

Landlord Address: _____ City: _____ St: _____ ZIP: _____
Dates of Occupancy: _____ to _____ Related? Y/N How? _____

GENERAL QUESTIONS

- 1) yes no Have you or any household member ever been convicted of a felony?
- 2) yes no Have you ever been evicted? Reason: _____
- 3) yes no Have you or any household member been arrested/convicted of a drug related crime?
- 4) yes no Does anyone not listed in the household composition on page one plan to live with you in the next 12 months?
If yes, explain _____
- 5) yes no Will the Household be receiving Section 8 housing assistance?
(If yes list agency name, contact person and phone number.)

- 6) yes no Are there any absent household members who under normal conditions would live with you?
- 7) yes no Does an adult of this household have primary physical custody of every child listed on this application?
- 8) yes no Does your household have or anticipate having any pets other than those used as a service animal?
- 9) yes no Does anyone in your household have special needs?
If yes explain? _____

CREDIT REFERENCES

Loans: _____

Credit Cards: _____

Other: _____

CHARACTER REFERENCES

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

EMERGENCY CONTACT NUMBER

In case of emergency, notify: _____

Home Phone: () _____ Work Phone: () _____

Applicant certifies the above information is true and accurate and understands that false or inaccurate information shall be cause for denial of this application or termination of any subsequent rental agreements. I/We are the only person(s) who will reside in the apartment if this application is approved. Apartment owner or agents may verify all information given directly or through reporting agencies. Acceptance of the application is not binding on apartment owner or agent until approved in writing.

You have applied to live in an apartment that is governed by the Low Income Housing Tax Credit Program. This Program requires us to certify all of your income asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit. The undersigned is the person(s) named above and hereby authorizes Apartment Credit Services to conduct a search of my Criminal Record, Police Record and Motor Vehicle Record information for the purpose of obtaining housing. Additionally, I authorize all companies and law enforcement agencies to release such information, and release them from any liability and responsibility from doing so. A faxed copy of this authorization shall be as valid as the original.

If applicant cancels after two (2) days, all moneys deposited shall be forfeited to the apartment owner. If approved all moneys deposited with this application will be applied toward security deposit and/or processing fee at owner's discretion. If an application is denied for ANY reason a 90-day wait period is required before reapplying to this property.

Head Signature: _____ Date: _____

Co-head Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____



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COVER SHEET / FAX TRANS.
AUTHORIZATION TO RELEASE INFORMATION

Date: _____

Number of pages including cover sheet: _____

To be completed by property management office:

The undersigned individual(s) has applied for residency at _____. The property is operated under federal affordable housing regulations, which require that we obtain written confirmation of the eligibility of all applicants and household members. In order to comply with federal regulations, please complete the following form in full and return it to the sender at your earliest convenience.

Verifications and inquiries that may be requested include, but are not limited to:

Credit and Criminal Activity	Identity and Marital Status	Previous Residences and Rental Activity
Employment, Income, and Assets	Medical Allowances	Student Status

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include, but are not limited to:

Courts and Post Offices	Past and Present Employers	Utility Companies
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers and Bureaus
Medical Providers	Veterans Administration	Welfare Agencies
Retirement Systems	Social Security Administration	Internal Revenue Service
Banks and Other Financial Institutions	Previous Landlords (Including PHA's)	

To be completed by applicant/resident

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original signed copy of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/we understand that I/we have a right to review my/our file and correct any information that can be proven incorrect. The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the federal affordable housing program.

