

INFORMATION TO BRING BACK WITH YOUR APPLICATION:

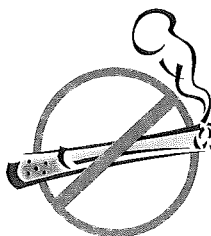
- Social Security Card
- Birth Certificate
- Medicaid/Medicare or Health Insurance Card
- Present and Previous Landlord names and addresses
- Present Doctors name and address
- Present Pharmacy name and address
- Name, address and account number of your checking and/or savings account (if applicable)
- Any assets records such as CD's, IRA's, Trusts, Bonds, etc. (if applicable)
- Record of the current tax assessment (for personal property, i.e. house, condo)

PLEASE COMPLETE APPLICATION IN BLUE INK

1. Please print all sections in ink. Do not leave any section blank, even those which do not apply to you. For instance, if a section asks for a driver's license and you do not have a driver's license, you may not enter "none" or N/A (Not Applicable). If you need to make a correction, draw one line through the correct information, then print the correct information above and initial change.
2. As head of household, you will complete this application form. Each additional adult who will live in the apartment must sign this application, and in addition, must complete an Additional Adult Addendum.
3. It is important that all information on this form and on the Additional Adult Addendum forms be complete and correct. False, incomplete or misleading information will cause your household's application to be rejected.
4. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, income situation or family size changes.
5. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a waiting list, but this does not guarantee that your household is not eligible or not actually qualified for housing, your application will be rejected. We will process your application according to our standard procedures, which as summarized in the Resident Section Plan.
6. Those who have been displaced or will be involuntarily displaced as a result of one or more of the following actions: Statutory Preference as defined:
 - a. Natural disaster such as fire, flood, tornado
 - b. Displacement as a result of Government or a presidential declared disaster
 - c. Action by a housing owner resulting in an applicant having to vacate their living accommodation when the owner's action is beyond the applicant's control.

The preference status will be verified at the time of application processing and again at the time of admission. Any applicant qualifying for a preference will be placed on a priority status based on date and time the application was received.

Warning: Section 1001 Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.



The Puritan Apartments is a smoke free building.



The Puritan Apartments Rental Application

Applicant Full Legal Name: _____

Applicant SSN: _____

Applicant DOB: _____

Applicant present address: _____

Applicant phone numbers: (home) _____ (cell) _____

Co-Applicant Full Legal Name: _____

Co-Applicant SSN: _____

Co-Applicant DOB: _____

Co-Applicant present address: _____

Co-Applicant phone numbers: (home) _____ (cell) _____

Contact Person (should we need to contact you for additional information):

Contact Name _____ Relationship _____

Address _____ Phone _____

Applicants Signature _____

Date _____

Co-Applicants Signature _____

Date _____

Management Signature _____

Date _____

Number of Persons on Application: _____

OFFICE USE ONLY

Date Received _____

Time Received _____

Received By _____

Income Category: ELI__ VLI__ LI__

Questions for All Applicants

The following questions pertain to you and all your household members. Answer yes or no in response to each question and use the space provided to explain any answers.

Yes ____ No ____ Does any member of your household receive regular cash contributions from agencies or individuals not living with you? If yes, list source: _____

Yes ____ No ____ Does any member of your household receive income from assets including interest, dividends, stocks, or bonds? If yes, list source: _____

Yes ____ No ____ Does any member of your household receive money for school-aid, scholarship, or educational grant? If yes, list source: _____

Yes ____ No ____ Have you sold or given away any real property or other assets in the past two years? If yes, please describe: _____

Yes ____ No ____ Does any adult member of your household attend school full-time or part-time? If yes, list institution: _____

Yes ____ No ____ Do you, or any other member of your household currently use illegal drugs or other illegally controlled substances? If yes, please describe: _____

Yes ____ No ____ Have you or any member of your household ever engaged in drug related criminal activity, such as use, possession, distribution, trafficking, or manufacture of an illegal drug? If yes please explain circumstances, outcome, and present situation: _____

Yes ____ No ____ Have you or any member of your household been involved in criminal activity that poses a threat to the health, safety, or welfare of others? If yes, when and where: _____

Yes ____ No ____ Have you, your spouse, or your co-applicant ever applied for government subsidized housing before? If yes, when and where: _____

Have you, your spouse, or your co-applicant ever used different names from the names listed on page 2?
Yes ____ No ____ If yes, please list names, address and dates when such names were in use:

Have you, spouse, or co-applicant ever been evicted or otherwise removed from rental housing?
Yes ____ No ____ If yes, please provide landlord name, address and dates:

Household Composition (Please Print)

List all persons, including you, who will reside in the apartment. Note: the number in the left hand column is the household number and is the number requested in the remaining sections of this application.

Full Name	Relationship	Sex	Age	Birthdate	Social Security Number
1.					
2.					
3.					

Will any of the above household members live anywhere except the apartment? Yes _____ No _____
 Are there any persons who will live in the apartment on a less than full time basis? Yes _____ No _____
 If either questions are answered yes, please explain _____

Applicants under the Age of 62 Applying for Section 8

Answers to the following questions are optional. You are not required to answer the following questions and your choice to not do so will not affect the processing of this application.

