



CRANE PLACE
1331 Crane Street
Menlo Park, CA 94025
(650) 325-2442 or (925) 627-7015 for TTY Machine

APPLICATION &/OR CHECKLIST/QUESTIONNAIRE
CERTIFICATION (MOVE IN)

Application Number: _____

Section 8 Recipient Check Here

Move-In Date ____/____/____

or

Effective Date ____/____/____

Current Rent \$ _____

Head of Household Name: _____

Address: _____

City, State, Zip: _____ County _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Drivers License #: _____ (or other ID for credit check)

Please check one of the following:

- Married Separated Widow/Widower
 Single Divorced

If married, does your spouse live with you? Yes No

If you answered NO above, can you provide proof of legal separation or divorce? Yes No

Co-Head Name: _____

Co-Head Address (if different from your current address): _____

Drivers License #: _____ (or other ID for credit check)

How did you hear about us? Please explain: _____

Please indicate the desired unit size (more than one size may be chosen): Studio 1-Bedroom

I. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

A. List the Head of the Household and all other members who will be living in the unit. Give the relationship of each family member to the Head of Household.

#	Member's Full Name	Relationship	Birth date	Age	Sex	Social Security #
			/ /			- -
			/ /			- -
			/ /			- -

II. PREVIOUS RENTAL HISTORY

- A. Name and address of your present landlord: _____
 Telephone number: (____) _____ - _____ How long did you live there? _____
 Reason for leaving? _____
- B. Name and address of your previous landlord _____
 Telephone number: (____) _____ - _____ How long did you live there? _____
 Reason for leaving? _____

Please provide the name, address, and phone number of two personal references. You may provide the name of your next of kin or someone who knows you well.

1. _____

 (____) _____ - _____
2. _____

 (____) _____ - _____

C. Are you now living in a federally subsidized housing unit? Yes (*answer below*) No

1. Name of Complex: _____
 2. Name of Manager: _____
 3. Manager's Telephone Number: (____) _____ - _____

D. Provide the following IF:

1. your household will be receiving Section 8 rental assistance at time of move-in; **OR**
 2. your household will be eligible or be applying to receive Section 8 rental assistance in the next 12 months?

Agency: _____

Contact Person: _____ Expected Date (if applicable): ____ / ____ / ____

The following questions are to be completed by all applicants/residents. For each "yes" answer, provide details in the space provided after each question.

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Does anyone live with you now who is not listed above? (<i>If yes, explain</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____
Does anyone plan to live with you in the future who is not listed above? (<i>If yes, explain</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____
Is the head of household or spouse handicapped or disabled? (<i>Optional</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. _____
Are any other household members handicapped or disabled? (<i>Optional</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. _____
Please identify any special housing needs your household has if you answered yes to 3 or 4 above:
_____ | | |

III. INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes" answer, provide details in the space provided after each question.

A. ASSETS

- | | YES | NO |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Does any member of your household have a <u>checking</u> account? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Bank/Company Name: _____
Address: _____
Account Number: _____ | | |
| b. Household member: _____
Bank/Company Name: _____
Address: _____
Account Number: _____ | | |
| c. Household member: _____
Bank/Company Name: _____
Address: _____
Account Number: _____ | | |
| 2. Does any member of your household have a <u>savings</u> account? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Bank/Company Name: _____
Address: _____
Account Number: _____ | | |
| b. Household member: _____
Bank/Company Name: _____
Address: _____
Account Number: _____ | | |
| c. Household member: _____
Bank/Company Name: _____
Address: _____
Account Number: _____ | | |
| 3. Does any member of your household have any time certificates or Certificates of Deposit, Money Market accounts, or any other interest-bearing accounts <i>in this country or any other country?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Bank/Company Name: _____
Address: _____
Account Number: _____ | | |
| b. Household member: _____
Bank/Company Name: _____
Address: _____
Account Number: _____ | | |

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 4. Does any member of your household have any new accounts, transferred accounts, or certificates that have matured for which we will need new addresses and account numbers? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Bank/Company Name: _____
Address: _____
Account Number: _____ | | |
| b. Household member: _____
Bank/Company Name: _____
Address: _____
Account Number: _____ | | |
| 5. Does any member of your household have any stocks or bonds? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Institution Name: _____
Address: _____
Account Number: _____ | | |
| b. Household member: _____
Institution Name: _____
Address: _____
Account Number: _____ | | |
| 6. Does any member of your household hold control of any trust funds? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Institution Name: _____
Address: _____
Account # _____ Is trust irrevocable? ____ Yes ____ No | | |
| b. Household member: _____
Institution Name: _____
Address: _____
Account # _____ Is trust irrevocable? ____ Yes ____ No | | |
| 7. Does any member of your household have any IRA and/or Keogh accounts? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Bank/Company Name: _____
Address: _____
Account Number: _____ | | |
| b. Household member: _____
Bank/Company Name: _____
Address: _____
Account Number: _____ | | |
| 8. Do you have a safe deposit box or any lump sum moneys in your household? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Source: _____ Amount: \$ _____
Describe: _____ | | |
| 9. Does any member of your household have any personal property that is being held as an investment (examples: antiques, cars, jewelry, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |

