Week / Month
provide recurring monthly amount if	Recurring C	•	YES	NO	\$			Week / Month
applicable.	Grants & So	cholarships	YES	NO	S			Week / Month
аррисаоте.	Military/Re	serve Pay	YES	NO	S			Week / Month
		rring Income	YES	NO	S			Week / Month
		Child Support	YES	NO	S			Week / Month
	Do you have a court order for Alimony,			NO	\$			Week / Month
14, 3	Child Support or other		YES			***		-
Current Employer	Į.	osítion	_	How Long		Supervi	sor Name	
				from	to			
Telephone Number	Fax Number			Address				
Current Wages (Circle one)	Average	Hours Per Week	Do you	earn tips?	If Yes Weekly	Amour Do vou	have mor	re than one job?
S Per Ho	ur / Week / Month		YES		s		YE	

- 13. **Is anyone in your household currently working?** If yes, do their work hours or paychecks fluctuate?
- 14. Has anyone had a job that ended in the last 60 days? If yes, verify if necessary. Have they applied for / receive UIB? Do they receive a severance?
- 15. Does anyone receive a pension, retirement, or annuity?
- 16. **Is anyone in your household disabled?** If yes, have they applied for or do they receive disability benefits?
- 17. **Does anyone receive Social Security payments?** If yes, by check, e-deposit, or Direct Express?
- 18. Is there money coming into your household from any other source (such as child support, unemployment, cash gifts or loans, worker's compensation, rental income, etc.)?
- 19. Does anyone work in exchange for food, shelter, or something else? If yes, who and what is the value of the exchange?
- 20. Has anyone in your household received cash/TANF or food assistance/SNAP, or Indian Commodities? If yes, when was the last time benefits were received? Does this count as income? Can aid in gathering info.
- 21. **Does anyone have zero income?** If yes, who? If an adult, why?

Program regulati					ASSE	TS				
property such as of Personal Property , ect.	lothing,	furni	ture	, daily use a	uutomobiles, v	vedding rin	rmine qualific 1gs, dishes, etc. 2m, coin or oth	need n	ot be disclose	d.
1	Applicant	Name	; <u>D</u>	OUG			Applic	ant Nan	ie:	
				Value	Earnings/	Interest			Value	Earnings/Interest
Cash on Hand	YES	NO	5	500	s 0		YES	NO	S	S
Direct Deposit Card (Prepaid)	YES	NO		***************************************	S		YES	NO	\$	s
Checking Acct (6 month avg)	YES	NO	\$	2000	s 0		YES	NO	\$	s
avings Acct (Current Balance	YES	NO	\$		\$		YES	NO	\$	s
foney Mrkt/CD's	YES	NO	\$		\$		YES	NO	s	s
tocks / Bonds	YES	NO	\$		\$		YES	NO	s	5
RA'S/ 401(K)/ Keogh	YES	NO	\$		\$		YES	NO	S	s
Real Estate / Land	YES	NO	\$		\$		YES	NO	S	s
Boat/Trailer/RV/ATV	YES	NO	s		\$		YES	NO	s	\$
ump Sum Payments	YES	NO	\$		5		YES	NO	\$	<u>s</u>
afety Deposit Box	YES	NO	_		\$		YES	NO	S	\$
ife Insurance Policies	YES	NO	_		5		YES	NO	\$	\$
Royalties / Oil Contracts	YES	NO			<u>s</u>		YES	NO	s	<u>s</u>
Trust Funds	YES	-/ 1	s		<u>s</u>		YES	NO	s	<u>s</u>
Bonds/Savings Bonds	YES	NO			<u>s</u>	_	YES	NO	S	- s
Other	YES	NO	_		- s		YES	NO	S	- s
Other	YES	NO			- s		YES	NO	\$	- s
Other	YES	NO	_		<u>s</u>		YES	NO	\$	- s
							1123	NO	3	_ 3
	Total	1.	S	2500	s 0			T-4-	l. c	
	100		_		one of the box			Tota	1: 3	<u> </u>
Within the past tw for more than \$1,0 \$	o (2) yea 00 belov	ars, I/v	ve ha	Must check ave sold or g narket value	one of the box given away or e (FMV). Thos	have dispose amounts	are included al	ncludin bove an	g cash, real est d are equal to	ate, ect.) a total of:
for more than \$1,0 \$	o (2) yea 00 belov _ · or given	ars, I/v w the f	ve ha	Must check ave sold or g narket value	given away or e (FMV). Thos ag cash, real es	have dispose amounts	are included al	ncludin bove an	g cash, real est d are equal to a	ate, ect.) a total of:
for more than \$1,0 \$ Items disposed: I/we have not sold two (2) years.	o (2) yea 00 belov _ · or given	ars, I/v w the f	ve ha	Must check ave sold or g narket value	s one of the boxe given away or e (FMV). Those ag cash, real es	have dispose amounts state, ect.) f	are included al	ncludin bove an	g cash, real est d are equal to a	ate, ect.) a total of:
for more than \$1,0 \$ Items disposed: I/we have not sold two (2) years.	o (2) yea 00 belov _ · or given	ars, I/v w the f a away	ve ha fair r	Must check ave sold or g narket value ets (includin	s one of the boxe given away or e (FMV). Those ag cash, real es	have dispose amounts state, ect.) f	or less than fai	ncludin bove an	g cash, real est d are equal to a	ate, ect.) a total of:
for more than \$1,0 \$	o (2) yea 00 belov or given	ars, I/v w the f a away	ve ha fair r	Must check ave sold or g narket value ets (includin	e one of the boxe given away or c (FMV). Those ag cash, real es	have dispose amounts state, ect.) f	or less than fai	ncludin bove an	g cash, real est d are equal to a et value during	ate, ect.) a total of:
for more than \$1,0 \$	o (2) yea 00 belov or given 3 assistar	ars, I/v w the f a away	ve ha fair r	Must check ave sold or g narket value ets (includin	e one of the boxe given away or c (FMV). Those ag cash, real es	have dispose amounts state, ect.) f	or less than fai	ncludin bove an	g cash, real est d are equal to a et value during	ate, ect.)
for more than \$1,0 \$	o (2) yea 00 below or given 3 assistar	a away	Y	Must check ave sold or g narket value ets (includin	s one of the box given away or e (FMV). Thos ag cash, real es	have dispose amounts state, ect.) f ON 8 f YES, please Case Worker nt	or less than fai	ncludin bove an r marker st of Sec	g cash, real est d are equal to a et value during tion	ate, ect.) a total of:
for more than \$1,0 \$	o (2) yea 00 belov or given respectively. Voucher . \$ es of assis	a away	Y asso	Must check ave sold or g narket value ets (includin ES NO Tenar \$	sone of the boxe given away or e (FMV). Those ag cash, real es SECTION Interpretation of Res Assista n any portion of	have dispose amounts state, ect.) f NN 8 f YES, please Case Worker nt nee	or less than fai	ncludin bove an r marke	g cash, real est d are equal to a et value during	ate, ect.)

