

# APPLICATION ADDENDUM (FOR MOVE-IN & RECERTS.)

1. List all occupants of the unit:

Occupant	Relationship	Social Security Number	Date of Birth	Full-Time Student?
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____

Do you expect any change in the above-listed household composition in the next 12 months?  Yes  No . If yes, describe the change: \_\_\_\_\_

2. Are all the occupants noted above full-time students?  Yes  No

(Definition of student: anyone who has been or will be a full-time student at an educational institution with regular facilities and students during 5 months of this Certification year, other than correspondence school).

If yes, are the students married and filing a joint tax return?  Yes  No

If yes, does the household receive Aid for Dependent Children or TANF?  Yes  No

If yes, is the household comprised of a single parent & child(ren) none of whom are dependents of a third party?  Yes  No

If yes, are the students enrolled in a job training program under the Job Training Partnership Act or similar program?  Yes  No

3. Please answer each of the following questions. For each "Yes" answer provide details in the chart below.

Will any member of your household be employed full-time, part-time or seasonally in the next 12 months?  Yes  No  Annual Amount \_\_\_\_\_

Does any member of your household work for someone who pays them in cash?  Yes  No \_\_\_\_\_

Does any member of your household now receive or expect to receive:

Child support?  Yes  No \_\_\_\_\_

Spousal support?  Yes  No \_\_\_\_\_

Social Security (or SSI) benefits?  Yes  No \_\_\_\_\_

Income from a pension or annuity?  Yes  No \_\_\_\_\_

Unemployment or Worker's Comp benefits?  Yes  No \_\_\_\_\_

Public assistance (AFDC/Welfare, etc.)?  Yes  No \_\_\_\_\_

Regular cash contributions from individuals not living in the unit?  Yes  No \_\_\_\_\_

Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave?  Yes  No \_\_\_\_\_

Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from the rental of property?  Yes  No \_\_\_\_\_

FAMILY MEMBER	SOURCE OF INCOME/EMPLOYER NAME	ANTICIPATED ANNUAL INCOME	DO YOU HAVE MORE THAN ONE JOB?
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____

4. List all checking and savings accounts (including IRA's, 401(k)'s, Keogh accounts and Certificates of Deposit) of all household members, including accounts disposed of during the past two years.

FINANCIAL INSTITUTION	ACCOUNT NUMBER	BALANCE	AMOUNT OF INTEREST RCVD

5. List the value of all stocks, bonds, trusts, pension contributions, whole life insurance policies or other assets: \_\_\_\_\_

6. Do you own a home or other real estate?  Yes  No

7. Did you have any assets in the last two years not listed above?  Yes  No

If yes, did you dispose of the assets for less than fair market value? (This means that the assets were either given away or sold for less than market value.)

Yes  No If yes, what were the assets, the market value at the time of disposition, the amount received and the date you disposed of the assets? \_\_\_\_\_

\_\_\_\_\_ Any assets disposed of for less than fair market value in the two years before the date of this Certification will be counted as assets if the difference between the market value and the amount received exceeds \$1,000.

8. The total combined asset value for this household is \$5,000 or less:  Yes  No

**RESIDENT'S STATEMENT:** I understand that the above information is being collected to determine my eligibility for residency. I certify that I have revealed all income received and assets currently held or previously disposed of and that I have no assets other than those listed on this form (other than personal property). I further certify that the statements made in this Application are true and complete to the best of my knowledge and belief and am aware that false statements may be cause for termination of my lease and may be punishable under Federal law. Signatures of all persons 18 or over:

Signature of Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_