

# INTERVIEWING

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IT'S EASIER THAN YOU THINK



# TOPICS

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- 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?

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Applicants may be new to low-income housing

Applications can be confusing

It allows the interviewer to ask more in-depth questions the application may not make clear

It helps prevent the loss of tax credits through due diligence

# HOW TO PREPARE FOR THE INTERVIEW

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- 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

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# CONDUCTING THE INTERVIEW

# DO'S

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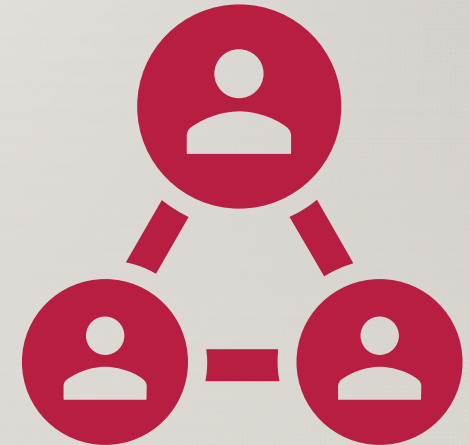
- **Prepare before the interview.** Being prepared will let the interview flow smoother and allow you not to rush and accidentally miss something.
- **Put the applicant at ease.** Make eye contact and establish rapport by finding a shared topic to talk about before you get down to the hard questions. 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 at ease just as much as yourself.



# DON'TS

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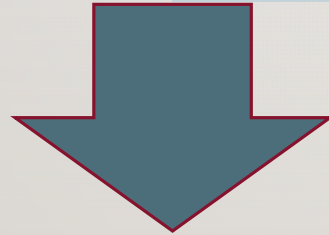
- **Don't coach your applicants.**
  - Avoid telling applicant's "how" they can qualify.
    - "If you ask your boss to reduce your hours for a month, you can come back and apply and qualify then."
  - Be aware of lots of "what if" questions from the applicant.
    - "What if I only move in by myself 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





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## 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

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**HOME SWEET HOME APARTMENTS**

Unit Number **123**

**Rental Application**

HOUSEHOLD COMPOSITION							
HH Mem#	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	<input checked="" type="radio"/> Y / <input type="radio"/> N	702-867-5309
2	GARDENA	OLIVE	5/5/10	S	DAUGHTER	<input checked="" type="radio"/> Y / <input type="radio"/> N	702-555-1212

Is any Member of the Household a Veteran? YES  NO  If Yes who: \_\_\_\_\_

Do you anticipate a change in household occupants in the next 12 months? YES  NO

If Yes, please explain: \_\_\_\_\_

Do you have a pet? YES  NO  If yes, what type, breed and size: **DOG, GERMAN SHEPARD**

STUDENT STATUS		
<p><b>Are any of the occupants of the household full time students?</b> (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 3 calendar months during the year. School includes post-secondary colleges, training courses and technical and trade schools.)</p> <p>If Yes, to the above, answer the following:</p>		
Are Applicant & Co-Applicant married and do they file a joint income tax return?	Yes <input type="radio"/> No <input checked="" type="radio"/>	(Circle one)
Does the household receive TANF/AID?	Yes <input type="radio"/> No <input checked="" type="radio"/>	(Circle one)
Is any member of the household part of a Foster Care program?	Yes <input type="radio"/> No <input checked="" type="radio"/>	(Circle one)
Are any of the students participants in the Job Training Partnership Act?	Yes <input type="radio"/> No <input checked="" type="radio"/>	(Circle one)

CONTACT INFORMATION- RENTAL HISTORY (Need minimum 2 years of history)							
Phone (702) 555-1111		Email RICEARONI@DELICIOUS.COM					
Present Address		City	State	Zip	How Long?	() Own	
321 VENICE LANE		LV	NV	89111	From 2/2019 To	<input checked="" type="radio"/> Rent	
Name of Present Landlord/Mortgage Co.		City	State	Zip	Monthly Payment	Phone	
E. SCROOGE		LV	NV	89111	\$ 1500	(702) 555-1112	
Previous Address		City	State	Zip	How Long?	() Own	
147 PANDA AVE		LV	NV	89222	From 1/2018 To 1/2019	<input checked="" type="radio"/> Rent	
Name of Previous Landlord/Mortgage Co.		City	State	Zip	Monthly Payment	Phone	
MO MONAY		LV	NV	89333	1600	(702) 555-1113	

IMPORTANT INFORMATION							
AUTO #1 (Year, Make, Model, Color) License Plat State			Payment Made to:			Payment Amt	
2016 FORD EXPLORER, WHITE FDG-123 NV			OWN			\$ 0	
Emergency Contact	Relationship	Address		City	State	Zip	Phone (702)
DENISE ROX	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

RECURRING INCOME - (1st Applicant)					
Applicants Name: <b>DOUG</b>					
Circle all applicable	Employed Full Time	<b>Employed Part Time</b>	Self-Employed	Non-Employed	Unemployed
<b>OTHER INCOME:</b>			(Circle each one individually)		
<i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>	Social Security / Disability	YES	<b>NO</b>	\$ _____	Week / Month
	Retirement/Pension/Annuities	YES	<b>NO</b>	\$ _____	Week / Month
	AFDC / TANF	YES	<b>NO</b>	\$ _____	Week / Month
	Unemployment	YES	<b>NO</b>	\$ _____	Week / Month
	Worker's Compensation	YES	<b>NO</b>	\$ _____	Week / Month
	Recurring Gift Income	YES	<b>NO</b>	\$ _____	Week / Month
	Grants & Scholarships	YES	<b>NO</b>	\$ _____	Week / Month
	Military/Reserve Pay	YES	<b>NO</b>	\$ _____	Week / Month
	Other Recurring Income	YES	<b>NO</b>	\$ _____	Week / Month
	Alimony / Child Support	YES	<b>NO</b>	\$ _____	Week / Month
Do you have a court order for Alimony, Child Support or other income?					
Current Employer <b>UNHD</b>		Position <b>TEACHER'S AID</b>	How Long From <b>1/2022</b> to <b>CURRENT</b>	Supervisor Name <b>A. EINSTEIN</b>	
Telephone Number <b>702-555-7533</b>	Fax Number <b>702-555-7522</b>	Address <b>555 UNIVERSITY WAY</b>			
Current Wages (Circle one) \$ <b>1000</b>	Average Hours Per Week <b>20</b>	Do you earn tips? YES <b>NO</b>	If Yes Weekly Amount \$ _____	Do you have more than one job? YES <b>NO</b>	

RECURRING INCOME - (2nd Applicant)					
Applicants Name:					
Circle all applicable	Employed Full Time	Employed Part Time	Self-Employed	Non-Employed	Unemployed
<b>OTHER INCOME:</b>			(Circle each one individually)		
<i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>	Social Security / Disability	YES	NO	\$ _____	Week / Month
	Retirement/Pension/Annuities	YES	NO	\$ _____	Week / Month
	AFDC / TANF	YES	NO	\$ _____	Week / Month
	Unemployment	YES	NO	\$ _____	Week / Month
	Worker's Compensation	YES	NO	\$ _____	Week / Month
	Recurring Gift Income	YES	NO	\$ _____	Week / Month
	Grants & Scholarships	YES	NO	\$ _____	Week / Month
	Military/Reserve Pay	YES	NO	\$ _____	Week / Month
	Other Recurring Income	YES	NO	\$ _____	Week / Month
	Alimony / Child Support	YES	NO	\$ _____	Week / Month
Do you have a court order for Alimony, Child Support or other income?					
Current Employer		Position	How Long from _____ to _____	Supervisor Name	
Telephone Number	Fax Number	Address			
Current Wages (Circle one) \$ _____	Average Hours Per Week	Do you earn tips? YES NO	If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	

