

POSADA DEL SOL RENTAL APPLICATION

All co-applicants age 18 or older, including spouse, should complete a separate application.

The information you provide below will be used to determine if you meet the eligibility guidelines for becoming a resident of our community. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law.

| | |
|---|-----------------------------|
| PROPERTY INFORMATION (for office use only) | |
| Unit Number: _____ | _____ Initial Certification |
| # of Bedrooms: _____ | _____ Recertification |
| | _____ Other _____ |
| Proposed Effective Date: _____ | |

| HOUSEHOLD COMPOSITION AND STATUS | | | | | |
|--|---|---------------|--|---------------------------|--|
| List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the Head. Choose only one member to be Head of Household. Please answer all questions. Write N/A if a particular question is not applicable. Do not leave any questions blank or unanswered. List all members you anticipate to live with you at least 50 percent of the time in the next 12 months. Include anyone who is not currently a household member but is anticipated to become one in the next 12 months. | | | | | |
| Household Member's Full Name (first and last) | Relationship to Head S=Spouse O=Other Adult C=Minor Child F=Foster Adult/Child L=Live-in Attendant | Date of Birth | Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed | Social Security Number | Student* N = No PT=Part-time FT=Full-time |
| | Head | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*For each household member listed above, list this member as a full-time or part-time student if he/she has attended school in the current calendar year, is currently attending, or plans to attend school in the next 12 months. The educational institution defines student status. Please include all school-age children, even if home-schooled.

1. If every household member listed above is indicated as a full-time student, please answer the following questions: *Circle One*
- | | |
|--|-----------|
| a. Does the household receive assistance of Title IV of the Social Security Act? (AFDC/TANF) | Yes No |
| b. Are any full-time students enrolled in a job training program receiving assistance under the Job Training Partnership Act or similar Federal, State, or local programs? | Yes No |
| c. Are any full-time students married and entitled to file a joint tax return? | Yes No |
| d. Does the household consist entirely of a single parent and child(ren) none of whom are dependents of another individual? | Yes No |



2. If you are divorced or separated, please provide date effective: _____.

If divorced within last 3 years, please provide full copy of divorce decree.

3. Do you expect any changes in the household in the next 12 months? Yes No

If yes, please describe change: _____.

When will this occur? _____.

If adding a new member, this person should be listed as a household member on page 1 of this application.

4. Are any household members under age 18 claiming emancipation (yourself included)? Yes No

If yes, please provide documentation to validate emancipation.

| CURRENT EMPLOYMENT INFORMATION | | |
|-----------------------------------|------------------------|-------------|
| Company Name: | Title: | |
| Address: | Date of Hire: | |
| City/State/Zip: | Monthly Gross Wage: \$ | |
| Phone: | Fax: | Supervisor: |
| ADDITIONAL EMPLOYMENT INFORMATION | | |
| Company Name: | Title: | |
| Address: | Date of Hire: | |
| City/State/Zip: | Monthly Gross Wage: \$ | |
| Phone: | Fax: | Supervisor: |
| PREVIOUS EMPLOYMENT INFORMATION | | |
| Company Name: | Title: | |
| Address: | Date Left: | |
| City/State/Zip: | Monthly Gross Wage: \$ | |
| Phone: | Fax: | Supervisor: |

| OTHER INCOME INFORMATION | | |
|---|----------------------------------|--|
| Identify each source of income currently received or anticipated in the next 12 months. | Circle one for each item listed. | Monthly Gross Income Enter N/A if none. |
| 1. Self-Employment | Yes No | \$ |
| 2. Not Employed | Yes No | \$ |
| 3. Unemployment Compensation | Yes No | \$ |
| 4. Disability/Worker's Compensation/Severance Pay | Yes No | \$ |
| 5. Social Security/SSI Benefits | Yes No | \$ |
| 6. VA Benefits | Yes No | \$ |
| 7. Pension/Annuity | Yes No | \$ |
| 8. Military Pay | Yes No | \$ |
| 9. Public Assistance (AFDC/TANF/W-2) | Yes No | \$ |
| 10. Child Support/Alimony/Family Maintenance | Yes No | \$ |
| 11. Recurring Gift/Contribution | Yes No | \$ |
| 12. Rental Income | Yes No | \$ |
| 13. Lottery Winnings Paid Periodically | Yes No | \$ |
| 14. Adoption Assistance | Yes No | \$ |
| 15. Trust Income | Yes No | \$ |
| 16. Education Financial Assistance | Yes No | \$ |
| 17. Other Income (e.g. inheritance, insurance policies) | Yes No | \$ |
| 18. Zero Income (No income from any source) | Yes No | \$ |