- YES** **NO**
10. Does any member of your household hold title to any real estate (including mobile homes) in this state, any other state, or in any other country?
- a. Household member: _____
 Location: _____
 Type of Real Estate: _____
- b. Household member: _____
 Location: _____
 Type of Real Estate: _____
11. Does any member of your household now have equity in or expect to have equity in rental property or other capital investment?
- a. Household member: _____
 Property Located: _____
 Capital investment in or with: _____
- b. Household member: _____
 Property Located: _____
 Capital investment in or with: _____
12. Does any member of your household receive payments from a personal loan?
- a. Household member: _____
 Source: _____
 Amount: \$ _____ Monthly / _____ Periodically
- b. Household member: _____
 Source: _____
 Amount: \$ _____ Monthly / _____ Periodically
13. Has any member of your household disposed of any assets for less than fair market value during the two (2) years preceding the effective date of this certification (*If yes, complete the next portion*)?

Household Member	Asset(s)	Fair Market Value of Asset	Disposed for (list dollar amount)
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

14. Does any member of your household have or expect to have assets held jointly with another person?

Household Member	Asset(s)	Asset Value	Ownership Percentage
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

15. Does any member of your household have a life insurance policy?
- a. Household member: _____
 Describe: _____
- b. Household member: _____
 Describe: _____

- | | YES | NO |
|-----------------------------------------------------------------------------|--------------------------|--------------------------|
| 16. Does any member of your household have other accounts not listed above? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Describe: _____ | | |
| b. Household member: _____
Describe: _____ | | |

B. INCOME - PERIODICAL PAYMENTS

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Does any member of your household receive or expect to receive Social Security? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Social Security #: _____ - ____ - _____ Amount \$ _____ | | |
| b. Household member: _____
Social Security #: _____ - ____ - _____ Amount \$ _____ | | |
| c. Household member: _____
Social Security #: _____ - ____ - _____ Amount \$ _____ | | |
| 2. Does any member of your household receive benefits under another Social Security number (example: widow benefits under husband's social security number)? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Social Security #: _____ - ____ - _____ Amount \$ _____ | | |
| b. Household member: _____
Social Security #: _____ - ____ - _____ Amount \$ _____ | | |
| 3. Does any member of your household receive or expect to receive Supplemental Social Security Income, SSI? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Social Security #: _____ - ____ - _____ Amount \$ _____ | | |
| b. Household member: _____
Social Security #: _____ - ____ - _____ Amount \$ _____ | | |
| 4. Does any member of your household receive or expect to receive armed forces pay, Veteran's, Civil Service, or Railroad benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Social Security #: _____ - ____ - _____ Amount \$ _____ | | |
| b. Household member: _____
Social Security #: _____ - ____ - _____ Amount \$ _____ | | |
| 5. Does any member of your household receive or expect to receive any <i>pensions or annuities</i> ; <u>OR</u> , does any member of your household receive or expect to receive any <i>quarterly increases or allowances</i> deriving from your pensions, annuities, or other sources of income? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Social Security #: _____ - ____ - _____ Amount \$ _____ | | |
| b. Household member: _____
Social Security #: _____ - ____ - _____ Amount \$ _____ | | |

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 6. Does any member of your household receive or expect to receive any income from insurance policies, death or disability benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Company Name: _____
Address: _____
Account Number: _____ | | |
| b. Household member: _____
Company Name: _____
Address: _____
Account Number: _____ | | |
| 7. Does any member of your household receive or expect to receive any regular income from severance package? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Source: _____
Address: _____
Account #: _____ Amount \$ _____ | | |
| b. Household member: _____
Source: _____
Address: _____
Account #: _____ Amount \$ _____ | | |
| 8. Does any member of your household now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Source: _____
Address: _____
Amount: \$ _____ Monthly / Periodically | | |
| b. Household member: _____
Source: _____
Address: _____
Amount: \$ _____ Monthly / Periodically | | |
| 9. Are you or any other adult household member claiming zero income (<i>If yes, explain</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Explanation: _____ | | |
| b. Household member: _____
Explanation: _____ | | |