**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.*

Applicant Name: DOUG

Applicant Name: \_\_\_\_\_

	Value	Earnings/Interest		Value	Earnings/Interest
Cash on Hand	YES NO \$ <u>500</u>	\$ <u>0</u>	YES NO	\$ _____	\$ _____
Direct Deposit Card (Prepaid)	YES NO \$ _____	\$ _____	YES NO	\$ _____	\$ _____
Checking Acct (6 month avg)	YES NO \$ <u>2000</u>	\$ <u>0</u>	YES NO	\$ _____	\$ _____
Savings Acct (Current Balance)	YES NO \$ _____	\$ _____	YES NO	\$ _____	\$ _____
Money Mkt/CD's	YES NO \$ _____	\$ _____	YES NO	\$ _____	\$ _____
Stocks / Bonds	YES NO \$ _____	\$ _____	YES NO	\$ _____	\$ _____
IRA'S/ 401(K)/ Keogh	YES NO \$ _____	\$ _____	YES NO	\$ _____	\$ _____
Real Estate / Land	YES NO \$ _____	\$ _____	YES NO	\$ _____	\$ _____
Boat/Trailer/RV/ATV	YES NO \$ _____	\$ _____	YES NO	\$ _____	\$ _____
Lump Sum Payments	YES NO \$ _____	\$ _____	YES NO	\$ _____	\$ _____
Safety Deposit Box	YES NO \$ _____	\$ _____	YES NO	\$ _____	\$ _____
Life Insurance Policies	YES NO \$ _____	\$ _____	YES NO	\$ _____	\$ _____
Royalties / Oil Contracts	YES NO \$ _____	\$ _____	YES NO	\$ _____	\$ _____
Trust Funds	YES NO \$ _____	\$ _____	YES NO	\$ _____	\$ _____
Bonds/Savings Bonds	YES NO \$ _____	\$ _____	YES NO	\$ _____	\$ _____
Other: _____	YES NO \$ _____	\$ _____	YES NO	\$ _____	\$ _____
Other: _____	YES NO \$ _____	\$ _____	YES NO	\$ _____	\$ _____
Other: _____	YES NO \$ _____	\$ _____	YES NO	\$ _____	\$ _____
<b>Total:</b>	<b>\$ <u>2500</u></b>	<b>\$ <u>0</u></b>	<b>Total:</b>	<b>\$ _____</b>	<b>\$ _____</b>

Must check one of the boxes below

- Within the past two (2) years, I/we have sold or given away or have disposed of assets (including cash, real estate, ect.) for more than \$1,000 below the fair market value (FMV). Those amounts are included above and are equal to a total of: \$ \_\_\_\_\_  
Items disposed: \_\_\_\_\_
- I/we have not sold or given away assets (including cash, real estate, ect.) for less than fair market value during the past two (2) years.

**SECTION 8**

Do you receive Section 8 assistance? YES  NO  If YES, please complete the rest of Section 8

Name of Caseworker \_\_\_\_\_ Case Worker Phone or Email \_\_\_\_\_

Office: _____	Voucher Amount \$ _____	Tenant Portion or Rent \$ _____	Last Recertification Date _____
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**Assistance**

Do you receive any other types of assistance that are not listed on any portion of this application? YES  NO

If Yes, please state who you receive assistance from, the reason, and how often assistance is received:  
\_\_\_\_\_

**CERTIFICATION**

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Property Management, Agent for the owner of the property to accept this application, I certify that all information contained herein is true. Material falsification of information provided may result in the rejection of this application and/or termination of the Lease Agreement.

I have paid \$ 25 application fee per applicant. I/We understand that this is a non-refundable fee. In the event that my application is denied or canceled at anytime for any reason, this money will not be refunded.

In addition, applicant has paid \$ 100 holding deposit to agent to hold an apartment available from date of application to date of lease initiation. In the event this application is not approved by the owner, or the applicant withdraws the application within 72 hours of the date of deposit, the \$ 100 holding deposit shall be refunded. After that initial 72 hours period expires, it is understood that should applicant refuse to sign the lease or occupy the premises on the agreed upon date, the holding deposit is thereby forfeited. Upon occupying the premises, the \$ 100 holding deposit may be applied to any amounts owing at that time, such as rent due, security deposits, etc.

I/We certify that to the best of my/our knowledge all statements are true and correct. I/We further authorize Property Management, and/or its Agent to obtain credit reports, criminal background reports, character reports, verification of rental history, income, assets, and employment history as necessary to verify all information put forth in the above referenced application for residency. Fraudulent or misleading information may be grounds for denial of residency or subsequent eviction.

I understand I must provide management with all required and requested documentation within 72 hours. I understand that failure to provide requested information can and may lead to the cancellation of my application, and that my apartment and holding fee may be forfeited.

**Have you or any other person in your household been convicted of any felony or misdemeanor offense?**

Yes  No  (Circle one)

**Have you ever been evicted or refused to pay rent for 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

Applicant

Date

Applicant

Date

Steve Knight

8/1/22

Management Representative

Date

# DOCUMENTS WE NEED

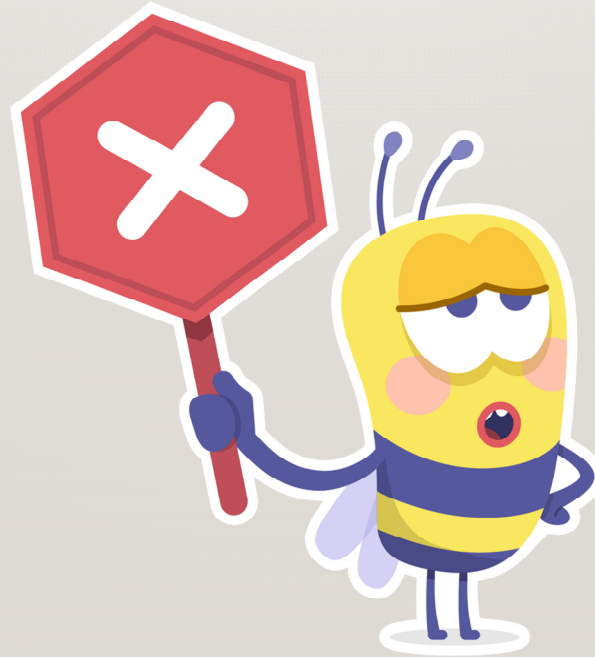
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- Doug's Earnings Verification Form from UNHD
- Identifications, deposits, animal vaccinations, etc.

# WHAT ARE WE GOING TO DO NEXT?

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





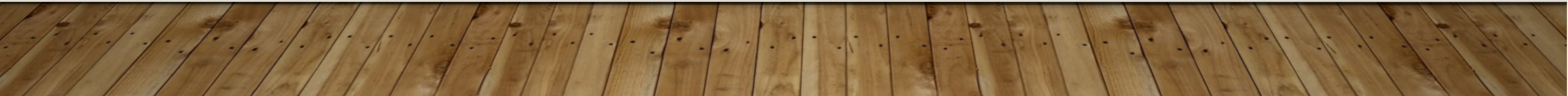
# WHAT DID WE WRITE IN OUR NOTES?