| ASSET INFORMATION – List all assets for this household member. Complete one for every household member. | | | |
|---|------------|----------------------------------|----------|
| Asset Type | Circle One | Name of Financial Institution(s) | Amount |
| 1. Checking | Yes No | _____ | \$ \$ |
| 2. Savings | Yes No | _____ | \$ \$ |
| 3. Cash on Hand | Yes No | _____ | \$ \$ |
| 4. Stocks/Mutual Funds | Yes No | _____ | \$ \$ |
| 5. CD/Money Markets | Yes No | _____ | \$ \$ |
| 6. Treasury Bill | Yes No | _____ | \$ \$ |
| 7. Bonds | Yes No | _____ | \$ \$ |
| 8. IRA/KEOGH | Yes No | _____ | \$ \$ |
| 9. 401K | Yes No | _____ | \$ \$ |
| 10. Pension/Annuity | Yes No | _____ | \$ \$ |
| 11. Whole Life Insurance | Yes No | _____ | \$ \$ |
| 12. Universal Life Insurance | Yes No | _____ | \$ \$ |
| 13. Land Contract/Deed of Trust | Yes No | _____ | \$ \$ |
| 14. Real Estate | Yes No | _____ | \$ \$ |
| 15. Safety Deposit Box | Yes No | _____ | \$ \$ |
| 16. Personal Property Held as an Investment | Yes No | _____ | \$ \$ |
| 17. Trusts | Yes No | _____ | \$ \$ |
| 18. Lottery Winnings (Lump Sum) | Yes No | _____ | \$ \$ |
| 19. Lump Sum Receipts | Yes No | _____ | \$ \$ |



1. Do all combined assets of the entire household total less than \$5000? Yes No
2. In the past two (2) years, have you sold or given away any assets listed in the chart above, for more than \$1,000 less than Fair Market Value? Yes No

If yes, please complete the following:

| | |
|---|---|
| Asset Disposed: _____ Date Disposed: _____ Amount Disposed: _____ | The disposal of this asset is due to: Bankruptcy Yes No Foreclosure Yes No Marital Separation Yes No Divorce Yes No |
|---|---|

| | |
|---|---|
| Asset Disposed: _____ Date Disposed: _____ Amount Disposed: _____ | The disposal of this asset is due to: Bankruptcy Yes No Foreclosure Yes No Marital Separation Yes No Divorce Yes No |
|---|---|

3. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Yes No

If yes, please complete the following:

| | |
|----------------------|----------------------|
| Gifted To: _____ | Gifted To: _____ |
| Date Gifted: _____ | Date Gifted: _____ |
| Amount Gifted: _____ | Amount Gifted: _____ |

| | |
|---|-----------------------------------|
| RESIDENTIAL HISTORY – Please provide three years of housing history. | |
| Current Address: _____ | ___ Own ___ Rent ___ Other: _____ |
| City/State/Zip: _____ | Date Moved In: _____ |
| Landlord Name/Mortgage Company: _____ | Rent/Mortgage: \$ _____ |
| Phone: _____ | Reason For Leaving: _____ |
| | |
| Previous Address: _____ | ___ Own ___ Rent ___ Other: _____ |
| City/State/Zip: _____ | Date Moved In: _____ |
| Landlord Name/Mortgage Company: _____ | Rent/Mortgage: \$ _____ |
| Phone: _____ | Reason For Leaving: _____ |
| | |
| Previous Address: _____ | ___ Own ___ Rent ___ Other: _____ |
| City/State/Zip: _____ | Date Moved In: _____ |
| Landlord Name/Mortgage Company: _____ | Rent/Mortgage: \$ _____ |
| Phone: _____ | Reason For Leaving: _____ |

1. Have you ever been evicted from tenancy? Yes No
 If yes, please list date: _____
2. Have you ever filed for bankruptcy? Yes No
 If yes, please list date: _____



3. Have you ever been convicted of a felony? Yes No
 If yes, please list reason: _____
4. Will this be your only place of residence? Yes No
 If no, please explain: _____
5. Will you have 50 percent or more physical custody of all minor members in household? Yes No
 If no, please explain: _____
6. Will you be receiving rental assistance while living at this community? Yes No
 If yes, please list source of assistance: _____
- a. Has your rental assistance ever been terminated for fraud, nonpayment of rent or failure to recertify? Yes No
 If yes, please explain: _____
7. Do you own any pets that would be moving with you in to the community? Yes No
 If yes, please list type(s): _____

| OTHER INFORMATION | | |
|-------------------------------------|--------------------|--------|
| Type of Vehicle (car, truck, etc.): | License Plate No.: | |
| Make/Model: | Year: | Color: |
| | | |
| Type of Vehicle (car, truck, etc.): | License Plate No.: | |
| Make/Model: | Year: | Color: |

| EMERGENCY INFORMATION – <i>In case of emergency, notify:</i> | | |
|--|---------------|----------|
| Name: | Phone 1: | Phone 2: |
| Address: | Relationship: | |

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information provided in this rental application is true and complete to the best of my/our knowledge and understand that this information will be used to verify income eligibility for the tax credit program under which I/we applied. I/We also understand that the owner/management agent will use this information to investigate my/our credit worthiness through a credit bureau, criminal checks, and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents, or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Finally, if such misrepresentation or omission is discovered after tenancy has begun, I/we understand that we may be subject to eviction or punishable by law.

I swear that I have read the above statement, and I grant my consent for the release of information to all necessary third parties as needed for verification purposes.

 Applicant's Signature

 Date

