

Date Received: _____
 Time Received: _____

For Office Use Only

APPLICATION FOR HOUSING
Property: Parkwood South

How many bedrooms are you requesting?

1 bedroom 2 bedrooms 3 bedrooms

HOUSEHOLD INFORMATION List all the household members *including yourself*.

NAME	Relationship to Head of Household	Gender M/F	Social Security Number	Birth date (mm/dd/yyyy)	Marital Status	Student Status
	Head of Household					

COPIES OF BIRTH CERTIFICATES AND SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS MUST BE ATTACHED TO THIS APPLICATION. INCOMPLETE APPLICATIONS WILL BE RETURNED

Mailing address: _____
Street City State Zip

Current address if different: _____
Street City State Zip

Daytime phone #: _____

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Does applicant qualify for a preference? YES NO

For 236, 221(d)(3), 221 (d)(3) BMIR, 221(d)(4) Properties

- | | YES | NO |
|---|-----------------------|-----------------------|
| Are you displaced by government action or Federally Declared disaster? | <input type="radio"/> | <input type="radio"/> |
| Has one or more adult household member worked more than 30 hours a week for at least the last six months? | <input type="radio"/> | <input type="radio"/> |
| 1. Do you expect any additions to your household in the next twelve months?
If, yes, Name and relationship: _____
Explanation: _____ | <input type="radio"/> | <input type="radio"/> |
| 2. Is there anyone living with you now who will not be living with you at this property?
If, yes, Name and relationship: _____ | <input type="radio"/> | <input type="radio"/> |
| 3. Do you have full custody of your child(ren) (if applicable)?
Explanation: _____ | <input type="radio"/> | <input type="radio"/> |
| 4. Are there any absent household members who normally live with you?
(for example, a spouse away in the military)
Explanation: _____ | <input type="radio"/> | <input type="radio"/> |
| 5. Does your household have or anticipate having any pets other than service animals?
Type _____ Weight _____ | <input type="radio"/> | <input type="radio"/> |



EQUAL HOUSING OPPORTUNITY



INCOME INFORMATION FOR EVERYONE 18 AND OLDER AND ALL EMANCIPATED MINORS
 (UNEARNED INCOME, SUCH AS GRANTS OR BENEFITS, IS COUNTED FOR ALL INCLUDING MINORS)

For the next 12 months do **YOU** or **ANYONE** in your household expect to receive income from **ANY** of these:

				YES	NO
6. Employment wages or salaries (include overtime, tips, bonuses, commissions received in CASH, etc.)				<input type="radio"/>	<input type="radio"/>
<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>	<u>Week/Month/Year</u>		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
7. Self Employment? (Include overtime, bonuses, commissions, payment received in cash)				<input type="radio"/>	<input type="radio"/>
<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>	<u>Week/Month/Year</u>		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
8. Regular pay as a member of the Armed Forces/Military?				<input type="radio"/>	<input type="radio"/>
<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Amount</u>	<u>Week/Month/Year</u>		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
9. Unemployment Benefits or Workman's Compensation?				<input type="radio"/>	<input type="radio"/>
<u>Household Member</u>	<u>Caseworker</u>	<u>Amount</u>	<u>Week/Month/Year</u>		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
10. Public Assistance, General Relief, AFDC, TANF (Temporary Assistance for Needy Families)?				<input type="radio"/>	<input type="radio"/>
<u>Household Member</u>	<u>Caseworker</u>	<u>Amount</u>	<u>Week/Month/Year</u>		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
11. Entitled to receive child support or alimony? <u>ATTACH COURT ORDER</u>				<input type="radio"/>	<input type="radio"/>
(Complete even if you are NOT receiving the money at this time)					
<u>Household Member</u>	<u>Name of Payer</u>	<u>Amount</u>	<u>Week/Month/Year</u>		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
12. Social Security, SSI, or any other payment from Social Security Office?				<input type="radio"/>	<input type="radio"/>
<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>	<u>Week/Month/Year</u>		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
13. Regular payments from Veteran's benefits, pension, retirement or annuity?				<input type="radio"/>	<input type="radio"/>
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Week/Month/Year</u>		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		