C. INCOME - LUMP SUM (One-Time; Not Periodical) PAYMENTS

Have you or any member of your household received any lump sum payments such as:

- | | | |
|--------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Inheritances? Amount: \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Lottery Winnings? Amount: \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Insurance Settlements (health, Workers Comp., etc.)? Amount: \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Capital Gains? Amount: \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |

- | | YES | NO |
|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 5. Social Security benefits, Unemployment Compensation, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Source: _____
Address: _____
Account #: _____ Amount \$ _____ | | |
| b. Household member: _____
Source: _____
Address: _____
Account #: _____ Amount \$ _____ | | |
| 6. Other (i.e. Alimony, Money from children, child support, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Source: _____
Address: _____
Reference #: _____ Amount \$ _____ | | |
| b. Household member: _____
Source: _____
Address: _____
Reference #: _____ Amount \$ _____ | | |
| How is support received (<i>check all that apply</i>)? | | |
| Child Support Enforcement (Name of Agency): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Court of Law (Name of Court): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Directly from Individual (Person's Name): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Explain): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If money is not actually received, are you taking legal action to remedy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation: _____ | | |

D. EMPLOYMENT

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Is any member of your household employed full-time, part-time, or seasonally? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Name of employer: _____
Employer's address: _____
How long employed: _____ Salary Amount \$ _____
___ Hourly ___ Monthly ___ Full-Time ___ Part-Time ___ Seasonal | | |
| b. Household member: _____
Name of employer: _____
Employer's address: _____
How long employed: _____ Salary Amount \$ _____
___ Hourly ___ Monthly ___ Full-Time ___ Part-Time ___ Seasonal | | |

- | | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 2. Did any member of your household work in any capacity during the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____ | | |
| Name of employer: _____ | | |
| Employer's address: _____ | | |
| How long employed: _____ Salary Amount \$ _____ | | |
| ___ Hourly ___ Monthly ___ Full-Time ___ Part-Time ___ Seasonal | | |
| b. Household member: _____ | | |
| Name of employer: _____ | | |
| Employer's address: _____ | | |
| How long employed: _____ Salary Amount \$ _____ | | |
| ___ Hourly ___ Monthly ___ Full-Time ___ Part-Time ___ Seasonal | | |
| 3. Is any member of your household expecting to work for any period of time during the coming 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____ | | |
| Name of employer: _____ | | |
| Employer's address: _____ | | |
| How long employed: _____ Salary Amount \$ _____ | | |
| ___ Hourly ___ Monthly ___ Full-Time ___ Part-Time ___ Seasonal | | |
| b. Household member: _____ | | |
| Name of employer: _____ | | |
| Employer's address: _____ | | |
| How long employed: _____ Salary Amount \$ _____ | | |
| ___ Hourly ___ Monthly ___ Full-Time ___ Part-Time ___ Seasonal | | |
| 4. Does any member of your household expect a leave of absence from work due to lay-off, medical, maternity, or military leave? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____ | | |
| Explain: _____ | | |
| b. Household member: _____ | | |
| Explain: _____ | | |
| 5. Do you or any member of your household receive any income under Title V of the Older Americans Act (such as RSVP, Green Thumb, Senior Aides, Older American Community Service Employment Program, Foster Grandparent Program)? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____ | | |
| Source: _____ | | |
| Address: _____ | | |
| Account #: _____ Amount \$ _____ | | |
| b. Household member: _____ | | |
| Source: _____ | | |
| Address: _____ | | |
| Account #: _____ Amount \$ _____ | | |

E. UNEMPLOYMENT BENEFITS

- | | | |
|------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Does any member of your household receive or expect to receive unemployment benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____ Amount \$ _____ | | |
| b. Household member: _____ Amount \$ _____ | | |

F. MEDICAL (This allowance is permitted only for households whose head or spouse is 62 years of age or older, or disabled)