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- How are they going to afford the rent?
  - Doug's employment income is:  $\$1100 \times 12 \text{ months} = \$13,200$ .
  - 3 Bedroom Rent @ 50% =  $\$1,063 \times 12 \text{ months} = \$12,756$ .
    - 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

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LET'S TRY THIS AGAIN

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HOME SWEET HOME APARTMENTS

Unit Number	123	<b>Rental Application</b>					
HOUSEHOLD COMPOSITION							
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	<input checked="" type="radio"/> Y / <input type="radio"/> N	702-867-5309
2	GARDENA	OLIVE	5/5/10	S	DAUGHTER	<input checked="" type="radio"/> Y / <input type="radio"/> N	702-555-1212
Is any Member of the Household a Veteran? YES <input type="radio"/> NO <input checked="" type="radio"/>							
Do you anticipate a change in household occupants in the next 12 months? YES <input type="radio"/> NO <input checked="" type="radio"/>							
If Yes, please explain: _____							
Do you have a pet? YES <input type="radio"/> NO <input type="radio"/>							
If yes, what type, breed and size: <u>DOG, GERMAN SHEPARD</u>							
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 <input checked="" type="radio"/> No <input type="radio"/> (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 <input type="radio"/> No <input type="radio"/> (Circle one)							
Does the household receive TANF/AFDC? Yes <input type="radio"/> No <input type="radio"/> (Circle one)							
Is any member of the household part of a Foster Care program? Yes <input type="radio"/> No <input type="radio"/> (Circle one)							
Are any of the students, participants in the Job Training Partnership Act? Yes <input type="radio"/> No <input type="radio"/> (Circle one)							
CONTACT INFORMATION- RENTAL HISTORY (Need minimum 2 years of history)							
Phone ( 702 ) 555-1111				Email RICEARONI@DELICIOUS.COM			
Present Address		City	State	Zip	How Long?	() Own (X) Rent	
321 VENICE LANE		LV	NV	89111	From 2/2019 To		
Name of Present Landlord/Mortgage Co.		City	State	Zip	Monthly Payment	Phone	
E. SCROOGE		LV	NV	89111	\$ 1500	(702) 555-1112	
Previous Address		City	State	Zip	How Long?	() Own (X) Rent	
147 PANDA AVE		LV	NV	89222	From 1/2018 To 1/2019		
Name of Previous Landlord/Mortgage Co.		City	State	Zip	Monthly Payment	Phone	
MO MONAY		LV	NV	89333	1600	(702) 555-1113	
IMPORTANT INFORMATION							
AUTO #1 (Year, Make, Model, Color) License Plat: State		Payment Made to:		Payment Amt			
2016 FORD EXPLORER, WHITE FDG-123 NV		OWN		\$ 0			
Emergency Contact	Relationship	Address	City	State	Zip	Phone	
DENISE ROX	FRIEND	123 MAIN ST	CARSON CITY	NV	89999	(702) 555-7788	
Emergency Contact	Relationship	Address	City	State	Zip	Phone	
SHAY DIDETTE	FRIEND	456 SECOND ST	CARSON CITY	NV	89999	(702) 555-5566	

3 GARDENA, MARTHA 4/15/71 M SPOUSE STUDENT NO 702-888-4545

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?

HOME SWEET HOME APARTMENTS

Unit Number	123	<b>Rental Application</b>					
HOUSEHOLD COMPOSITION							
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	<input checked="" type="radio"/> Y / <input type="radio"/> N	702-867-5309
2	GARDENA	OLIVE	5/5/10	S	DAUGHTER	<input checked="" type="radio"/> Y / <input type="radio"/> N	702-555-1212
Is any Member of the Household a Veteran?			YES	<input checked="" type="radio"/> NO	If Yes who: _____		
Do you anticipate a change in household occupants in the next 12 months?			YES		<input checked="" type="radio"/> NO		
If Yes, please explain: _____							
Do you have a pet?			<input checked="" type="radio"/> YES	NO			
If yes, what type, breed and size:			DOG, GERMAN SHEPARD		SERVICE ANIMAL		
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.)							
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 INFORMATION- RENTAL HISTORY (Need minimum 2 years of history)							
Phone (702) 555-1111		Email RICEARONI@DELICIOUS.COM					
Present Address		City	State	Zip	How Long?	Ownership	
321 VENICE LANE		LV	NV	89111	From 2/2019 To	<input type="radio"/> Own <input checked="" type="radio"/> Rent	
Name of Present Landlord/Mortgage Co.		City	State	Zip	Monthly Payment	Phone	
E. SCROOGE		LV	NV	89111	\$ 1500	(702) 555-1112	
Previous Address		City	State	Zip	How Long?	Ownership	
147 PANDA AVE		LV	NV	89222	From 1/2018 To 1/2019	<input type="radio"/> Own <input checked="" type="radio"/> Rent	
Name of Previous Landlord/Mortgage Co.		City	State	Zip	Monthly Payment	Phone	
MO MONAY		LV	NV	89333	1600	(702) 555-1113	
IMPORTANT INFORMATION							
AUTO #1 (Year, Make, Model, Color) License Plat State		Payment Made to:			Payment Amt		
2016 FORD EXPLORER, WHITE FDG-123 NV		OWN			\$ 0		
Emergency Contact		Relationship	Address	City	State	Zip	Phone (702)
DENISE ROX		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

3 GARDENA, MARTHA 4/15/71 M SPOUSE STUDENT NO 702-888-4545

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.

RECURRING INCOME - (1st Applicant)					
Applicants Name: <b>DOUG</b>					
Circle all applicable	Employed Full Time	<b>Employed Part Time</b>	Self-Employed	Non-Employed	Unemployed
<b>OTHER INCOME:</b>		(Circle each one individually)			
<i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>	Social Security / Disability	YES	<del>NO</del>	\$ _____	Week / Month
	Retirement/Pension/Annuities	YES	<del>NO</del>	\$ _____	Week / Month
	AFDC / TANF	YES	<del>NO</del>	\$ _____	Week / Month
	Unemployment	YES	<del>NO</del>	\$ _____	Week / Month
	Worker's Compensation	YES	<del>NO</del>	\$ _____	Week / Month
	Recurring Gift Income	YES	<del>NO</del>	\$ _____	Week / Month
	Grants & Scholarships	YES	<del>NO</del>	\$ _____	Week / Month
	Military/Reserve Pay	YES	<del>NO</del>	\$ _____	Week / Month
	Other Recurring Income	YES	<del>NO</del>	\$ _____	Week / Month
	Alimony / Child Support	YES	<del>NO</del>	\$ _____	Week / Month
Do you have a court order for Alimony, Child Support or other income?		YES	<del>NO</del>	\$ _____	Week / Month
Current Employer <b>UNHD</b>	Position <b>TEACHER'S AID</b>	How Long from <b>1/2022</b> to <b>CURRENT</b>	Supervisor Name <b>A. EINSTEIN</b>		
Telephone Number <b>702-555-7533</b>	Fax Number <b>702-555-7522</b>	Address <b>555 UNIVERSITY WAY</b>			
Current Wages (Circle one) \$ <b>1000</b>	Average Hours Per Week <b>20</b>	Do you earn tips? YES <del>NO</del>	If Yes Weekly Amount \$ <b>NA</b>	Do you have more than one job? YES <del>NO</del>	

