

APPLICANT INFORMAT	ON				
Applicant Name:_	M.I. Last		Date of B	irth/	_ SSN:
Drivers License No. & State:		Marital Status:		Phone:	
Co-Applicant Name:			Date of Bi	rth <u>/ /</u>	_SSN:
Privers License No. & State:	M.I. Last			Phone:	
Applicant Email:					
Emergency Contact:					
Address:					
ADDRESS HISTORY					
Present Address:		Apt.# City		Stat	ee Zip
Date of Residence:	/Monthly Pa	1.0			Σίμ
Present Landlord/Resident Mgr	./ Mortgage Co.:		Phone:		_ Rent/Own (circle one)
Have you, or Co-Applicant ever	been evicted from any l	eased premises: _	If Yes, F	Please explain	
Does any member of the hous	sehold require special	accommodation	ns?		Yes/ No
If yes, name of household me	mber:				
HOUSEHOLD INFORMA	TION				
Complete the following informa	tion for each household	member that will	l occupy the	unit at move-in:	
Name (Lase, First, MI)	Relationship to Head of House		Date /yyyy)	Social Security Number	Student
		_		_	(Y/N)
		_			(' '
Will anyone else live in the unit	on either a full-time or n	_		n temporarily abs	,
in a joint custody arrangement,	children away at school,				ng adopted, or
temporarily absent family mem					Yes/ No
If YES, explain:					
Do you expect the number of ho	ousehold members to ch	ange in the future	e?		Yes/ No
If YES, please explain how many	/ members will be added	l or reduced, and	date of expe	ected change:	
Have any of the household mem above?	ibers used names or a sc	ocial security num	ber, other th	an the names and	numbers (#) used Yes / No
If YES, explain:					
Is any Adult member of your ho Does your household receive or					
		230	- · · · · · · · · · · · · · · · · · · ·	and the second s	1007 110
OFFICE USE ONLY					
Application Date / / Lease					
App Fee					







BACKGROUND INFORMATION	
Have you or any member of your household ever been convicted of any crime?	Yes/ No
If YES, provide the nature of the crime(s):	
Date:/State:City:County:	
Are any of the above convictions of a FELONY?	Yes/ No
If YES, Please explain:	
Are you or any members of your household subject to a lifetime registration requirement under a state sex offend registration program?	er Yes / No
If YES, Please explain:	
Are there any Criminal Charges pending now?	Yes/ No
If YES, explain:	
Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?	due to Yes / No
If YES, explain:	
Have you ever filed or are you currently filing for bankruptcy? • Yes • No If YES, give reason:	
Date of filing:/	
Have you ever lived at any other property managed by Sansone Group?	Yes/ No
If YES, where?:	
STUDENT ELIGIBILITY QUESTIONS	
Are ALL members of the household Full-time students?	Yes/ No
IF YES, please list names of Full Time Students:	
Will ALL members of your household be full time students during any 5 months of THIS year?	Yes/ No
(Example: A student who goes away to school full time)	
Will ALL members of your household be FULL TIME STUDENTS during any 5 months of NEXT year?	Yes/ No
Is ANY Adult Member of your household a part or full time student in an institute of higher education?	Yes/ No
If YES, name of household member enrolled?	
NAME OF SCHOOL:	
How does the household member pay for their education?	
What is the cost of tuition per semester?	
Does ANY ADULT household member intend to become a student within the next 12 months?	Yes/ No
IF YES: name of person enrolling in school:	
IF YES, indicate if person will be a full-time or part-time student:	
n 120, moroate ii person wiii be a fan time er part-time student.	



INCOME INFORMATION

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors. Include all GROSS INCOME (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your house	ehold receive OR expect to	receive income from:	
Employment wages or salaries?			Yes / No
(Include overtime, tips, bonuses,		,	
Household Member	Name of Company	Start Date of Employment	Earned Income Amount
Are you or anyone in household S	1 7		Yes/ No
Name:	Company Na	ame:	
Start Date: / / Earned	Annual Income Amount: _		
Unemployment Benefits or Works	er's Compensation?		Yes/ No
Household Membe	er Name of Co	ompany A	Amount
Public Assistance, General Relief Household Membe			Yes/ No Amount
Does a member of the household (We must count court ordered su remedy. We must also count supp	pport whether or not it is re	ceived unless legal action has	
Household Member		Amount	Frequency of Payment
How is the support received? (Ch Child Support Enforcement Age Court of Law - Name of Court: _	ency- Name of Agency:		
Directly from Individual - Name			
Other - Please Explain :			
If money is not actually received,			Yes / No
Explanation:		-	1037 110