- | | | | | YES | NO |
|---|--------------------------|---------------|------------------------|-----------------------|-----------------------|
| 14. Regular payments from a severance package? | | | | <input type="radio"/> | <input type="radio"/> |
| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | <u>Week/Month/Year</u> | | |
| _____ | _____ | _____ | _____ | | |
| _____ | _____ | _____ | _____ | | |
| 15. Regular payments from any type of settlement? | | | | <input type="radio"/> | <input type="radio"/> |
| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | <u>Week/Month/Year</u> | | |
| _____ | _____ | _____ | _____ | | |
| _____ | _____ | _____ | _____ | | |
| 16. Regular gifts or payments from anyone outside the household? | | | | <input type="radio"/> | <input type="radio"/> |
| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | <u>Week/Month/Year</u> | | |
| _____ | _____ | _____ | _____ | | |
| _____ | _____ | _____ | _____ | | |
| 17. Regular payments from lottery winnings or inheritances? | | | | <input type="radio"/> | <input type="radio"/> |
| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | <u>Week/Month/Year</u> | | |
| _____ | _____ | _____ | _____ | | |
| _____ | _____ | _____ | _____ | | |
| 18. Regular payments from Rental Property or other real estate transactions? | | | | <input type="radio"/> | <input type="radio"/> |
| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | <u>Week/Month/Year</u> | | |
| _____ | _____ | _____ | _____ | | |
| _____ | _____ | _____ | _____ | | |
| 19. Any other income sources or types not listed? | | | | <input type="radio"/> | <input type="radio"/> |
| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | <u>Week/Month/Year</u> | | |
| _____ | _____ | _____ | _____ | | |
| _____ | _____ | _____ | _____ | | |
| 20. Do you or anyone in your household expect a change to your income in the next 12 months? | | | | <input type="radio"/> | <input type="radio"/> |
| Explanation: _____ | | | | | |
| 21. Are you or any ADULT household members claiming zero income? | | | | <input type="radio"/> | <input type="radio"/> |
| IF YES, Household Member _____ | | | | | |
| Explanation _____ | | | | | |

ASSET INFORMATION INCLUDE ASSETS HELD FOR ALL HOUSEHOLD MEMBERS INCLUDING MINORS

DOES ANYONE IN YOUR HOUSEHOLD HOLD:

- | | | | | | |
|-------------------------------|------------------------------|---------------|--|-----------------------|-----------------------|
| 22. Checking accounts? | | | | <input type="radio"/> | <input type="radio"/> |
| <u>Household Member</u> | <u>Financial Institution</u> | <u>Amount</u> | | | |
| _____ | _____ | _____ | | | |
| _____ | _____ | _____ | | | |
| 23. Savings accounts? | | | | <input type="radio"/> | <input type="radio"/> |
| <u>Household Member</u> | <u>Financial Institution</u> | <u>Amount</u> | | | |
| _____ | _____ | _____ | | | |
| _____ | _____ | _____ | | | |

			YES	NO
24. CD's, money market accounts, treasury bills, cash or other?			O	O
<u>Household Member</u>	<u>Financial Institution</u>	<u>Amount</u>		
_____	_____	_____		
_____	_____	_____		
25. Stocks, bonds, securities?			O	O
<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>		
_____	_____	_____		
_____	_____	_____		
26. Trust fund, Annuity, IRA, 401K, other Retirement Fund?			O	O
<u>Household Member</u>	<u>Financial Institution</u>	<u>Amount</u>		
_____	_____	_____		
_____	_____	_____		
27. Whole or Universal life insurance?			O	O
<u>Household Member</u>	<u>Insurance Carrier</u>	<u>Amount</u>		
_____	_____	_____		
_____	_____	_____		
28. Real estate, a home, rental property, land, land contract/contract for deeds or other real estate holdings?(including your residence, trailer, land, commercial property)			O	O
<u>Household Member</u>	<u>Address of Property</u>	<u>Amount</u>		
_____	_____	_____		
_____	_____	_____		
29. Personal property held as an investment? (including stamp/coin collections, artwork, antiques, NOT your personal belongings)			O	O
<u>Household Member</u>	<u>Item</u>	<u>Amount</u>		
_____	_____	_____		
_____	_____	_____		
30. A safe deposit box?			O	O
<u>Household Member</u>	<u>Financial Institution</u>	<u>Amount</u>		
_____	_____	_____		
_____	_____	_____		
31. Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?			O	O
Household Member: _____	Amount: _____			
Explanation: _____				
32. Is anyone in your household a student?			O	O
a. Are ALL household members full-time students? (LIHTC)*			O	O
b. Are any student(s) under 24 and enrolled in an institute of higher learning? (Section 8)**			O	O