- Do you, or a household member, have a disability which would entitle you to additional rental assistance? Yes _____ No _____
- Does the nature of the disability require the accessible features of the apartment? Yes _____ No _____
- Does the disability require reasonable accommodations? Yes _____ No _____
- Can you provide independent verification of the disability? Yes _____ No _____

Please Indicate your Unit Size Preference (Check One)

STUDIO _____ OR ONE BEDROOM _____

Note: If you check bedroom and there are none, your application will be placed on the one bedroom waiting list when processing is complete and vice-versa. If you are willing to accept a studio and move into a bedroom at a later date, please let management know. There is a \$300 transfer fee payable at the time of transfer when moving apartments.

Utility Payment History

List the name of all utility companies with which you now have or have had an account in the last five (5) years.

Name of Utility Co.	Type of Utility (Electric, Gas, etc.)	Name of Account Holder	Property Address

Persons to Notify in Case of Emergency

Name	Relationship	Address	Phone

Income from Employment

List all full-time, part-time and/or seasonal employment for head, spouse, co-applicant and other household members age 18 or older, including the self-employed.

H.H. Member	Place of Employment	Employers Address & Contact Information	Telephone	Monthly Salary

Income from Other Sources

List all non-employment income for all household members. This includes dividends, income from rental property, social security, pensions, public assistance, handicap assistance, SSI, unemployment compensation, alimony, child support, worker's compensation, disability compensation, the portion of education grant and scholarship allotted for subsistence and all other income.

H.H. Member	Type of Income	Address	Monthly Amount

Assets

List assets of all household members, including bank accounts, stocks, bonds, trusts, treasury bills, individual retirement accounts, inheritances, lump-sum lottery winnings, credit union shares, land, real estate.

H.H. Member	Name of Institution/Bank	Account Number	Amount in Account

Allowances

Dependent Deduction:

List the names of all household members other than head of household or spouse who are under the age of 18 _____

List the names of all household members other than head of household or spouse whom are 18 years of age or older and are a full-time student or part time student _____

List the names of all household members other than head of household or spouse whom are 18 years of age or older and are disabled/handicapped _____

Childcare Expenses:

List the amounts you pay for the care of children or foster children in the household whom are under the age 18 to permit an adult family member to go to work or school _____

List the name(s) of children for whom care is provided _____

List the name(s) of any adult family member of the family able to work or go to school because of the childcare paid in items paid above _____

If an adult member can work because of children, list the amount of income earned \$ _____

Handicapped Care/Expenses:

List the amounts you pay for the care or apparatus on behalf of a handicapped/disabled family member to permit an adult family member to work _____

If such amounts are claimed, list the name of the handicapped/disabled family member on whose behalf they are claimed _____

If an adult member can work because of care or apparatus list amount of income earned \$ _____

Elderly Household Allowance:

An elderly household is one in which the head of household/spouse or co-applicant is 62 or older and/or disable or handicapped 18 years of age or older. Such households qualify for a \$400 deduction in computing rent. Check to claim this deduction _____

Medical Expense:

Elderly & Handicapped/disable households qualify for a medical expense deduction. If your household and you wish to claim this deduction, check here ___ and indicated the medical expenses you anticipate for the upcoming year _____.

Rental History

Please enter the information requested for your current address and the last seven years of rental history. Include the places where you were not listed on the lease and places where you lived under a different name.

Applicants Current Street Address	City, State, Zip	Monthly Rent & Utilities	Move-In & Move-Out Date

Name of Current Landlord	Office Street Address	City, State, Zip	Telephone & Fax Number

Do you have a lease agreement at the above address? Yes _____ No _____

Amount of security deposit \$_____ and amount refunded to you \$_____

Applicants Previous Street Address	City, State, Zip	Monthly Rent & Utilities	Move-In & Move-Out Date

Name of Previous Landlord	Office Street Address	City, State, Zip	Telephone & Fax Number

Do you have a lease agreement at the above address? Yes _____ No _____

Amount of security deposit \$_____ and amount refunded to you \$_____

Rental History

Please enter the information requested for your current address and the last seven years of rental history. Include the places where you were not listed on the lease and places where you lived under a different name.

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Applicants Previous Street Address	City, State, Zip	Monthly Rent & Utilities	Move-In & Move-Out Date

Name of Previous Landlord	Office Street Address	City, State, Zip	Telephone & Fax Number

Do you have a lease agreement at the above address? Yes ____ No ____

Amount of security deposit \$_____ and amount refunded to you \$_____

Statements by all Household Members

We certify that all information given in this application and any addendum thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete management may decline our application or if move-in has occurred, terminate the rental agreement.

We authorize the property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services and to contact previous and current landlords or other sources for credit, verification confirmation which may be released to appropriate federal, state or local agencies.

If our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment and that they will maintain no other place of residence and that there are no other persons for whom we have or expect to have responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone number, income and household composition.

We have read and understand the information in this application, in particular the information contained in the instructions for head of household and we agree to comply with such information.

We have read and understand the resident selection, criteria plan and can request a copy of the plan from the management staff for review.

We understand that if this application is placed on a waiting list, we may request sample copies of the rental agreement and house rules. If this application is approved and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set or therein, including specifically all conditions regarding pets, rent, damages and security deposits.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681 a(d), seeking information on our creditworthiness, credit standing, capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of one or more person, we consider ourselves a stable household and all of our income is available for its needs.

Signature of Head of Household

Date

Signature of Spouse/Co-Applicant

Date

Acceptance of completed application by management

Signature of Management Representative

Date