

Any Special Needs?: _____

2) HOUSEHOLD COMPOSITION:

	Name	Relationship to head	Birth Date	Age (Optional)	Social Security #	Student (Y/N)
Head						
Co-T						
1.						
2.						
3.						
4.						
5.						
6.						

Have there been any changes in household composition in the last twelve months? Yes No If yes, explain: _____

Do you anticipate any changes in the household composition in the next twelve months? Yes No If yes, explain: _____

Is there someone not listed above that would normally be living with the household? Yes No If yes, explain: _____

Will any persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return: Yes No

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? Yes No

Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return and whose children are not dependents of anyone other than a parent? Yes No

Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? Yes No

INCOME:

List all sources of income as requested below. If section does not apply, cross out or write N/A.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	
	Social Security	
	Social Security	
	SSI Benefits	
	SSI Benefits	
	SSI Benefits	
	Pension (List Source)	
	Pension (List Source)	
	Pension (List Source)	
	Veteran's Benefit (List Claim #)	
	Veteran's Benefit (List Claim #)	
	Unemployment Compensation	
	Unemployment Compensation	
	Public Assistance (Title IV/TANF, etc.)	
	Public Assistance (Title IV/TANF, etc.)	
	Other Contributions to the Household	
	Other Contributions to the Household	
	Full-Time Student Income (18 & Over Only)	
	Full Time Student Income (18 & Over Only)	
	Financial Aid (Excluding Loans)	
	Annuities (List Source)	

	Long Term Care Medical Care Insurance Payments (In Excess of \$180/day)		
	Scheduled Payments From Investments		

Does anyone have your Power of Attorney? Yes No If yes, list names, address, and phone number: _____

Household Member Name	Source of Income	Monthly Amount
	Employment Amount	\$
	Employer:	
	Position Held:	
	How Long Employed:	
	Employment Amount	\$
	Employer:	
	Position Held:	
	How Long Employed:	
	Employment Amount	\$
	Employer:	
	Position Held:	
	How Long Employed:	
	Alimony	
	Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$

	Child Support	
	Are you legally entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income/Specify:	\$
	Other Income/Specify:	\$
Total Gross Annual Income (Based on the monthly amounts above x12)		\$
Total Gross Annual Income From Previous Year		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household as listed on Page 2)? If yes, explain:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No

3) ASSETS:

If your assets are too numerous to list, please request additional forms. If section does not apply, cross out or write N/A.

Checking Account	Account Number	Name of Bank	Balance
	#		\$
	#		\$
	#		\$
Savings Account	Account Number	Name of Bank	Balance
	#		\$
	#		\$
	#		\$

Trust Account	Account Number	Name of Bank		Balance
	#			\$
	#			\$
Certificates of Deposit	Account Number	Name of Bank		Balance
	#			\$
	#			\$
Money Market Account	Account Number	Name of Bank		Balance
	#			\$
	#			\$
Savings Bonds	#	Maturity Date:		Value \$
	#	Maturity Date:		Value \$
Life Insurance Policy	#	Cash Value \$		
Life Insurance Policy	#	Cash Value \$		
Mutual Funds	Name	#Shares	Interest or Dividends	Value
		#	\$	\$
		#	\$	\$
		#	\$	\$
Stocks	Name	#Shares	Interest or Dividends	Value
		#	\$	\$
		#	\$	\$
		#	\$	\$
Bonds	Name	#Shares	Interest or Dividends	Value
		#	\$	\$
		#	\$	\$
		#	\$	\$

Investment Property	List Location:	Appraised Value
		\$
		\$
Do you own any Real Estate Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Type of Property:		
Location of Property:		
Appraised Market Value:		
Mortgage or Outstanding Loan Balance Due:		
Amount of Annual Insurance Premium:		
Amount of Most Recent Tax Bill:		

Does any member of the household have assets owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Do they have access to the assets:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Type of Property:	
Market Value when sold/disposed:	\$
Amount sold/disposed for:	\$
Date of Transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Disposition:	
Amount Disposed:	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:	

4) ADDITIONAL INFORMATION:

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

Are you or any member of your family subject to a lifetime sex offender registration	
Requirement in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

5) REFERENCE INFORMATION:

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		
Account #:		Phone #:

Credit Reference #3:	
Address:	
Account #:	Phone #:

Personal Reference #1:	
Address:	
Relationship:	Phone #:

Personal Reference #2:	
Address:	
Relationship:	Phone #:

Personal Reference #3:	
Address:	
Relationship:	Phone #:

In Case of Emergency Notify:	
Address:	
Relationship:	Phone #:

6) VEHICLE INFORMATION (If applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:
Year/ Make:	Color:

7) PET INFORMATION (If applicable)

Do you own any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:

8) CERTIFICATION:

I/We hereby certify that I/We, Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by Managements selection criteria. I/We certify that all

information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this applicable or termination of tenancy after occupancy. All adult applicants. 18 or older, must sign application.

SIGNATURE(S):

Signature of Applicant

Date

Signature of Co-Applicant

Date

Signature of Co-Applicant

Date

Signature of Co-Applicant

Date



GOOD SHEPHERD USE ONLY:

Date Received: _____ By: _____

Additional Information Needed: Yes ___ No ___ (Specify: _____)

Date Contacted/Response: _____