RECURRING INCOME - (2nd Applicant)					
Applicants Name: <b>MARTHA</b>					
Circle all applicable	Employed Full Time	Employed Part Time	Self-Employed	<b>Non-Employed</b>	Unemployed
<b>OTHER INCOME:</b>		(Circle each one individually)			
<i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>	Social Security / Disability	<del>YES</del>	NO	\$ <b>1900</b>	Week / <del>Month</del>
	Retirement/Pension/Annuities	YES	<del>NO</del>	\$ _____	Week / Month
	AFDC / TANF	YES	<del>NO</del>	\$ _____	Week / Month
	Unemployment	YES	<del>NO</del>	\$ _____	Week / Month
	Worker's Compensation	YES	<del>NO</del>	\$ _____	Week / Month
	Recurring Gift Income	YES	<del>NO</del>	\$ _____	Week / Month
	Grants & Scholarships	YES	<del>NO</del>	\$ _____	Week / Month
	Military/Reserve Pay	YES	<del>NO</del>	\$ _____	Week / Month
	Other Recurring Income	YES	<del>NO</del>	\$ _____	Week / Month
	Alimony / Child Support	YES	<del>NO</del>	\$ _____	Week / Month
Do you have a court order for Alimony, Child Support or other income?		YES	<del>NO</del>	\$ _____	Week / Month
Current Employer <b>NONE</b>	Position	How Long from _____ to _____	Supervisor Name		
Telephone Number	Fax Number	Address			
Current Wages (Circle one) \$ _____	Average Hours Per Week	Do you earn tips? YES NO	If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	

- Is anyone in your household currently working? *If yes, do their work hours or paychecks fluctuate? Receive Tips?*
- 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?*
- Does anyone receive a pension, retirement, or annuity?
- Is anyone in your household disabled?** *If yes, have they applied for or do they receive disability benefits?*
- Does anyone receive Social Security payments?** *If yes, by check, e-deposit, or Direct Express?*
- 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.)?
- Does anyone work in exchange for food, shelter, or something else? *If yes, who and what is the value of the exchange?*
- 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.*
- Does anyone have zero income? *If yes, who? If an adult, why?*

ASSETS							
<p><i>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.</i></p>							
Applicant Name: <b>DOUG</b>				Applicant Name: <b>MARTHA</b>			
		Value	Earnings/Interest			Value	Earnings/Interest
Cash on Hand	YES NO	\$ 500	\$ 0	YES NO	\$	\$	\$
Direct Deposit Card (Prepaid)	YES NO	\$	\$	YES NO	\$	\$	\$
Checking Acct (6 month avg)	YES NO	\$ 2000	\$ 0	YES NO	\$ 4000	\$	\$
Savings Acct (Current Balance)	YES NO	\$	\$	YES NO	\$	\$	\$
Money Mkt/CD's	YES NO	\$	\$	YES NO	\$	\$	\$
Stocks / Bonds	YES NO	\$	\$	YES NO	\$	\$	\$
IRAS/ 401(K)/ Keogh	YES NO	\$	\$	YES NO	\$	\$	\$
Real Estate / Land	YES NO	\$	\$	YES NO	\$	\$	\$
Boat/Trailer/RV/ATV	YES NO	\$	\$	YES NO	\$	\$	\$
Lump Sum Payments	YES NO	\$	\$	YES NO	\$	\$	\$
Safety Deposit Box	YES NO	\$	\$	YES NO	\$	\$	\$
Life Insurance Policies	YES NO	\$	\$	YES NO	\$	\$	\$
Royalties / Oil Contracts	YES NO	\$	\$	YES NO	\$	\$	\$
Trust Funds	YES NO	\$	\$	YES NO	\$	\$	\$
I Bonds/Savings Bonds	YES NO	\$	\$	YES NO	\$	\$	\$
Other _____	YES NO	\$	\$	YES NO	\$	\$	\$
Other _____	YES NO	\$	\$	YES NO	\$	\$	\$
Other _____	YES NO	\$	\$	YES NO	\$	\$	\$
<b>Total:</b>		<b>\$ 2500</b>	<b>\$ 0</b>	<b>Total:</b>		<b>\$ 4000</b>	<b>\$ 0</b>
Must check one of the boxes below							
<input type="checkbox"/> Within the past two (2) years, I/we have sold or given away or have disposed of assets (including cash, real estate, ect.) for more than \$1,000 below the fair market value (FMV). Those amounts are included above and are equal to a total of: \$ _____. Items disposed: _____							
<input checked="" type="checkbox"/> I/we have not sold or given away assets (including cash, real estate, ect.) for less than fair market value during the past two (2) years.							

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?

SECTION 8			
Do you receive Section 8 assistance? YES <input type="radio"/> NO <input checked="" type="radio"/>			
If YES, please complete the rest of Section			
Name of Caseworker		Case Worker Phone or Email	
Office:	Voucher Amount	Tenant Portion 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 <input type="radio"/> NO <input checked="" type="radio"/>			
If Yes, please state who you receive assistance from, the reason, and how often assistance is received:			
_____			

CERTIFICATION	
<p>I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Property Management, Agent for the owner of the property to accept this application, I certify that all information contained herein is true. Material falsification of information provided may result in the rejection of this application and/or termination of the Lease Agreement.</p>	
<p>I have paid \$ <u>25</u> application fee per applicant. I/We understand that this is a non-refundable fee. In the event that my application is denied or canceled at anytime for any reason, this money will not be refunded.</p>	
<p>In addition, applicant has paid \$ <u>100</u> holding deposit to agent to hold an apartment available from date of application to date of lease initiation. In the event this application is not approved by the owner, or the applicant withdraws the application within 72 hours of the date of deposit, the \$ <u>100</u> holding deposit shall be refunded. After that initial 72 hours period expires, it is understood that should applicant refuse to sign the lease or occupy the premises on the agreed upon date, the holding deposit is thereby forfeited. Upon occupying the premises, the \$ <u>100</u> holding deposit may be applied to any amounts owing at that time, such as rent due, security deposits, etc.</p>	
<p>I/We certify that to the best of my/our knowledge all statements are true and correct. I/We further authorize Property Management, and/or its Agent to obtain credit reports, criminal background reports, character reports, verification of rental history, income, assets, and employment history as necessary to verify all information put forth in the above referenced application for residency. Fraudulent or misleading information may be grounds for denial of residency or subsequent eviction.</p>	
<p>I understand I must provide management with all required and requested documentation within 72 hours. I understand that failure to provide requested information can and may lead to the cancelation of my application, and that my apartment and holding fee may be forfeited.</p>	
<p><b>Have you or any other person in your household been convicted of any felony or misdemeanor offense?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No (Circle one)</p>
<p><b>Have you ever been evicted or refused to pay rent for any reason?</b></p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No (Circle one)</p>
<p><b>Were you referred to the property by anyone?</b></p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No (Circle one)</p>
<p>If Yes, Who? <u>NA</u></p>	<p>If Resident, Apt # _____</p>
<p><u>Doug Gardena</u> Applicant</p>	<p><u>8/1/22</u> Date</p>
<p><u>Martha Gardena</u> Applicant</p>	<p><u>8/1/22</u> Date</p>
<p><u>Steve Knight</u> Management Representative</p>	<p><u>8/1/22</u> Date</p>