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Is any member of your household receiving or expecting to receive medical insurance, such as Medi-Cal, Blue Cross/Blue Shield, AARP, Medicare, Kaiser, etc.
a. Company Name: _____ Amount \$ _____
b. Company Name: _____ Amount \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does any member of your household have or expect to have any prescription drug expenses which are NOT covered by insurance?
a. Expense Type: _____ Amount \$ _____
b. Expense Type: _____ Amount \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does any member of your household anticipate any medical expenses which are NOT covered by insurance?
a. Expense Type: _____ Amount \$ _____
b. Expense Type: _____ Amount \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does any member of your household anticipate any major dental, vision, or hearing-aid expense in the coming year which are NOT covered by insurance?
a. Expense Type: _____ Amount \$ _____
b. Expense Type: _____ Amount \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you anticipate expenses in the coming year for the cost of a care attendant or for the cost of equipment for any disabled household member necessary to permit that person or someone else in the household <i>to work</i> ?
a. Expense Type: _____ Amount \$ _____
b. Expense Type: _____ Amount \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |

G. OTHER

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Do you have full custody of your child(ren)?
Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there any absent household members who under normal conditions would live with you?
a. Name: _____ Relationship: _____
Explanation: _____
b. Name: _____ Relationship: _____
Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are any household members temporarily absent?
a. Name: _____ Relationship: _____
Explanation: _____
b. Name: _____ Relationship: _____
Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

- | | YES | NO |
|---------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 4. Have you listed any household members who will be permanently absent from the unit? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Name: _____ Relationship: _____
Explanation: _____ | | |
| b. Name: _____ Relationship: _____
Explanation: _____ | | |
| 5. Will you or any other adult household member require a live-in care attendant to live independently? | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Attendant: _____
Relationship (if any): _____
Explanation: _____ | | |
| 6. Are any household members 18 years of age and a Full or Part time Student? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Name: _____ Relationship: _____ | | |
| b. Name: _____ Relationship: _____ | | |
| 7. Are any members of your household anticipating becoming a Full or Part time Student in the next 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Name: _____ Relationship: _____ | | |
| b. Name: _____ Relationship: _____ | | |
| 8. Are there any Foster Children who are part of the household? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Name: _____ Age: _____ | | |
| b. Name: _____ Age: _____ | | |
| 9. Does any member of your household receive or expect to receive alimony? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Amount: \$ _____ Monthly / _____ Quarterly | | |
| 10. Is any member of your household entitled to receive alimony that is not currently receiving alimony? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Amount: \$ _____ Monthly / _____ Quarterly | | |
| 11. Does any member of your household receive or expect to receive any monetary gifts on a regular basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____ Amount \$ _____
Source: _____
Address: _____ | | |
| b. Household member: _____ Amount \$ _____
Source: _____
Address: _____ | | |
| 12. Does anyone in the unit benefit from Handicap Assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____ Amount \$ _____
Explanation: _____ | | |
| b. Household member: _____ Amount \$ _____
Explanation: _____ | | |

- | | YES | NO |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 13. Have you or anyone else named on this application filed for bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Explanation: _____ | | |
| b. Household member: _____
Explanation: _____ | | |
| 14. Have you or anyone else named on this application been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Explanation: _____ | | |
| b. Household member: _____
Explanation: _____ | | |
| 15. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Explanation: _____ | | |
| b. Household member: _____
Explanation: _____ | | |
| 16. Have you or anyone else named on this application been convicted of property damage? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Explanation: _____ | | |
| b. Household member: _____
Explanation: _____ | | |
| 17. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home, or trailer? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Explanation: _____ | | |
| b. Household member: _____
Explanation: _____ | | |
| 18. Are you receiving or will you receive in the future an Earned Income Tax Credit from your IRS tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Explanation: _____ | | |
| b. Household member: _____
Explanation: _____ | | |
| 19. Do you have any expense for child care of a child aged 12 or younger? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Amount \$ _____ Explanation: _____ | | |

I/we acknowledge that I/we have been advised that the making of any misrepresentation or misstatement in this questionnaire will constitute a material breach of my/our agreement with the Landlord to lease the unit and will entitle the Landlord to prevent or terminate my/our occupancy of the unit by institution of an action for ejection or other appropriate proceedings.

Applicant/Tenant Initial(s) _____

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/HUD/CalHFA/PHA to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information, including but not limited to a *credit and criminal background check*, which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law. All information provided is considered confidential and will be handled accordingly.

Applicant/Tenant Initial(s) _____

I/we have received a copy of the Resident Selection Policy.

Applicant/Tenant Initial(s) _____

Every household member 18 years and older must sign below:

Signature of Head

Date

Signature of Spouse/Co-Head

Date

Signature of Other Household Member 18 or older

Date

Signature of Management Agent

Date

FOR OFFICE USE ONLY:

Reviewed By: _____ Date Reviewed: ____/____/____

Follow-up Needed: Yes No If Yes, what is needed: _____

Date(s) of Follow-up: ____/____/____ ____/____/____ ____/____/____

Follow-up Notes: _____