Applicant/Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____



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TENANT INCOME CERTIFICATION QUESTIONNAIRE
 (*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: _____
 Initial Certification Recertification Addition of Household Member

YES 1. <input type="checkbox"/>	NO <input type="checkbox"/>	I receive Section 8 rental assistance. If yes, list the housing authority below. _____	Amount of monthly rental assistance \$ _____
------------------------------------	--------------------------------	---	---

INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES	NO		MONTHLY GROSS INCOME (use net income from business)
2. <input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self employment) _____	\$ _____
3. <input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. List the businesses and/or companies that pay you: Name of Employer 1) _____ 2) _____ 3) _____	\$ _____ \$ _____ \$ _____
4. <input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
5. <input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
6. <input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
7. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments.	\$ _____
8. <input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
9. <input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
10. <input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
11. <input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC) DO NOT INCLUDE FOOD STAMPS	\$ _____
12. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments through court order or other agreement. If yes, how many orders/agreements do you have? _____ If yes, from how many persons do you receive support? _____	\$ _____ \$ _____ \$ _____
13. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive alimony/spousal maintenance payments	\$ _____
14. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
15. <input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use net earned income) \$ _____
16. <input type="checkbox"/>	<input type="checkbox"/>	I receive student financial assistance (grants, scholarships, etc.) not including loans *NOTE: Count as income only if household receives Section 8 rental assistance.	\$ _____ per semester
17. <input type="checkbox"/>	<input type="checkbox"/>	I am claiming zero income.	

ASSET INFORMATION

Include all asset sources, including assets of minors.

YES NO			INTEREST RATE	CASH VALUE
18. <input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). # of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	6 MONTH AVERAGE BALANCE \$ _____ \$ _____ \$ _____
19. <input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). # of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20. <input type="checkbox"/>	<input type="checkbox"/>	I have a debit card or paycard for direct deposit of benefits. # of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
22. <input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____ I intend to: Keep Sell Rent Give Away Foreclose		\$ _____
23. <input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
24. <input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). # of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
25. <input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
26. <input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
27. <input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____
28. <input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____

29. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have other personal property held as an investment, other income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY 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.

PRINTED NAME OF APPLICANT/TENANT _____

SIGNATURE OF APPLICANT/TENANT _____

DATE _____



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CINE THEATER SENIOR APARTMENTS TENANT SELECTION PLAN

Our policy is to thoroughly investigate each potential resident. Each resident living in our community must qualify on his/her own ability. Cine Theater Senior Apartments has the right to deny residency to any household not meeting the criteria as outlined below. Our occupancy limit is determined by the local occupancy codes.

We will request a copy of your credit report through a professional reporting agency. We shall make a final decision regarding the approval or disapproval of your lease application based upon information received. By law, we are not allowed to give you a copy or share information with you regarding your credit report.

It is difficult to predict the amount of time it will take to thoroughly investigate and verify requested information. The time necessary to acquire such information depends upon the availability and accuracy of your response. We investigate the following:

1. **Rental History.** We verify present and past residency for a period of two (2) years; the length of residency, the record of your rental payments; the condition of the apartment upon your vacating; the dollar amount of damages there may have been to your apartment; eviction proceedings; noise complaints; written notice given; and rental amount.
 - We have the right to deny any person(s) that currently has or has ever had an eviction, judgment or any major violation(s) at any previous rental property.
2. **Income Eligibility.** For the IRS Section 42 Tax Credit Program, applicants must not exceed the appropriate income guideline, based on household size, for the income limits that apply to this county. All persons eighteen (18) years old and older must submit the appropriate application forms. Applicants must have 6 months of verifiable, stable income; and total monthly income must be 2.5 times the rent amount.
3. **Bankruptcy.** Any bankruptcy must be discharged.
4. **Criminal History.** A full criminal history will be requested. Your application will be denied if a criminal check reveals any of the following:
 - Any felony conviction.
 - A misdemeanor conviction for drug-related activity, any violent crime, any sexual crimes, and/or physical violence against persons or property.
 - Registration under any state sex offender registration program by the applicant or any member of the applicant's household.
5. **Foreclosures.** Applicants with foreclosures less than two years old are subject to further review and require approval from the ownership in order to qualify. We do have the right to deny any applicant with a previous foreclosure.

It is imperative that you thoroughly complete the application with names, addresses, and telephone numbers to help us process your application in a timely manner. If you foresee a problem, please discuss it with us now.