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

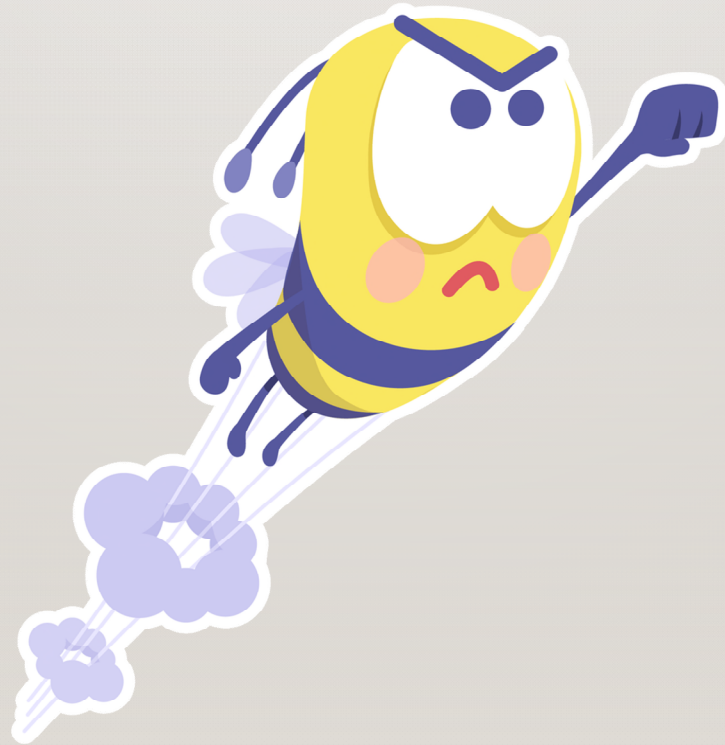
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- Clarification statement of where Martha is and when she is expected to move in
- Doug's Earnings Verification Form from UNHD
- Martha's most recent Social Security Letter
- Doug's Checking Account balances from the last 6 months
- Martha's Checking 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?

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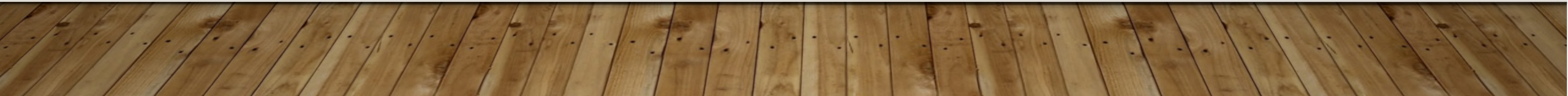
- GET THE VERIFICATIONS, COMPLETE THE TIC, AND MOVE THEM IN!





**QUESTIONS?**

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HOME SWEET HOME APARTMENTS

Unit Number	123
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**Rental Application**

HOUSEHOLD COMPOSITION							
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	<input checked="" type="radio"/> Y / <input type="radio"/> N	702-867-5309
2	GARDENA	OLIVE	5/5/10	S	DAUGHTER	<input checked="" type="radio"/> Y / <input type="radio"/> N	702-555-1212

Is any Member of the Household a Veteran? YES  NO  If Yes who: \_\_\_\_\_

Do you anticipate a change in household occupants in the next 12 months? YES  NO   
If Yes, please explain: \_\_\_\_\_

Do you have a pet? YES  NO   
If yes, what type, breed and size: DOG, GERMAN SHEPARD

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.)	<input checked="" type="radio"/> Yes <input type="radio"/> 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 INFORMATION- RENTAL HISTORY (Need minimum 2 years of history)							
Phone (702) 555-1111	Email	RICEARONI@DELICIOUS.COM					
Present Address 321 VENICE LANE LV City State NV 89111	How Long? From 2/2019 To	( ) Own (X) Rent					
Name of Present Landlord/Mortgage Co. E. SCROOGE LV City State NV 89111	Monthly Payment \$ 1500	Phone (702) 555-1112					
Previous Address 147 PANDA AVE LV City State NV 89222	How Long? From 1/2018 To 1/2019	( ) Own (X) Rent					
Name of Previous Landlord/Mortgage Co. MO MONAY LV City NV 89333	Monthly Payment 1600	Phone (702) 555-1113					

IMPORTANT INFORMATION			
AUTO #1 (Year, Make, Model, Color) License Plat State 2016 FORD EXPLORER, WHITE FDG-123 NV	Payment Made to: OWN	Payment Amt \$ 0	
Emergency Contact DENISE ROX FRIEND 123 MAIN ST CARSON CITY NV 89999	Address	City	State Zip Phone (702) 555-7788
Emergency Contact SHAY DIDETTE FRIEND 456 SECOND ST CARSON CITY NV 89999	Address	City	State Zip Phone (702) 555-5566

HOME SWEET HOME APARTMENTS

Unit Number	123
-------------	-----

**Rental Application**

HOUSEHOLD COMPOSITION							
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	<input checked="" type="radio"/> Y / <input type="radio"/> N	702-867-5309
2	GARDENA	OLIVE	5/5/10	S	DAUGHTER	<input checked="" type="radio"/> Y / <input type="radio"/> N	702-555-1212

Is any Member of the Household a Veteran? YES  NO  If Yes who: \_\_\_\_\_

Do you anticipate a change in household occupants in the next 12 months? YES  NO   
If Yes, please explain: \_\_\_\_\_

Do you have a pet? YES  NO   
If yes, what type, breed and size: DOG, GERMAN SHEPARD SERVICE ANIMAL

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.)	<input checked="" type="radio"/> Yes <input type="radio"/> 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 INFORMATION- RENTAL HISTORY (Need minimum 2 years of history)							
Phone (702) 555-1111	Email	RICEARONI@DELICIOUS.COM					
Present Address 321 VENICE LANE LV City State NV 89111	How Long? From 2/2019 To	( ) Own (X) Rent					
Name of Present Landlord/Mortgage Co. E. SCROOGE LV City State NV 89111	Monthly Payment \$ 1500	Phone (702) 555-1112					
Previous Address 147 PANDA AVE LV City State NV 89222	How Long? From 1/2018 To 1/2019	( ) Own (X) Rent					
Name of Previous Landlord/Mortgage Co. MO MONAY LV City NV 89333	Monthly Payment 1600	Phone (702) 555-1113					

IMPORTANT INFORMATION			
AUTO #1 (Year, Make, Model, Color) License Plat State 2016 FORD EXPLORER, WHITE FDG-123 NV	Payment Made to: OWN	Payment Amt \$ 0	
Emergency Contact DENISE ROX FRIEND 123 MAIN ST CARSON CITY NV 89999	Address	City	State Zip Phone (702) 555-7788
Emergency Contact SHAY DIDETTE FRIEND 456 SECOND ST CARSON CITY NV 89999	Address	City	State Zip Phone (702) 555-5566

3 GARDENA, MARTHA 4/15/71 M SPOUSE STUDENT NO 702-888-4545

RECURRING INCOME - (1st Applicant)					
Applicants Name: <b>DOUG</b>					
Circle all applicable	Employed Full Time	<b>Employed Part Time</b>	Self-Employed	Non-Employed	Unemployed
<b>OTHER INCOME:</b> (Circle each one individually)					
<i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>	Social Security / Disability	YES	<b>NO</b>	\$ _____	Week / Month
	Retirement/Pension/Annuities	YES	<b>NO</b>	\$ _____	Week / Month
	AFDC / TANF	YES	<b>NO</b>	\$ _____	Week / Month
	Unemployment	YES	<b>NO</b>	\$ _____	Week / Month
	Worker's Compensation	YES	<b>NO</b>	\$ _____	Week / Month
	Recurring Gift Income	YES	<b>NO</b>	\$ _____	Week / Month
	Grants & Scholarships	YES	<b>NO</b>	\$ _____	Week / Month
	Military/Reserve Pay	YES	<b>NO</b>	\$ _____	Week / Month
	Other Recurring Income	YES	<b>NO</b>	\$ _____	Week / Month
	Alimony / Child Support	YES	<b>NO</b>	\$ _____	Week / Month
Do you have a court order for Alimony, Child Support or other income? YES <b>NO</b>					
Current Employer <b>UNHD</b>		Position <b>TEACHER'S AID</b>		How Long from <b>1/2022</b> to <b>CURRENT</b>	
Telephone Number <b>702-555-7533</b>		Fax Number <b>702-555-7522</b>		Address <b>555 UNIVERSITY WAY</b>	
Current Wages (Circle one) \$ <b>1000</b> Per Hour / Week / Month		Average Hours Per Week <b>20</b>		Do you earn tips? YES <b>NO</b>	
		If Yes Weekly Amount		Do you have more than one job? YES <b>NO</b>	

