



MONROE PLACE

Property/ Project Name Monroe Place Unit # _____ No. of Bedrooms _____

Name: _____ Phone (Home) _____ Work _____

Current Address: _____

Email Address (es): _____

PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate. **DO NOT USE WHITE OUT**

PART I - FAMILY COMPOSITION - To be completed by applicant

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. - Please include additional household members & information on a separate sheet of paper.

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST MI	DOB	Age	Sex	Relationship	Marital Status (single, divorce, separated, widowed)	Social Security #	Live with Full or Part Time
				HEAD			

Please complete the following questions:

If any member of the household has used another name, please list this below (maiden name, former name, etc.)

Former name used	Current name used
Former name used	Current name used

Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? If Yes please explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all of the above household members reside in the household 100% of the time? If No, please list household members and why: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART II – RENTAL HISTORY - To be completed by applicant

Residence History: Current & Previous Landlords:

(Past 3 years residence including any owned by applicants.)

Current Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

PART III - HOUSEHOLD INCOME - To be completed by applicant

For questions income indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance. Additional documentation or verifications may be requested.

Do you or any one in your household have:

Income	Applicant Yes or No		Other Applicant Yes or No		Amount:
Wages or Salaries (gross income)					\$
Child Support (court ordered amount) Case # _____					\$
Alimony					\$
Social Security/SSDI/SSI (gross amount)					\$
Railroad Pension					\$
Public Assistance – AFDC, TANF, General Assistance					\$

Veterans Administration Benefits					\$
Pensions, IRA, and/or 401 (k) (Keogh Accounts)(regular periodic payments)					\$
Annuities (regular periodic payments)					\$
Unemployment Compensation					\$
Disability, Death Benefits and/or Life Insurance Dividends					\$
Worker's Compensation					\$
Severance Pay					\$
Net Income from a Business (Self-Employment, including rental property, land contracts, or other forms of real estate)					\$
Income from Assets					\$
Regular Contributions and/or Gifts					\$
Lottery Winnings or Inheritances					\$
All regular pay paid to members of the Armed Forces					\$
Education, Grants, Scholarships or other Student Benefits					\$
Other Income					\$
	Total				\$
	Total Gross Annual Income from previous Year (separate out if unrelated adults)				\$

PART IV – ASSET INCOME - To be completed by applicant

CURRENT ASSETS - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.

Do you or anyone in your household have:

Asset	Applicant Yes or No		Other Applicant Yes or No		Cash Value Amount	Name of Bank:
Savings Account					\$	
Checking Account <small>Debit Card/Demand Deposit Account</small>					\$	
Certificate of Deposit					\$	
Trust Account					\$	
Any Stocks or Securities					\$	
Any Treasury Bills					\$	
Retirement Fund / Annuities <small>(Include IRA's or Keogh Accounts)</small>					\$	
Mutual Funds					\$	
Saving Bonds					\$	

Money Market Account					\$	
Cash on Hand (excluding checking accts)					\$	
Prepaid Debit Card (Direct Express, NetSpend, CitiBank, reloadable Wal-Mart cards, red or green dot cards, Etc.)					\$	

Do you or anyone in your household have:

<p>Own Equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this included your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)?</p> <p>a. If yes, type of property:</p> <p>_____</p> <p>b. Location of Property:</p> <p>_____</p> <p>c. Appraised Market Value:</p> <p>_____</p> <p>d. Mortgage or Outstanding loan balance due:</p> <p>_____</p> <p>e. Amount of Annual Insurance Premium:</p> <p>_____</p> <p>f. Amount of most recent tax bill:</p> <p>_____</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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PART V - EMPLOYMENT HISTORY - To be completed by applicant

Head's Current Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address:					
Address		City	State	Zip	Phone Number

Head's Previous Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address:					
Address		City	State	Zip	Phone Number

43. Spouse Current Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address:					
Address		City	State	Zip	Phone Number

PART VI - CREDIT REFERENCES - To be completed by applicant

Name	Address/Phone	Monthly Payment
		\$
		\$
		\$

PART VII - OTHER - To be completed by applicant

47. Do you have full custody of your child (ren)? Explain the custody arrangements: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Would you or any members of your household benefit from a handicapped-accessible unit? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Do you currently have a pet (s)? What kind of pet(s) do you have? _____ Are they up to date on vaccinations? _____ Spayed or Neutered? _____ Age _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. Does anyone in the household smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No

43. Special living accommodations required?

If yes please explain: _____

☐ Yes

☐ No

PART VIII – RESIDENT’S STATEMENT - To be completed by applicant

44.Do you have a legal right to be in the United States: (check one that applies)

☐ Yes, because I am a United States Citizen

☐ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service)

☐ No

If you answered “Yes” because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a Non-Citizen with eligible immigration status.

PART X – IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant

Name / Relationship	Address	Phone

PART XI - RESIDENT’S STATEMENT - To be completed by applicant

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Applicant Signature (Head)

Date

Applicant Signature (Co-Head)

Date

Other Applicant Signature

Date

Other Applicant Signature

Date

Signature of Owner’s or Developer’s
Authorized Representative:

Date

UNDER \$5,000 ASSET CERTIFICATION

(The use of white out, black out, or alteration of original information will void this document.)

Project Name:		IFA Project #		Date:	
Applicant/Tenant:		SSN:		Apt. #:	

For households whose combined net assets do not exceed \$5,000.

Complete only one form per household; include assets of children.

Complete all that apply for 1 through 4:

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$	%	\$	Savings Account	\$	%	\$	Checking Account
\$	%	\$	Cash on Hand	\$	%	\$	Safety Deposit Box
\$	%	\$	Certificates of Deposit	\$	%	\$	Money market funds
\$	%	\$	Stocks	\$	%	\$	Bonds
\$	%	\$	IRA Accounts	\$	%	\$	401K Accounts
\$	%	\$	Keogh Accounts	\$	%	\$	Trust Funds
\$	%	\$	Equity in real estate	\$	%	\$	Land Contracts
\$	%	\$	Lump Sum Receipts	\$	%	\$	Capital investments
\$	%	\$	Life Insurance Policies (excluding Term)				
\$	%	\$	Other Retirement/Pension Funds not named above:				
\$	%	\$	Personal property held as an investment** :				
\$	%	\$	Other (list):				

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$_____ (*the difference between FMV and the amount received, for each asset on which this occurred).
3. ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. ☐ I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$_____. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant	Date	Applicant/Tenant	Date
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NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.