INCOME INFORMATION (CONTIN	IUED)		
Social Security, SSI or any other payments			Yes/ No
Household Member	SSA Office	Amount	
Regular payments from a pension and/or re	stirement henefit annuities?		Yes/ No
Household Member	Source of Benefit	Amount	1007 110
Regular payments from a severance packag	je?		Yes/ No
Household Member	Source of Benefit	Amount	
Door any household member receive Veter	on's honofits or military nav?		Yes / No
Does any household member receive Veters Household Member	Source of Benefit	Amount	res/ No
Regular payments from any type of legal se	ettlement? (For example, insurance s	ettlement?	Yes/ No
Household Member	Source of Benefit	Amount	
Disability, death benefits or life insurance d	ividends?		Yes/ No
Household Member	Source of Benefit	Amount	
Educational grants, scholarships, or other s	tudent benefits?		Yes/ No
Household Member	Source of Benefit	Amount	
Regular payments from lottery winnings or	inheritances?		Yes/ No
Household Member	Source of Benefit	Amount	



	ments from rental property o Household Member	r other types of real estate Source of Benefit		Yes/ No
	Tiodochold Wollibel		Amount	
Regular mom 'es / No	nentary gifts or payments to ut	ility company from anyone o	utside of the household?	
	Household Member	Source of Benefit	Amount	
Any other inc	come sources or types not lis		A 4	Yes/ No
	Household Member	Source of Benefit	Amount	
 Do you or an	ny other household member e	xpect any change in incom	e in the next 12 months?	Yes/ No
f YES, expla				
Are you or a	ny household member claimi	ng zero income?		Yes/ N
f YES, expla	in:			
l will be using	g the following sources of fur	nds to pay for my necessition	es:	
ASSET IN	FORMATION			
the asset. An	n asset is defined as any lump	sum amount that you hold	nds or any other income derived from I in your name and currently have access e asset in the space provided.	
			OLD MEMBERS INCLUDING MINORS.	
	NVONE in your bounded be	ave any of the following AS	SETS:	
Do YOU or A	INTONE III your nousenoid na	ive any or the renewing 710		
Checking or	Savings bank account? CHE	,	I (Circle answer) Amount: (checking 6 month average) (savings current balance)	Yes / N
Checking or	Savings bank account? CHE	CKING, SAVINGS OR BOTH	Amount: (checking 6 month average)	Yes/ N
Checking or Household M 	Savings bank account? CHE	CKING, SAVINGS OR BOTH	Amount: (checking 6 month average)	Yes / No



ASSET INF	FORMATION (CONTIN	UED)		
Stocks, bonds	s or securities? Household Member	Source (Broker's Name)	Amount	Yes/ No
Trust funds?	Household Member	Bank or Financial Institution	Amount	Yes/ No
Pensions, IRA	s, 401Ks, 403Bs, KEOGH or (Household Member	other retirement accounts? Location of Account	Amount	Yes/ No
Cash on hand	or in Safety Deposit Box? Household Member	Amount		Yes/ No
Surrender val before death?		ife (term), or endowment insurance polic Life Insurance Company	y which is available to the	e policy holder Yes / No
		/contract for deeds or other real estates		your Yes/ No
	Household Member	Source of Benefit	Amount	
		s includes paintings, coin or stamp collect personal belongings such as your car, furn Source of Benefit		s or show cars Yes / No
Do you have a	a safe deposit box containing Household Member	g contents with a monetary value? Source of Benefit	Amount	Yes/ No



Have you or	any household member dis	posed of or given away any asset(s) for LESS	than fair market val	ue within the past 2
years?	,	, , , , , , , , , , , , , , , , , , , ,		Yes/ No
	Household Member	Description of Asset Disposed	Amount	
Explanation:				
	a Pre-Paid Debit Card? (Di	rect Express, Smi-One, CashAppect)		
Yes/ No				
	me of Debit Card Type:	Name on Debit Card:		Current Balance
	me of Debit Card Type:	Name on Debit Card:		Current Balance
	me of Debit Card Type:	Name on Debit Card:		Current Balance
Na	me of Debit Card Type:			Current Balance Yes / No
Na	any other assets not listed			

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of Section 42 (LIHTC). I certify that all information and answers to the 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 consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant this property owner and Sansone Group the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all credit bureaus, corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

	/	/	
Applicant Signature			Date
	 /	/	
Applicant Signature			Date
	 /	/	
Applicant Signature			Date
	 /	/	
Applicant Signature			Date