RECURRING INCOME - (2nd Applicant)					
Applicants Name:					
Circle all applicable	Employed Full Time	Employed Part Time	Self-Employed	Non-Employed	Unemployed
<b>OTHER INCOME:</b> (Circle each one individually)					
<i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>	Social Security / Disability	YES	<b>NO</b>	\$ _____	Week / Month
	Retirement/Pension/Annuities	YES	<b>NO</b>	\$ _____	Week / Month
	AFDC / TANF	YES	<b>NO</b>	\$ _____	Week / Month
	Unemployment	YES	<b>NO</b>	\$ _____	Week / Month
	Worker's Compensation	YES	<b>NO</b>	\$ _____	Week / Month
	Recurring Gift Income	YES	<b>NO</b>	\$ _____	Week / Month
	Grants & Scholarships	YES	<b>NO</b>	\$ _____	Week / Month
	Military/Reserve Pay	YES	<b>NO</b>	\$ _____	Week / Month
	Other Recurring Income	YES	<b>NO</b>	\$ _____	Week / Month
	Alimony / Child Support	YES	<b>NO</b>	\$ _____	Week / Month
Do you have a court order for Alimony, Child Support or other income? YES <b>NO</b>					
Current Employer <b>NONE</b>		Position		How Long from _____ to _____	
Telephone Number		Fax Number		Address	
Current Wages (Circle one) \$ _____ Per Hour / Week / Month		Average Hours Per Week		Do you earn tips? YES <b>NO</b>	
		If Yes Weekly Amount		Do you have more than one job? YES <b>NO</b>	

RECURRING INCOME - (1st Applicant)					
Applicants Name: <b>DOUG</b>					
Circle all applicable	Employed Full Time	<b>Employed Part Time</b>	Self-Employed	Non-Employed	Unemployed
<b>OTHER INCOME:</b> (Circle each one individually)					
<i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>	Social Security / Disability	YES	<b>NO</b>	\$ _____	Week / Month
	Retirement/Pension/Annuities	YES	<b>NO</b>	\$ _____	Week / Month
	AFDC / TANF	YES	<b>NO</b>	\$ _____	Week / Month
	Unemployment	YES	<b>NO</b>	\$ _____	Week / Month
	Worker's Compensation	YES	<b>NO</b>	\$ _____	Week / Month
	Recurring Gift Income	YES	<b>NO</b>	\$ _____	Week / Month
	Grants & Scholarships	YES	<b>NO</b>	\$ _____	Week / Month
	Military/Reserve Pay	YES	<b>NO</b>	\$ _____	Week / Month
	Other Recurring Income	YES	<b>NO</b>	\$ _____	Week / Month
	Alimony / Child Support	YES	<b>NO</b>	\$ _____	Week / Month
Do you have a court order for Alimony, Child Support or other income? YES <b>NO</b>					
Current Employer <b>UNHD</b>		Position <b>TEACHER'S AID</b>		How Long from <b>1/2022</b> to <b>CURRENT</b>	
Telephone Number <b>702-555-7533</b>		Fax Number <b>702-555-7522</b>		Address <b>555 UNIVERSITY WAY</b>	
Current Wages (Circle one) \$ <b>1000</b> Per Hour / Week / Month		Average Hours Per Week <b>20</b>		Do you earn tips? YES <b>NO</b>	
		If Yes Weekly Amount		Do you have more than one job? YES <b>NO</b>	

RECURRING INCOME - (2nd Applicant)					
Applicants Name: <b>MARTHA</b>					
Circle all applicable	Employed Full Time	Employed Part Time	Self-Employed	<b>Non-Employed</b>	Unemployed
<b>OTHER INCOME:</b> (Circle each one individually)					
<i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>	Social Security / Disability	<b>YES</b>	<b>NO</b>	\$ <b>1900</b>	Week / <b>Month</b>
	Retirement/Pension/Annuities	YES	<b>NO</b>	\$ _____	Week / Month
	AFDC / TANF	YES	<b>NO</b>	\$ _____	Week / Month
	Unemployment	YES	<b>NO</b>	\$ _____	Week / Month
	Worker's Compensation	YES	<b>NO</b>	\$ _____	Week / Month
	Recurring Gift Income	YES	<b>NO</b>	\$ _____	Week / Month
	Grants & Scholarships	YES	<b>NO</b>	\$ _____	Week / Month
	Military/Reserve Pay	YES	<b>NO</b>	\$ _____	Week / Month
	Other Recurring Income	YES	<b>NO</b>	\$ _____	Week / Month
	Alimony / Child Support	YES	<b>NO</b>	\$ _____	Week / Month
Do you have a court order for Alimony, Child Support or other income? YES <b>NO</b>					
Current Employer <b>NONE</b>		Position		How Long from _____ to _____	
Telephone Number		Fax Number		Address	
Current Wages (Circle one) \$ _____ Per Hour / Week / Month		Average Hours Per Week		Do you earn tips? YES <b>NO</b>	
		If Yes Weekly Amount		Do you have more than one job? YES <b>NO</b>	

**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.*

Applicant Name: DOUG

Applicant Name: \_\_\_\_\_

	YES	NO	Value	Earnings/Interest	YES	NO	Value	Earnings/Interest
Cash on Hand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 500	\$ 0	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Direct Deposit Card (Prepaid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Checking Acct (6 month avg)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 2000	\$ 0	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Savings Acct (Current Balance)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Money Mkt/CD's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Stocks / Bonds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
IRA'S/ 401(K) Keogh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Real Estate / Land	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Boat/Trailer/RV/ATV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Lump Sum Payments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Safety Deposit Box	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Life Insurance Policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Royalties / Oil Contracts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Trust Funds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
1 Bonds/Savings Bonds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>Total:</b>			<b>\$ 2500</b>	<b>\$ 0</b>			<b>\$</b>	<b>\$</b>

Must check one of the boxes below

- Within the past two (2) years, I/we have sold or given away or have disposed of assets (including cash, real estate, ect.) for more than \$1,000 below the fair market value (FMV). Those amounts are included above and are equal to a total of: \$ \_\_\_\_\_  
Items disposed: \_\_\_\_\_
- I/we have not sold or given away assets (including cash, real estate, ect.) for less than fair market value during the past two (2) years.

