



Community Desired: _____

Low Rent Program Applicant Questionnaire

Household Information

List all household members that are applying to live in this apartment with you.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birth Date <i>Month, Date, Year</i>

Current Address: _____

Daytime Phone: _____ **Evening Phone:** _____

YES NO

- 1. Do you expect any additions to the household within the next twelve months?**
 Name & Relationship: _____
 Explanation: _____
- 2. Is there anyone living with you now who won't be living with you at this property?**
 Name & Relationship: _____
 Explanation: _____
- 3. Do you have full custody of your child(ren)?** *(If no, obtain proof of amount of time child(ren) will be living in unit.)*
 Explanation: _____
- 4. Are there any absent household members who under normal conditions would live with you?** *(For example, a spouse away in the military.)*
 Explanation: _____
- 5. Does your household have or anticipate having any pets other than those used as service animals?**

Rental History

YES

NO

6. Have you or any one else named on this application filed for bankruptcy?
Explanation: _____
7. Have you or any one else named on this application been convicted of a felony?
Explanation: _____
8. Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs
Explanation: _____
9. Have you or any one else named on this application been convicted of property damage?
Explanation: _____
10. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
Explanation: _____

Housing References

List the past THREE years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	() _____	_____		

Personal Reference

List a personal reference other than a relative.

Name: _____
 Address: _____
 Phone: _____ Relationship: _____ Years Known: _____

Current Living Conditions

Please indicate which of the following apply to your current living conditions.

<u>Homeless</u>	<u>Overcrowded</u>	<u># of bedrooms/ # of occupants</u>

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ **Relationship:** _____ **Years Known:** _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

<u>YES</u>	<u>NO</u>				
<input type="radio"/>	<input type="radio"/>	11. Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>	<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	12. Self-employment? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>	<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	13. Regular pay as a member of the Armed Forces/Military?	<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Amount</u>
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	14. Unemployment benefits or workman's compensation?	<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				

(EMC #05)

15. Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)?

Household Member Case Worker Amount

If yes, (EMC #06) If no, (EMC #19)

16. (a) Child support or Alimony?

(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)

Household Member Payor Amount

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency Name of Agency: _____
- Court of Law Name of Court: _____
- Directly from Individual Name of Person: _____
- Other Explain: _____

(If yes, obtain court papers)

(c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation: _____

(EMC #07)

17. Social Security, SSI or any other payments from the Social Security Administration?

Household Member SSA Office Amount

(EMC #08)

18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member Source of Benefit Amount

(EMC #08)

19. Regular payments from a severance package?

Household Member Source of Benefit Amount

(EMC #08)

20. Regular payments from any type of settlement? (For example, insurance settlements.)

Household Member Source of Benefit Amount

(EMC #08)

21. Regular gifts or payments from anyone outside of the household?

(This includes anyone supplementing your income or paying any of your bills.)

Household Member Source of Benefit Amount

		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	22. Regular payments from lottery winnings or inheritances?		
(EMC #08)		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	23. Regular payments from rental property or other types of real estate transactions?		
(EMC #08)		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	24. Do any household members belong to any Native Corporations?		
(EMC #08)		<u>Household Member</u>	<u>Name of Corporation</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	25. Do you or any other household members expect any changes to your income in the next 12 months?		
		Explanation: _____		

Asset Information:

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

<u>YES</u>	<u>NO</u>			
<input type="radio"/>	<input type="radio"/>	26. Checking or savings account?		
(EMC #09)		<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	27. CDs, money market accounts or treasury bills?		
(EMC #09)		<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	28. Stocks, bonds or securities		
(EMC #10)		<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	29. Trust Funds		
(EMC #09)		<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>

30. Pensions, IRAs, Keogh or other retirement accounts?
 (EMC #09)

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

31. Whole life insurance policy?
 (EMC #09)

<u>Household Member</u>	<u>Insurance Carrier</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

32. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?
 (EMC #10)
(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

<u>Household Member</u>	<u>Address of Property</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

33. Personal property held as an investment?
 (EMC #10)
(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

<u>Household Member</u>	<u>Item</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

34. A safe deposit box?
 (EMC #13)

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

35. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?
 (EMC #11)

Household Member: _____ Amount: _____

Explanation: _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Low Rent Program.

YES **NO**

36. Do you own a home?
 (EMC #20)

Explanation: _____

(EMC #12 & #18)

37. Do you or any household members require any special accessibility features?

Explanation: _____

(EMC #15 & #21)

38. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____
Relationship (if any): _____

39. Will you be paying for child care to enable you to work or attend school?

Child Care Provider: _____
Contact number: _____

40. Are you an Honorably Discharged Veteran? If so, please provide a copy of your DD214.

Signature Clause

I understand that T-HRHA is relying on this information to prove my household's eligibility for the Low Rent Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have T-HRHA verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting T-HRHA's resident selection criteria and the Low Rent Program requirements.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

For Office Use Only

Date of Interview: _____

Desired Apt. #: _____

Desired Move-in Date: _____