



INGERMAN AFFORDABLE HOUSING, INC.

RENTAL APPLICATION

Please complete each line on this application, if it does not apply put N/A.

APPLICANT INFORMATION

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____

Street Address _____ City, State & Zip _____

Social Security # _____ Telephone # _____

Current Landlord – Name, Address & Phone # _____

Present Rent _____ Years at Present Address _____ Expiration Date of Lease _____

Are you responsible to pay utility bills? Yes No If, yes which ones Gas Electric Water

Previous Address _____

Previous Landlord – Name, Address & Phone # _____

Number of Years at previous address? _____

Have You Ever Been Evicted? Yes No If yes Where? _____

Have You Ever Been Convicted of a Crime? Yes No If yes, Explain _____

CO-APPLICANT INFORMATION

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____

Street Address _____ City, State & Zip _____

Social Security # _____ Telephone # _____

Current Landlord - Name, Address & Phone # _____

Present Rent _____ Years at Present Address _____ Expiration Date of Lease _____

Are you responsible to pay utility bills? Yes No If, yes which ones Gas Electric Water

Previous Address _____

Previous Landlord – Name, Address & Phone # _____

Number of Years at Previous Address? _____

Have You Ever Been Evicted? Yes No If yes Where? _____

Have You Ever Been Convicted of a Crime? Yes No If yes, Explain _____

Property _____
Address & Unit # _____

Unit Designation _____
Income Limit _____
Utility Allowance _____
Rent _____
R/I _____
BR Size _____

For Management use only.

ANNUAL INCOME

PLEASE INSERT YEARLY INCOME FROM ALL SOURCES THAT APPLY

EMPLOYMENT INFORMATION-----APPLICANT – Please list all Employers for past 5 years.

Current

Name & Address of Employer

Telephone # Supervisor's Name Length of Employment Hrly Rate/Hrs Per Wk

Previous

Name & Address of Employer

Telephone # Supervisor's Name Length of Employment Hrly Rate/Hrs Per Wk

If you have not been continuously employed for the Past TWO Years please explain.

CO-APPLICANT

Name & Address of Employer

Telephone # Supervisor's Name Length of Employment Hrly Rate/Hrs Per Wk

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 OR OLDER	TOTAL
1. Gross Salary				
2. Overtime Pay				
3. Commissions/Fees/ Tips/Bonuses				
4. Unemployment Benefits				
5. Workers Compensation				
6. Social Security, Pensions, Retirement Funds, etc., Received Periodically				
7. TANF Payments (public assistance)				
8. Alimony, Child Support				
9. Interest and or Dividends				
10. Net Income from Business				
11. Net Rental Income				
12. Other				
			TOTAL:	

ASSET INFORMATION

Please list checking and savings accounts including CDs, Money Market Funds, 401K, Mutual Funds and other assets held by a financial institution (PLEASE LIST ACCOUNT TYPES OR ANSWER 'NONE' IF YOU DO NOT HAVE AN ACCOUNT).

Name of Financial Institution	Type of Account	Current Value	Is this an Interest Bearing Account?
TOTAL ASSET INCOME			

Please list Stocks, Bonds, and other directly held assets (OR ANSWER "NONE" IF YOU HAVE NO STOCKS, BONDS OR OTHER DIRECTLY HELD ASSETS).

Name of Assets	Number of Shares	Current Value	Actual Income
Other			
TOTAL STOCK/BONDS INCOME			

Do you own any Real estate? Yes No If yes Value of real-estate _____

Do you own a Business or Income Producing Real estate? Yes No

Do you receive income (rent/receipts) from this asset? Yes No

If yes annual net amount of income _____

DISPOSAL OF ASSETS: I _____ have _____ have not disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. If yes, please list the asset value under the "other" column in the above listing of assets.

FOR STATISTICAL PURPOSES ONLY

Race of Head of Household: I prefer not to answer White Black or African American
 American Indian/Alaska Native Asian/Pacific Islander

Ethnicity of Head Household: Hispanic or Latino Non-Hispanic or Latino

What is your martial status? Married, Single, Divorced, Separated
 (Circle One)

HOUSEHOLD COMPOSITION Please list all household members that will be residing in the unit and relationship to head of household:

Name	Relationship to Head of Household	Social Security Number	Date of Birth
	head		

What size apartment are you applying for? Studio, 1-2-3-4-5
Circle One

How many people will live in the apartment you are applying for? _____

Do You Currently Receive Section 8 Assistance (Voucher, Certificate or Project Based) Yes No

In what County/Countries _____

Representative's Name and Telephone Number _____

Has your Assistance ever been terminated? Yes No If yes, please list reasons why assistance was terminated _____

Are there any special housing needs or accommodations that the household will require? Yes No
 Examples are a unit for mobility impaired, a unit for visually impaired, a unit for hearing impaired, or grab bars, wheel in showers. _____

STUDENT STATUS:

Are all adults full-time students? Yes No

Will all adults become full-time students within the next 12 months? Yes No

Please check all that applies: To be eligible, the STUDENT must be able to answer YES to one & provide documentation.

- | <u>YES</u> | <u>No</u> | |
|------------|-----------|---|
| _____ | _____ | 1. I am a full-time student that is married AND currently filing a joint tax return. Please provide: A signed copy of most recent tax return and copy of marriage license required. |
| _____ | _____ | 2. Our household is currently AFDC (Aid to Families with Dependent Children). Please provide: A third party verification of AFDC award required. |
| _____ | _____ | 3. I am a full-time student that is enrolled in the Job Training Partnership Act (JTPA) or a similar program. Please provide: A verification of enrollment & mission statement of the program if not JTPA. |
| _____ | _____ | 4. I am a full-time student that is a single parent with children and none of us are dependent on anyone else's tax return. Please provide: A signed copy of most recent tax return. |
| _____ | _____ | 5. At least one household member will be residing in the unit who is NOT a full-time |

student. List all household members (Part-time students must include verification from school documenting this status).

**CREDIT & CRIMINAL CHECK
PART II OF APPLICATION**

TO INGERMAN AFFORDABLE HOUSING, INC.

DATE

FROM:

(APT. COMPLEX)

APPLICANT'S NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____ CITY, STATE & ZIP _____

PREVIOUS STREET ADDRESS _____ CITY, STATE & ZIP _____

EMPLOYER'S NAME _____ ADDRESS _____ PHONE# _____

CO-APPLICANT'S INFORMATION

APPLICANT'S NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____ CITY, STATE & ZIP _____

PREVIOUS STREET ADDRESS _____ CITY, STATE & ZIP _____

EMPLOYER'S NAME _____ ADDRESS _____ PHONE# _____

You have applied to live in an apartment that is governed by the Housing Credit Program. This Program has restrictions on income and requires us to determine income eligibility. We must determine your income prior to granting your eligibility and, if such eligibility is granted, we will request proof of income for each year that you remain in the unit.

I/We hereby certify that I/We are at least eighteen (18) years of age and that the information voluntarily given on this form/application is true and correct. If any information is found to be incorrect, incomplete or missing, then this application may be automatically denied.

I/We hereby give approval authorizing you to release to Ingerman Affordable Housing, Inc. or their affiliate or The Registry complete information concerning my credit standing, criminal background check, base pay and average earnings, or any other pertinent information. It is understood by filling in this form that I am authorizing Ingerman Affordable Inc. and/or The Registry to verify all the information given.

By signing this application I/We acknowledge that there will be a payment of a non-refundable application fee.

I/We acknowledge that if credit is approved the completion of our application process will also require a satisfactory housekeeping visit.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

For Ingerman Group Use Only:
 Approved Disapproved (explain) _____