**SECTION 8**

Do you receive Section 8 assistance? YES  NO  If YES, please complete the rest of Section

Name of Caseworker \_\_\_\_\_ Case Worker Phone or Email \_\_\_\_\_

Office:	Voucher Amount	Tenant Portion 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

If Yes, please state who you receive assistance from, the reason, and how often assistance is received:  
\_\_\_\_\_

**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.*

Applicant Name: DOUG

Applicant Name: MARTHA

	YES	NO	Value	Earnings/Interest	YES	NO	Value	Earnings/Interest
Cash on Hand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 500	\$ 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$
Direct Deposit Card (Prepaid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$
Checking Acct (6 month avg)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 2000	\$ 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 4000	\$
Savings Acct (Current Balance)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$
Money Mkt/CD's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$
Stocks / Bonds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$
IRA'S/ 401(K) Keogh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$
Real Estate / Land	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$
Boat/Trailer/RV/ATV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$
Lump Sum Payments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$
Safety Deposit Box	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$
Life Insurance Policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$
Royalties / Oil Contracts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$
Trust Funds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$
1 Bonds/Savings Bonds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$
Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$
Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$
Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	\$
<b>Total:</b>			<b>\$ 2500</b>	<b>\$ 0</b>			<b>\$ 4000</b>	<b>\$ 0</b>

Must check one of the boxes below

- Within the past two (2) years, I/we have sold or given away or have disposed of assets (including cash, real estate, ect.) for more than \$1,000 below the fair market value (FMV). Those amounts are included above and are equal to a total of: \$ \_\_\_\_\_  
Items disposed: \_\_\_\_\_
- I/we have not sold or given away assets (including cash, real estate, ect.) for less than fair market value during the past two (2) years.

**SECTION 8**

Do you receive Section 8 assistance? YES  NO  If YES, please complete the rest of Section

Name of Caseworker \_\_\_\_\_ Case Worker Phone or Email \_\_\_\_\_

Office:	Voucher Amount	Tenant Portion 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

If Yes, please state who you receive assistance from, the reason, and how often assistance is received:  
\_\_\_\_\_

**CERTIFICATION**

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Property Management, Agent for the owner of the property to accept this application, I certify that all information contained herein is true. Material falsification of information provided may result in the rejection of this application and/or termination of the Lease Agreement.

I have paid \$ 25 application fee per applicant. I/We understand that this is a non-refundable fee. In the event that my application is denied or canceled at anytime for any reason, this money will not be refunded.

In addition, applicant has paid \$ 100 holding deposit to agent to hold an apartment available from date of application to date of lease initiation. In the event this application is not approved by the owner, or the applicant withdraws the application within 72 hours of the date of deposit, the \$ 100 holding deposit shall be refunded. After that initial 72 hours period expires, it is understood that should applicant refuse to sign the lease or occupy the premises on the agreed upon date, the holding deposit is thereby forfeited. Upon occupying the premises, the \$ 100 holding deposit may be applied to any amounts owing at that time, such as rent due, security deposits, etc.

I/We certify that to the best of my/our knowledge all statements are true and correct. I/We further authorize Property Management, and/or its Agent to obtain credit reports, criminal background reports, character reports, verification of rental history, income, assets, and employment history as necessary to verify all information put forth in the above referenced application for residency. Fraudulent or misleading information may be grounds for denial of residency or subsequent eviction.

I understand I must provide management with all required and requested documentation within 72 hours. I understand that failure to provide requested information can and may lead to the cancellation of my application, and that my apartment and holding fee may be forfeited.

Have you or any other person in your household been convicted of any felony or misdemeanor offense?

Yes  No  (Circle one)

Have you ever been evicted or refused to pay rent for 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

Applicant

8/1/22

Date

Applicant

Steve Knight

Management Representative

Date

8/1/22

Date

**CERTIFICATION**

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Property Management, Agent for the owner of the property to accept this application, I certify that all information contained herein is true. Material falsification of information provided may result in the rejection of this application and/or termination of the Lease Agreement.

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Have you or any other person in your household been convicted of any felony or misdemeanor offense?

Yes  No  (Circle one)

Have you ever been evicted or refused to pay rent for 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

Applicant

8/1/22

Date

Applicant

Martha Gardena

Steve Knight

Management Representative

8/1/22

Date

8/1/22

Date

HOME SWEET HOME APARTMENTS

Unit Number	123	<b>Rental Application</b>					
HOUSEHOLD COMPOSITION							
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	<input checked="" type="radio"/> / N	702-867-5309
2	GARDENA	OLIVE	5/5/10	S	DAUGHTER	<input checked="" type="radio"/> / N	702-555-1212
Is any Member of the Household a Veteran? YES <input type="radio"/> NO <input checked="" type="radio"/> If Yes who: _____							
Do you anticipate a change in household occupants in the next 12 months? YES <input type="radio"/> NO <input checked="" type="radio"/>							
If Yes, please explain: _____							
Do you have a pet? YES <input checked="" type="radio"/> NO <input type="radio"/> If yes, what type, breed and size: DOG, GERMAN SHEPARD							
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 <input checked="" type="radio"/> No <input type="radio"/> (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 INFORMATION- RENTAL HISTORY (Need minimum 2 years of history)							
Phone (702) 555-1111				Email RICEARONI@DELICIOUS.COM			
Present Address		City	State	Zip	How Long?	() Own (X) Rent	
321 VENICE LANE		LV	NV	89111	From 2/2019 To		
Name of Present Landlord/Mortgage Co.		City	State	Zip	Monthly Payment	Phone	
E. SCROOGE		LV	NV	89111	\$ 1500	(702) 555-1112	
Previous Address		City	State	Zip	How Long?	() Own (X) Rent	
147 PANDA AVE		LV	NV	89222	From 1/2018 To 1/2019		
Name of Previous Landlord/Mortgage Co.		City	State	Zip	Monthly Payment	Phone	
MO MONAY		LV	NV	89333	1600	(702) 555-1113	
IMPORTANT INFORMATION							
AUTO #1 (Year, Make, Model, Color) License Plat State				Payment Made to:		Payment Amt	
2016 FORD EXPLORER, WHITE FDG-123 NV				OWN		\$ 0	
Emergency Contact		Relationship	Address		City	State Zip	Phone (702)
DENISE ROX		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?



HOME SWEET HOME APARTMENTS

Unit Number	123	<u>Rental Application</u>					
HOUSEHOLD COMPOSITION							
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	<input checked="" type="radio"/> / N	702-867-5309
2	GARDENA	OLIVE	5/5/10	S	DAUGHTER	<input checked="" type="radio"/> / N	702-555-1212
Is any Member of the Household a Veteran? YES <input type="radio"/> NO <input checked="" type="radio"/> If Yes who: _____							
Do you anticipate a change in household occupants in the next 12 months? YES <input type="radio"/> NO <input checked="" type="radio"/>							
If Yes, please explain: _____							
Do you have a pet? YES <input checked="" type="radio"/> NO <input type="radio"/> If yes, what type, breed and size: DOG, GERMAN SHEPARD							
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 <input checked="" type="radio"/> No <input type="radio"/> (Circle one)							
If Yes, to the above, answer the following:							
Are Applicant & Co-Aplicant 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 INFORMATION- RENTAL HISTORY (Need minimum 2 years of history)							
Phone (702) 555-1111		Email RICEARONI@DELICIOUS.COM					
Present Address		City	State	Zip	How Long?	() Own	
321 VENICE LANE		LV	NV	89111	From 2/2019 To	<input checked="" type="radio"/> Rent	
Name of Present Landlord/Mortgage Co.		City	State	Zip	Monthly Payment	Phone	
E. SCROOGE		LV	NV	89111	\$ 1500	(702) 555-1112	
Previous Address		City	State	Zip	How Long?	() Own	
147 PANDA AVE		LV	NV	89222	From 1/2018 To 1/2019	<input checked="" type="radio"/> Rent	
Name of Previous Landlord/Mortgage Co.		City	State	Zip	Monthly Payment	Phone	
MO MONAY		LV	NV	89333	1600	(702) 555-1113	
IMPORTANT INFORMATION							
AUTO #1 (Year, Make, Model, Color) License Plat State				Payment Made to:		Payment Amt	
2016 FORD EXPLORER, WHITE FDG-123 NV				OWN		\$ 0	
Emergency Contact		Relationship	Address		City	State Zip	Phone (702)
DENISE ROX		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

