

AFFORDABLE HOUSING APPLICATION



The Partnership, Inc.
Committed to Excellence in Affordable Housing

For Office-Use-Check all that apply TAX CREDIT *BOND *HUD *OTHER _____ *Requires Addendum
 Property: Fox Hollow Apartments Marketing Source: _____
 Apartment # _____ Unit Type: _____ Move-in Date _____ App Fee _____
 Lease Term ___12___ Rental Rate _____ Security Deposit _____
 Telephone# _____ Applicant E-Mail address _____

NOTE: ADULT HOUSEHOLD MEMBERS NOT MARRIED TO EACH OTHER SHOULD COMPLETE THEIR OWN APPLICATION

I. HOUSEHOLD COMPOSITION (LIST ALL PERSONS WHO WILL OCCUPY THE UNIT)

Marital Status: Never Married Married Separated _____ Divorced _____ Widowed
 Date of Separation _____ Date divorce _____

List all Persons who will occupy the Unit	Relationship	Date of Birth MM/DD/YYYY	Age	Social Security #	Student F/T = FULL TIME P/T = PART TIME N/A
	Self				<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A
					<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A
					<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A
					<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A
					<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A
					<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A
					<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A
					<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A

Present Street Address City State Zip Own Rent Other # Years ___ Tel# _____
 _____ Landlord/Mort. Name _____
 Current Rental Payment \$ _____
 Former Street Address (if less than 2 yrs.) City State Zip Own Rent Other #Years ___ Tel# _____
 _____ Landlord/Mort. Name _____

- Yes No Does anyone plan to live with you with in the next 12 months who is not indicated on the application? (Military Deployment, child away at school, working in another state, etc.)
Explain: _____
- Yes No Do you expect any changes to your household within the next 12 months? (Pregnancy, adoption, custody change, etc.)
Explain: _____
- Yes No Do you or any occupant who will be named on the lease require special accommodations?
Explain: _____
- Yes No Does anyone in your household plan to become a student within the next 12 months?
If Yes, name of school _____
- Yes No Are any adults in the household currently attending or attended school in the last 12 months?
If Yes, Name of School _____
- Yes No Are any occupants Self-Employed either part-time or full-time?
If Yes, Occupant(s) Name _____
- Yes No Are any occupants Farmworkers?
If Yes, Occupant(s) Name _____
- Yes No Have you or any member of your household ever been convicted of the illegal possession, distribution, Trafficking or manufacturing of an illegal drug or other illegal controlled substance? If YES, explain: _____
- Yes No Have you or anyone in your household been ARRESTED or CONVICTED of a felony or misdemeanor, other Than traffic violations? If YES, list arrests or convictions and dates: _____
- Yes No Does the household receive any Tenant Based Rental Assistance (such as a Section 8 Voucher).
- Yes No Have you ever been evicted? Explain: _____
- Yes No Will there be any pets living in the household? Type/Breed/Weight _____



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II. HOUSEHOLD INCOME

Employment Income: List all Full-time, Self-employment and/or Part-time employment

Applicant

Employed Yes No Self Employed
Current Employer: _____
(Company Name or indicate SELF EMPLOYED) (Address) (Phone #)

(Position/Title) (Annual Gross Income) (Supervisor's Name) (Start Date)

Second Job Yes No Self Employed
Employer: _____
(Company Name) (Address) (Phone #)

(Position/Title) (Annual Gross Income) (Supervisor Name) (Start Date)

If more than 2 employers please complete an additional page 2.

Spouse

Employed Yes No Self Employed
Current Employer: _____
(Company Name or indicate SELF EMPLOYED) (Address) (Phone #)

(Position/Title) (Annual Gross Income) (Supervisor's Name) (Start Date)

Second Job Yes No Self Employed
Employer: _____
(Company Name) (Address) (Phone #)

(Position/Title) (Annual Gross Income) (Supervisor Name) (Start Date)

If more than 2 employers please complete an additional page 2.

OTHER INCOME

Income Source- <u>If Yes, Check all that apply and complete Household member and Monthly income amount information</u>	Household Member Name	Monthly Income Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No Child Support, Other Non-Court Ordered Payments for Child or Spouse		
<input type="checkbox"/> Yes <input type="checkbox"/> No Alimony/Spousal support		
<input type="checkbox"/> Yes <input type="checkbox"/> No Social Security or SSI		
<input type="checkbox"/> Yes <input type="checkbox"/> No Pensions, Retirement Benefits, Disability		
<input type="checkbox"/> Yes <input type="checkbox"/> No VA Benefits, GI Bill or National Guard/Military Benefits income		
<input type="checkbox"/> Yes <input type="checkbox"/> No AFDC, TANF (EXCLUDING FOOD STAMPS)		
<input type="checkbox"/> Yes <input type="checkbox"/> No unemployment Compensation, Worker's Compensation, Severance Pay		
<input type="checkbox"/> Yes <input type="checkbox"/> No Annuities, Trust, Inheritance, Insurance Policies or Lottery Winnings		
<input type="checkbox"/> Yes <input type="checkbox"/> No Student Financial Assistance (Loans, Grants, Scholarships, etc.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No Recurring Monetary Gifts		
<input type="checkbox"/> Yes <input type="checkbox"/> No Income from Real Property (Are you renting/leasing a home you own?)		
<input type="checkbox"/> Yes <input type="checkbox"/> No Other Income-Source _____		

III. ASSETS



Revised 4.10.20





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Listed below for each occupant is a true list of the value of all assets (if necessary use an additional worksheet):

Table with 5 columns: Type of Asset, Bank or other Financial Institution, Approximate Balance, Interest Rate, Income. Rows include Checking Account, Savings Account, Revocable Trust, 401(K), IRA accounts, CD's, Money Market, Real Estate, Cash on Hand/Payroll Card, Whole Life Insurance, and Other Assets not Listed.

Have you disposed of any assets within the last 24 months? Yes No If yes, Explain:

Emergency Contact: (Name) (Relationship) (City/State) (Phone)

I/We certify that the facts set forth in this Application for Rental are true, complete and correct to the best of my knowledge and belief and are made in good faith. I/We understand that a false statement and/or change(s) in eligibility status of my application are grounds for rejection and I/We cannot reapply for 180 days from the date of this application. (Please initial)

I/We agree that the Security Deposit may not be applied as rent and that the full monthly rent will be paid on or before the first day of every month including the last day of occupancy. If this application for rental is accepted, I/We further agree that the deposit will not be refunded if I/We decided not to move in.

By execution of this application, I/We hereby authorize the management to make such investigations into my history as they may deem appropriate. I/We understand that such investigations typically include (but are not limited to) verification of employment and salary, criminal background check, rental history, student status and consumer credit reports.

Warning:

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant: Date: Time:

Spouse: Date: Time:

Management Agent: Date: Time:

WE ENCOURAGE AND SUUPPORT THE NATION'S AFFIMRATIVE HOUSING PROGRAM IN WHICH THERE ARE NO BARRIERS TO OBTAINING HOUSING BECAUSE OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP OR FAMILIAL STATUS.

Huntington Reserve Apts. does not discriminate on the basis of disability status in the admission or access to, treatment or employment in, federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: The Partnership, Inc.
Address: 2001 West Blue Heron Blvd
Riviera Beach FL 33404
Tel: (561) 655-6775



Revised 4.10.20

