

SUPPLEMENT TO RENTAL APPLICATION FOR UNITS POTENTIALLY SUBJECT TO GOVERNMENT-REGULATED AFFORDABLE HOUSING PROGRAM

The purpose of this Supplement to Rental Application is to determine whether you qualify for affordable rental housing under a government-regulated affordable housing program, if such program is applicable to this community. It is very important that you answer all questions fully and accurately, but understand that the unit for which you are applying may not be, or may not remain, subject to the program. **(Please Print Clearly)**

APPLICANT'S INFORMATION:

Applicant Full Name (Last, First, M.I.)			
Student Status	Not a student <input type="checkbox"/>	Full Time Student <input type="checkbox"/>	Part Time Student <input type="checkbox"/>
Do you have a Section 8 Voucher?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

OTHERS TO RESIDE IN THE APARTMENT AND/OR ANYONE WHO MAY BE JOINING THE HOUSEHOLD IN THE NEXT 12 MONTHS: (IF NONE, MARK 'NONE')

	Full Legal Name	Relationship to Applicant	Date of Birth	Student Status (Full-Time, Part-Time, N/A)
2				
3				
4				
5				
6				
7				
8				

Are any household members listed above: Foster Children? Yes No Live-in Aides? Yes No

Does anyone live with you now that is not listed above? Yes No

Does anyone plan to live with you in the future who is not listed above? Yes No

If you answered "Yes" to any of the above questions, please explain: _____

ANNUAL INCOME

List all income of adults and persons in your household, including those under 18 (except for income earned from employment by persons under the age of 18).

Gross Monthly Income Source: <i>Indicate whether anyone in your household receives income from the following:</i>			Applicant	Other Household Members	Total
Salary/Hourly Wages	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	\$
Overtime Pay	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	\$
Commissions and Fees	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	\$
Tips and Bonuses	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	\$
Net Income from Business	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	\$
Rental Income	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	\$
Social Security	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	\$
Pensions/Retirement Funds (Received Periodically)	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	\$
Contributions from Friends or Family	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	\$
Scholarships/Grants/ Work Study	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	\$
Unemployment Benefits	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	\$
Worker's Compensation	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	\$



Gross Monthly Income Source: <i>Indicate whether anyone in your household receives income from the following:</i>			Applicant	Other Household Members	Total
Do you have a Court Order for Child Support/Alimony (whether or not paid)?	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	\$
Do you receive Child Support/Alimony?	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	\$
TANF / AFDC	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	\$
Veteran's Administration	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	\$
Other	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	\$

If "other income" please explain: _____

ASSETS

List all assets for you and for anyone else in the household, including those under the age of 18.

Listing of All Assets			Cash Value	Annual Interest, Dividends, or Rent from Assets	Name of Financial Institution or Description of Asset	Account Number
Checking Account(s)	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		
			\$	\$		
Savings Account(s)	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		
			\$	\$		
Cash on Hand	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		
Stocks/Bonds	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		
CD/Money Market	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		
Mutual Funds	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		
IRA/401K Account	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		
Trust Fund	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		
Whole Life Insurance (cash value)	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		
Real Estate or Home	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		
Other	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		

If "other assets" please explain: _____

CERTIFICATION AND ACKNOWLEDGMENT. By signing below, the undersigned is certifying that all the above information is true and correct and consenting to the disclosure of income and financial information from employer(s), financial institutions, and other sources identified.

Signature Date

Signature Date

Signature Date

Signature Date