The process of rental approval begins with the rental application and interview. The application determines the asset and income forms which must be completed by third-party verification. Forms used are a combination of forms that have been designed internally and those found in the Indiana Housing Finance Authority Compliance Manual. Any application or interested party information, whether they have chosen to rent or not, is retained in our files for future follow up and for marketing evaluation.

Signature

Date

Signature

Date



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Race and Ethnicity Data Reporting Form

One form per household, signed and dated by all adults. Form to be completed only after application has been accepted and household is approved.
 Information provided on this form will not affect determination of household eligibility for occupancy. Form is only necessary at initial move-in and then
 if household composition changes.

Head of Household (printed name): _____

Categories	Select One	Head of Household	#2 Occupant	#3 Occupant	#4 Occupant	#5 Occupant	#6 Occupant	#7 Occupant	#8 Occupant
Name of HH Member									
Ethnic Categories: Select one per household member (definitions can be found on Page 2)									
Hispanic or Latino									
Not-Hispanic or Latino									
Race Categories: Select all that apply per household member (definitions can be found on Page 2)									
American Indian or Alaska Native									
Asian									
Black or African American									
Native Hawaiian or Other Pacific Islander									
White									

____ By checking this box, I choose to not complete this form. There is no penalty for persons who do not complete the form.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date



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Student Status Self-Certification For Rental Housing Tax Credit Program

***A separate form must be completed by each adult member of the household.**

Name: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

A. _____ Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.

B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a part-time student(s). Documentation of part-time student status is required for at least one member of the household.

C. _____ Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, answer the questions below:

1-5, below must be circled (ONLY IF "C" IS CHECKED ABOVE):

1. Is at least one student receiving assistance under Title IV of the Social Security Act?
Yes / No
2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation) Yes / No
3. 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 documentation of participation) Yes / No
4. Household consists entirely of single parent(s) with child(ren) *and* this parent is not a dependent of another individual *and* the child(ren) is/are not dependent(s) of someone other than a parent?
Yes / No
5. Are the students married and entitled to file a joint tax return? Yes / No

Households composed entirely of full-time student that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.

Tenant Signature: _____

Date: _____

Tenant Printed Name: _____



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TENANT NON-EMPLOYED STATUS CERTIFICATION

Applicant/Tenant Name: _____

I confirm that I am not now employed in any capacity and the following statements apply to my situation:

- I am currently receiving unemployment benefits. [Management: Obtain third-party verification of benefits]
- I do not receive unemployment compensation or other benefits as a result of my non-employment status.
- I have been hired/am in the process of being hired and expect to begin employment with _____ on the _____ day of _____, _____. I anticipate earning \$ _____ over the next 12 months. [Management: Obtain third-party verification from new employer]

Additionally, I receive income from the sources listed below. Please mark all that apply:

1. Social Security, public assistance, pensions, veteran's benefits, or other benefits.
2. Self-employment including but not limited to the sale of items such as Mary Kay, Tupperware, Avon, etc.
3. Child support, spousal support (alimony), or regular recurring gifts from any person or agency.
4. Other sources of income, please list: _____
5. I do not receive income from any source.

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency and that any misrepresentation herein will be considered a material breach of the lease agreement and subjects me to immediate eviction.

Under penalties of perjury, I certify the above representations to be true as of the date shown below.

Signature

Date



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UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.

Complete only one form per household; include assets of children.

*NOTE: This form cannot be used for HOME-assisted units. Third-party verification is required for all assets under the HOME program.

Household Name: _____

Complete all that apply for 1 through 4: If you do not have the asset listed, mark cash value as N/A. Do not leave blank spaces.

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(C) Asset Income (A x B)	Source	(A) Cash Value*	(B) Int. Rate	(C) Asset Income (A x B)	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment** :				_____
\$ _____	_____	\$ _____	Other (list):				_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust, etc.) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. I/we do not have any assets at this time.
5. **The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ _____ . This amount is included in total gross annual income.**

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant	Date	Applicant/Tenant	Date
Applicant/Tenant	Date	Applicant/Tenant	Date
Applicant/Tenant	Date	Applicant/Tenant	Date

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