



# move-in application

Head of Household Name		
Head of Household Address		
City	State	Zip Code
Phone Number	Email	

The information on this form is needed to certify your household. Please complete this **entire** form and **leave no blanks**. If there are any questions that you do not understand, please call the apartment manager. Thank you for your cooperation.

## part 1 household composition

hh mbr	full name	relationship to head of household (hoh)	date of birth	social security number
1		HoH		
2				
3				
4				
5				
6				
Do you expect any additions to the household within the next 12 months? (check one) If yes, please explain:				<input type="checkbox"/> Yes <input type="checkbox"/> No

## part 2 current/previous residency

current address [provide previous address(es) if less than two years]	dates of residency	rent or own?	monthly payment	landlord/mortgage company name
	from: to:			
	from: to:			
	from: to:			
	from: to:			

## part 3 household income

does your household have income, assistance, or benefits from the sources listed below?		monthly income/assistance amount	hh mbr #
<input type="checkbox"/> Yes <input type="checkbox"/> No	Self employment <i>(list nature of self employment)</i>	<i>(use net income from business)</i> \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment with a third-party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. <i>If yes, list the information in Part 4 below.</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment benefits	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Administration, GI Bill, or National Guard/ military benefits/income	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Educational assistance (for full- and part-time students)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement benefits from Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Unearned</b> income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability or death benefits other than Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance:	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we receive public assistance income (example: TANF, OAP, and AND)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child support payments. If yes, for how many children do you receive support? _____	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony/spousal support payments	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions. If yes, list sources: 1. 2.	\$ \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from real or personal property	<i>(use net earned income)</i> \$	

does your household have income, assistance, or benefits from the sources listed below?		monthly income/assistance amount	hh mbr #
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Do your family, friends, or any other person or organization outside of your household help you meet needs by giving you cash assistance?</p> <p>If yes, who provides the cash assistance?</p> <p>What is the average cash amount you receive?</p>	<p>How often do you receive the cash assistance?</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Yearly <input type="checkbox"/> Other:</p> <p>\$</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Do your family, friends, or any other person or organization outside of your household help you pay a bill or expense, such as for utilities, car, gas, insurance, bus pass, telephone, cable/internet, diapers, etc.?</p> <p>If yes, who helps you pay the bills or expenses?</p> <p>What is the average amount of assistance you receive?</p>	<p>How often do you receive the cash assistance?</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Yearly <input type="checkbox"/> Other:</p> <p>\$</p>	

## part 4 current employment information

(please attach a separate form for additional employment, if needed)

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay	<input type="checkbox"/> 2 times a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Number of Hours Worked per Week	Work Phone	Work Fax	
	\$					

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay	<input type="checkbox"/> 2 times a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Number of Hours Worked per Week	Work Phone	Work Fax	
	\$					

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2 times a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Number of Hours Worked per Week	Work Phone	Work Fax

## part 5 previous employment information

(not required for retired persons)

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Ending Salary/Rate of Pay \$	<input type="checkbox"/> 2 times a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Terminate Date	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Ending Salary/Rate of Pay \$	<input type="checkbox"/> 2 times a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Terminate Date	Work Phone	Work Fax

## part 6 student status certification

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

Please choose **one** option below that best describes your **household**.

<input type="checkbox"/>	The household contains <b>at least one occupant who is not a student</b> and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). List non-student here:
<input type="checkbox"/>	The household contains <b>all students</b> , but is qualified because at least one occupant is a <b>part-time</b> student. Verification of part-time student status is required. List part-time student here:
<input type="checkbox"/>	The household contains <b>all students who were, are, or will be full-time</b> for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). <b>If yes, you must answer all five questions below.</b>

	yes	no
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)f	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student a single parent with child(ren), <b>and</b> this parent is not a dependent of someone else, <b>and</b> the child(ren) is/are not dependent(s) of someone other than the parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>

## part 7 household asset information

non-necessary personal property		hh mbr #	cash value	interest rate	annual income
<input type="checkbox"/> Yes <input type="checkbox"/> No	RVs, ATVs, boats, antique cars, stamp collections, etc. 1. Description: 2. Description:		\$ \$		\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash on hand.		\$		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking account(s). If yes, list <b>bank names and account number(s)</b> . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings account(s). If yes, list <b>bank names and account number(s)</b> . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$

non-necessary personal property		hh mbr #	cash value	interest rate	annual income
<input type="checkbox"/> Yes <input type="checkbox"/> No	Debit card(s). If yes, list <b>last 4 numbers of the card(s)</b> . 1. Last 4 numbers on card: 2. Last 4 numbers on card:		\$ \$		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Internet-based assets (Cash app, Venmo, PayPal, Apple Pay, etc.).		\$	%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Brokerage account(s). If yes, list <b>bank names(s) and account number(s)</b> . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Capital investments.		\$	%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities. If yes, list <b>bank name(s) and account number(s)</b> . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Money market. If yes, list <b>bank name(s) and account number(s)</b> . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Life insurance (do not include term life). If yes, list <b>company</b> . 1. 2.		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cryptocurrency (Ethereum, Tether, Bitcoin, etc.)		\$	%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks/Bonds. If yes, list <b>company</b> where held. 1. 2.		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit. If yes, list <b>bank name(s) and account number(s)</b> . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust funds that are under control of the household. If yes, list <b>bank name(s) and account number(s)</b> . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Lump Sum amounts (lottery/inheritance, etc). 1. Description: 2. Description:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Deposit Box and its contents.		\$		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other 1. Description: 2. Description:		\$ \$	% %	\$ \$

non-necessary personal property		hh mbr #	cash value	interest rate	annual income
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have disposed of assets (i.e., gave away money/assets) for less than the fair market value in the past two years. If yes, list items and date disposed.  1. Item and date disposed  2. Item and date disposed		\$	%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received a tax refund in the last 12 months?		Amount of return: \$		\$
real property		hh mbr #	cash value	interest rate	annual income
<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of property  1.  2.		\$	%	\$
			\$	%	\$

If forms are completed electronically, one of the following boxes must be checked:

- ☐ This form was completed electronically by the resident.
- ☐ Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).

## signatures

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

Print Name of Applicant Signature Date

Print Name of Applicant Signature Date

Print Name of Other Applicant Signature Date

Print Name of Other Applicant Signature Date

Reviewed by (Signature of Owner/Representative) Date

All household members ages 18 or over must sign and date.