*Exemptions must be met to qualify for a Tax Credit unit

**Other criteria must be met to qualify for rental assistance at HUD Section 8 properties

- | | YES | NO |
|--|-----------------------|-----------------------|
| 33. Will you or any member of the household require a reasonable accommodation?
If yes, Household Member _____
Explanation _____ | <input type="radio"/> | <input type="radio"/> |
| 34. Will your household be receiving Section 8 rental assistance at the time of move-in?
If yes, Name of Agency _____
Contact Person _____ | <input type="radio"/> | <input type="radio"/> |
| 35. Have you or anyone on the application ever lived in a Preservation Management, Inc.
or Woodcock Management, Inc. property?
If yes, Where/When _____
Manager's Name _____ | <input type="radio"/> | <input type="radio"/> |
| 36. How did you hear about this property?
Explanation: _____ | | |
| 37. Have you or anyone on this application filed for bankruptcy?
Explanation: _____ | <input type="radio"/> | <input type="radio"/> |
| 38. Have you or anyone on the application been convicted of a crime?
Explanation: _____ | <input type="radio"/> | <input type="radio"/> |
| 39. Have you or anyone on the application been convicted for dealing or manufacturing
illegal drugs?
Explanation: _____ | <input type="radio"/> | <input type="radio"/> |
| 40. Have you or anyone this application been convicted of arson or property damage?
Explanation: _____ | <input type="radio"/> | <input type="radio"/> |
| 41. Have you or anyone else on the application been evicted from a rental unit,
public housing, any kind including an apartment, home, mobile home, or trailer
or been terminated from a Sec. 8 rental assistance program?
Explanation: _____ | <input type="radio"/> | <input type="radio"/> |

42. HOUSING REFERENCES: LIST THE PAST FIVE YEARS OF HOUSING REFERENCES

<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/ Rent</u>	<u>Dates</u>
1) NAME _____	_____	OWN <input type="radio"/>	FROM _____
ADDRESS _____	_____	RENT <input type="radio"/>	TO _____
PHONE (____) _____	Amount of rent paid: _____		
2) NAME _____	_____	OWN <input type="radio"/>	FROM _____
ADDRESS _____	_____	RENT <input type="radio"/>	TO _____
PHONE (____) _____	Amount of rent paid: _____		
3) NAME _____	_____	OWN <input type="radio"/>	FROM _____
ADDRESS _____	_____	RENT <input type="radio"/>	TO _____
PHONE (____) _____	Amount of rent paid: _____		

43. EMERGENCY CONTACT LIST SOMEONE IN THE AREA NOT ON THIS APPLICATION

NAME: _____

ADDRESS _____

TELEPHONE: _____

RELATIONSHIP: _____

44. MEDICAL EXPENSES

IF YOU ARE 62 YEARS OF AGED OR OLDER, OR DISABLED, LIST APPROXIMATE MEDICAL EXPENSES (HOSPITAL, PRESCRIPTION, DOCTOR, HEALTH INSURANCE) PAID DIRECTLY BY YOU AND NOT REIMBURSED BY AN OUTSIDE AGENCY. PLEASE LIST BELOW:

PROVIDER'S NAME _____
PROVIDER'S ADDRESS _____
MONTHLY AMOUNT \$ _____

PROVIDER'S NAME _____
PROVIDER'S ADDRESS _____
MONTHLY AMOUNT \$ _____

45. DEPENDENT CARE EXPENSES

IF YOU CURRENTLY HAVE CHILDCARE EXPENSE PAID DIRECTLY BY YOU AND NOT REIMBURSED BY AN OUTSIDE AGENCY, PLEASE LIST BELOW:

PROVIDER'S NAME _____
PROVIDER'S ADDRESS _____
MONTHLY AMOUNT \$ _____

SIGNATURE CLAUSE

I understand that management is relying on this information to prove my household's eligibility for HUD and/or LIHTC Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, address, phone numbers, accounts numbers where applicable and other information required for expediting this process. I understand that my occupancy is contingent on meeting management, resident selection criteria and HUD and/or LIHTC Program requirements.

ALL HOUSEHOLD MEMBERS 18 AND OVER MUST SIGN

Head of Household Date

Co-tenant/Applicant Signature Date

Applicant Date

Applicant Date

"The information solicited on this application is requested by the apartment owner in order to assure the Federal Government...that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, age, handicap, disability or sexual orientation are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application, or to discriminate in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the applicant on the basis of visual observation or surname."

PLEASE CHECK ONE OF THE FOLLOWING:

White Black Hispanic Asian/Pacific Islander American Indian/Alaskan Native

OFFICE USE ONLY

This application was reviewed with the applicant prior to move-in.

Were there changes to the application? ____ YES ____ NO

AUTHORIZATION AND RELEASE OF INFORMATION

I/We Do Hereby Authorize **Preservation Management, Inc.** , its staff or authorized representative to contact the below listed agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to determine my/our eligibility for housing in programs administered/managed by:

The Dept. of Housing and Urban Development

"Title 18, Section 1001 of the U.S Code state that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above, Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**"

**Rural Development (USDA)
Low Income Tax Credit Housing (IRS)
State or Local Housing Agencies**

ONLY SOURCES LISTED BELOW FOR DETERMINING ELIGIBILITY/ACCEPTABILITY FOR AN APARTMENT WILL BE CONTACTED.

SIGNATURE(S):* Applicant/Tenant does not have to sign this consent form if it is not clear who will provide the information or who will receive the information

Tenant/Applicant

Tenant/Applicant

Dated

Dated

Tenant/Applicant

Tenant/Applicant

Dated

Dated



THIS FORM MAY BE PHOTOCOPIED