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.**

RECURRING INCOME - (1st Applicant)					
Applicants Name: <b>DOUG</b>					
Circle all applicable	Employed Full Time	<u>Employed Part Time</u>	Self-Employed	Non-Employed	Unemployed
<b>OTHER INCOME:</b> (Circle each one individually)					
<i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>	Social Security / Disability	YES	<u>NO</u>	\$ _____	Week / Month
	Retirement/Pension/Annuities	YES	<u>NO</u>	\$ _____	Week / Month
	AFDC / TANF	YES	<u>NO</u>	\$ _____	Week / Month
	Unemployment	YES	<u>NO</u>	\$ _____	Week / Month
	Worker's Compensation	YES	<u>NO</u>	\$ _____	Week / Month
	Recurring Gift Income	YES	<u>NO</u>	\$ _____	Week / Month
	Grants & Scholarships	YES	<u>NO</u>	\$ _____	Week / Month
	Military/Reserve Pay	YES	<u>NO</u>	\$ _____	Week / Month
	Other Recurring Income	YES	<u>NO</u>	\$ _____	Week / Month
	Alimony / Child Support	YES	<u>NO</u>	\$ _____	Week / Month
Do you have a court order for Alimony, Child Support or other income?		YES	<u>NO</u>	\$ _____	Week / Month
Current Employer <b>UNHD</b>		Position <b>TEACHER'S AID</b>	How Long from <b>1/2022</b> to <b>CURRENT</b>	Supervisor Name <b>A. EINSTEIN</b>	
Telephone Number <b>702-555-7533</b>		Fax Number <b>702-555-7522</b>	Address <b>555 UNIVERSITY WAY</b>		
Current Wages (Circle one) \$ <b>1000</b>	Average Hours Per Week <b>20</b>	Do you earn tips? YES <u>NO</u>	If Yes Weekly Amount \$ _____	Do you have more than one job? YES <u>NO</u>	

RECURRING INCOME - (2nd Applicant)					
Applicants Name:					
Circle all applicable	Employed Full Time	Employed Part Time	Self-Employed	Non-Employed	Unemployed
<b>OTHER INCOME:</b> (Circle each one individually)					
<i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>	Social Security / Disability	YES	NO	\$ _____	Week / Month
	Retirement/Pension/Annuities	YES	NO	\$ _____	Week / Month
	AFDC / TANF	YES	NO	\$ _____	Week / Month
	Unemployment	YES	NO	\$ _____	Week / Month
	Worker's Compensation	YES	NO	\$ _____	Week / Month
	Recurring Gift Income	YES	NO	\$ _____	Week / Month
	Grants & Scholarships	YES	NO	\$ _____	Week / Month
	Military/Reserve Pay	YES	NO	\$ _____	Week / Month
	Other Recurring Income	YES	NO	\$ _____	Week / Month
	Alimony / Child Support	YES	NO	\$ _____	Week / Month
Do you have a court order for Alimony, Child Support or other income?		YES	NO	\$ _____	Week / Month
Current Employer		Position	How Long from _____ to _____	Supervisor Name	
Telephone Number		Fax Number	Address		
Current Wages (Circle one) \$ _____	Average Hours Per Week	Do you earn tips? YES NO	If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	

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?

ASSETS					
<p><i>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.</i></p>					
Applicant Name: <u>DOUG</u>			Applicant Name: _____		
		Value	Earnings/Interest		
Cash on Hand	YES NO	\$ <u>500</u>	\$ <u>0</u>	YES NO	\$ _____ \$ _____
Direct Deposit Card (Prepaid)	YES NO	\$ _____	\$ _____	YES NO	\$ _____ \$ _____
Checking Acct (6 month avg)	YES NO	\$ <u>2000</u>	\$ <u>0</u>	YES NO	\$ _____ \$ _____
Savings Acct (Current Balance)	YES NO	\$ _____	\$ _____	YES NO	\$ _____ \$ _____
Money Mkt/CD's	YES NO	\$ _____	\$ _____	YES NO	\$ _____ \$ _____
Stocks / Bonds	YES NO	\$ _____	\$ _____	YES NO	\$ _____ \$ _____
IRA'S/ 401(K)/ Keogh	YES NO	\$ _____	\$ _____	YES NO	\$ _____ \$ _____
Real Estate / Land	YES NO	\$ _____	\$ _____	YES NO	\$ _____ \$ _____
Boat/Trailer/RV/ATV	YES NO	\$ _____	\$ _____	YES NO	\$ _____ \$ _____
Lump Sum Payments	YES NO	\$ _____	\$ _____	YES NO	\$ _____ \$ _____
Safety Deposit Box	YES NO	\$ _____	\$ _____	YES NO	\$ _____ \$ _____
Life Insurance Policies	YES NO	\$ _____	\$ _____	YES NO	\$ _____ \$ _____
Royalties / Oil Contracts	YES NO	\$ _____	\$ _____	YES NO	\$ _____ \$ _____
Trust Funds	YES NO	\$ _____	\$ _____	YES NO	\$ _____ \$ _____
I Bonds/Savings Bonds	YES NO	\$ _____	\$ _____	YES NO	\$ _____ \$ _____
Other _____	YES NO	\$ _____	\$ _____	YES NO	\$ _____ \$ _____
Other _____	YES NO	\$ _____	\$ _____	YES NO	\$ _____ \$ _____
Other _____	YES NO	\$ _____	\$ _____	YES NO	\$ _____ \$ _____
<b>Total:</b>		\$ <u>2500</u>	\$ <u>0</u>	<b>Total:</b>	\$ _____ \$ _____
Must check one of the boxes below					
<input type="checkbox"/> Within the past two (2) years, I/we have sold or given away or have disposed of assets (including cash, real estate, ect.) for more than \$1,000 below the fair market value (FMV). Those amounts are included above and are equal to a total of: \$ _____ Items disposed: _____					
<input checked="" type="checkbox"/> I/we have not sold or given away assets (including cash, real estate, ect.) for less than fair market value during the past two (2) years.					

SECTION 8			
Do you receive Section 8 assistance?		YES <input type="radio"/> NO <input checked="" type="radio"/>	If YES, please complete the rest of Section
Name of Caseworker		Case Worker Phone or Email	
Office:	Voucher Amount	Tenant Portion 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 <input type="radio"/> NO <input checked="" type="radio"/>	
If Yes, please state who you receive assistance from, the reason, and how often assistance is received: _____	

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?

CERTIFICATION

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Property Management, Agent for the owner of the property to accept this application, I certify that all information contained herein is true. Material falsification of information provided may result in the rejection of this application and/or termination of the Lease Agreement.

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I/We certify that to the best of my/our knowledge all statements are true and correct. I/We further authorize Property Management, and/or its Agent to obtain credit reports, criminal background reports, character reports, verification of rental history, income, assets, and employment history as necessary to verify all information put forth in the above referenced application for residency. Fraudulent or misleading information may be grounds for denial of residency or subsequent eviction.

I understand I must provide management with all required and requested documentation within 72 hours. I understand that failure to provide requested information can and may lead to the cancelation of my application, and that my apartment and holding fee may be forfeited.

Have you or any other person in your household been convicted of any felony or misdemeanor offense?

Yes No (Circle one)

Have you ever been evicted or refused to pay rent for 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

Applicant

8/1/22

Date

Applicant

Steve Knight

Management Representative

Date

8/1/22

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?