

APPLICATION FOR HOUSING AND TENANT INCOME CERTIFICATION

Serenity Apartments

Initial Certification _____

Annual Recertification _____

Name _____

Phone: _____

Address: _____

1. List all the occupants of the apartment, the relationship (if any) of the various occupants, their ages, and indicate whether they are students. (For this purpose, a student is any individual who has been, or will be, a full-time student at an educational institution, with regular facilities and students, during five months of the previous or upcoming year, other than correspondence school.)

	Occupant	Relationship	Social Security Number	Birth Date	Student Yes or Not
A					
B					
C					
D					
E					
F					

2. Please answer each of the following questions. For each "Yes" answer provide the details in the chart below.

	Yes	No
Is any member of your household employed, full-time, part-time, or seasonally?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household expect to work for any period during the next twelve months?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household work for someone who pays them in cash?	<input type="checkbox"/>	<input type="checkbox"/>
Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household now receive, or expect to receive unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your family now receive or expect to receive child support?	<input type="checkbox"/>	<input type="checkbox"/>
Is any member of your household entitled to child support that he/she is not now receiving?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household now receive or expect to receive alimony payments?	<input type="checkbox"/>	<input type="checkbox"/>
Is any member of your household entitled to alimony payments that he/she is not now receiving?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive or expect to receive welfare assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive or expect to receive Social Security benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive or expect to receive income from a pension or annuity?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive or expect to receive income from student financial assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from the rental of property?	<input type="checkbox"/>	<input type="checkbox"/>

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next 12 months.

FAMILY MEMBER	SOURCE/TYPE OF INCOME	ANNUAL INCOME

3. List all checking and savings accounts (including IRA's, Keough accounts, and Certificates of Deposit) of all household members, including accounts disposed of during the past two years.

FAMILY MEMBER	FINANCIAL INSTITUTION	ACCOUNT NUMBER	TYPE OF ACCOUNT	CURRENT BALANCE

4. List value of all stocks, bonds, trusts, pension contributions, or other assets: _____

5. Do you own a home or other real estate? _____

6. Did you have any assets in the last two years not listed above? Yes No If yes, did you dispose of any assets for less than fair market value? (This means that the assets were either given away or sold at less than the allotted market value.) What were the assets, the market value at the time of disposition, the amount received, and date you disposed of the assets?

Any assets listed as disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification, will be counted as assets if the difference between the value and the amount received exceeds \$1000.

7. **RESIDENT'S STATEMENT:** 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 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 (other than personal property). I/we further certify that the statements made in this application 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 Head _____ Date: _____

Signature of Spouse or Co-Tenant: _____ Date: _____