- 22. Do you have any resources or assets (such as bank accounts, life insurance, IRA/401k, cash on hand)?
- 23. Have you sold, given away, or disposed monies or any property for less than what is was worth in the last 2 years? If yes, document as necessary.
- 24. Will anyone outside your home pay any portion of your rent or housing expenses? If yes, is any portion subsidized by any agency, Section 8?
- 25. Do you receive any other kind of income, assistance, or anything else you think you may need to notify me of?
- 26. Only ask if there is no income, or if the expenses exceed the income: How are you meeting your expenses and providing personal items for your household? How will you pay the rent and utilities? Determine if the answers are reasonable. Does this meet the Residential Selection Criteria?

	CERTIFICATION
Property Management, Agent for the owner of the property	substantially the terms set forth herein. As an inducement to orty to accept this application, I certify that all information contained herein ay result in the rejection of this application and/or termination of the Lease
I have paid \$_25application fee per applicant application is denied or canceled at anytime for any reas	I/We understand that this is a non-refundable fee. In the event that my on, this money will not be refunded.
date of lease initiation. In the event this application is no real hours of the date of deposit, the \$\frac{100}{\text{hours}} \text{h} is understood that should applicant refuse to sign the least the results of the	ng deposit to agent to hold an apartment available from date of application to to approved by the owner, or the applicant withdraws the application within olding deposit shall be refunded. After that initial 72 hours period expires, i see or occupy the premises on the agreed upon date, the holding deposit is 100 holding deposit may be applied to any amounts owing at that
income, assets, and employment history as necessary to residency. Fraudulent or misleading information may be I understand I must provide management with all require	riminal background reports, character reports, verification of rental history,
Have you or any other person in your hous misdemeanor offense? Have you ever been evicted or refused to p	Yes N Q (Circle one)
Were you referred to the property by anyon	Yes No Circle one)
If Yes, Who?	If Resident, Apt #
Doug Gardena	8/1/22
Applicant	Date
Applicant	Date
Steve Knight	8/1/22
Management Representative	Date

- 27. Has anyone been convicted of a felony? Misdemeanor? If yes, What was the offense? does this meet the Residential Selection Criteria?
- 28. Does anyone in your household have outstanding felony warrants, is anyone currently on parole or probation, or is anyone required to register as a sex offender? If yes, are they in compliance with the terms of their parole or probation or registration? Does this meet the Residential Selection Criteria?
- 29. Have you ever been evicted or reused to pay rent for any reason? If yes, clarify. Does this meet the Residential Selection Criteria?
- 30. Were you referred to the property by anyone?
- 31. Ask after reviewing "Rights and Responsibilities" with the applicant. Do you understand your rights and responsibilities? Do you have any questions regarding those rights and responsibilities?
- 32. Ask after reviewing reporting requirements with the applicant. Do you understand how and when to report changes?