



## Application Requirements

Thank you for your interest in \_\_\_\_\_ when looking for your next home! HOPE Management is committed to providing the best service in order to assist you in choosing a housing complex that fits your needs. Please feel free to contact us at any time should you need assistance with completing this application at \_\_\_\_\_ or stopping by our office during the hours of \_\_\_\_\_ Monday through Friday.

Only one application per household is required regardless of marital status.

To ensure that you are able to have a quick and smooth move in, please be sure to do the following:

- ✓ Make sure all blanks are complete. If the question does not apply to you, fill in N/A.
- ✓ Please do not use white out ever.
- ✓ If you make a mistake, draw a single line through the mistake and initial next to it.
- ✓ Make sure that all adults sign and date the application.
- ✓ A non-refundable application fee of **\$25.00 per adult** is required to complete the background screening.
- ✓ Bring copies of all household members' social security cards and all occupants who are over 18's identification at the time you drop off the application.

**Preliminary Approval and Further Verification:** Upon receiving your application, you will receive an initial application approval letter within 10 days. This preliminary approval is subject to further verification processes, including credit, criminal, and landlord reference checks, as well as income and student eligibility assessments. It is important to understand that the application may still be rejected after this initial approval.

For any inquiries or assistance with your application, feel free to reach out to us via:

- Email: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Regular Mail: \_\_\_\_\_

Eligibility will be determined based upon this property's Resident Selection Criteria (available upon request).

HOPE Property Management, LLC and the owner are committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act (ADA), or any status protected by Federal, State or Local Law, Regulation or Ordinance in the Leasing or Management of the units and residential community. If you require assistance in the form of readers, interpreters, large print, or any other way to enable you to fully participate in our housing program, please let us know and we will assist you to the fullest extent feasible. If you are mobility impaired and do not have access to our rental office, we can make arrangements to meet you at another accessible location near the rental office.



**HOUSEHOLD INFORMATION**

Desired Move-In Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact:  Email  Mail

Apartment Bedroom Size Seeking:  One  Two  Three

Specially Equipped Handicap Unit (Specify) \_\_\_\_\_

Do you certify that, if eligible, this will be your primary residence?  Yes  No

Have you ever applied for or currently holding a Section 8 waiting Certificate or Voucher?  Yes  No

If Yes, do you currently have a Section 8 Voucher?  Yes  No

Are you currently residing in a HUD/RD Assisted unit?  Yes  No

Do you have a pet?  Yes  No

Are you:  Homeless  Disabled/Handicap  52 or Older  62 or Older  Victim of Domestic Violence

How did you hear about us?  Online  Publications  Referral  Other: \_\_\_\_\_

**Return Application to:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

App Paid: \_\_\_\_\_

**Household Information**

1. List all occupants beginning with the Head of Household including Live in Aides, foster children and foster adults who will be occupying the house. (Head of Household is the person whose name is at the top of this Application. All other adults are Co-Heads)

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Date of Birth	Age	Sex M/F	Social Security Number
#1 _____	Self	/ /			- -
#2 _____		/ /			- -
#3 _____		/ /			- -
#4 _____		/ /			- -
#5 _____		/ /			- -
#6 _____		/ /			- -
#7 _____		/ /			- -

2. Are there any anticipated changes to the number of people living in the household in the next 12 months?  Yes  No  
If yes, please explain: \_\_\_\_\_

3. Is any adult member of your household separated, but not divorced? If Yes, who? \_\_\_\_\_  Yes  No

4. All occupants listed above who have attended (in the last calendar year) or will be attending an educational institution in the next 12 months. Please select Yes or No for each household member as listed/# above.

Member	Student Status	Educational Institution	Financial Assistance/Semester Amount?
#1	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
#2	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
#3	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
#4	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
#5	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
#6	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
#7	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Full / <input type="checkbox"/> Part	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____



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## INCOME DECLARATION

### Passive Income Information

1. List all amounts of unearned income the household is currently receiving or anticipating receiving in the next 12 months:
- Social Security, SSI, SSDI:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Cash Assistance:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Food Stamps:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Unemployment Benefits:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Workman's Comp:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Child Support/Alimony:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Pension/Veterans' Benefits:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Student Income:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Family Support:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Trust Fund Payments:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Church Assistance:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Recurring Gift Support:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Rental Income:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Foster/Adoption Income:  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Other: \_\_\_\_\_  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_
- Other: \_\_\_\_\_  Yes  No Member Name(s): \_\_\_\_\_ Monthly \$ \_\_\_\_\_

### Employment Income Information

1. Is any household member **Currently employed?**  Yes  No If yes, list below: *If Self-Employed, complete next section*

Applicant Name:			
Current Employer:	Monthly: \$	Hourly: \$	Hours/Wk:
Work Address:	Phone Number:		
Length of time:	Fax Number:		
Applicant Name:			
Current Employer:	Monthly: \$	Hourly: \$	Hours/Wk:
Work Address:	Phone Number:		
Length of time:	Fax Number:		

2. Is any household member(s) **Self-Employed?** (e.g. home business, delivery services, online sales, odd jobs, etc.)  Yes  No  
*\*\* If Yes, previous year's tax returns or current income statements will be requested during move-in process*

Member Name	Income Source	Monthly Income	Additional Details if Necessary
		\$	
		\$	
		\$	

3. **Unemployed Adult Household Members:** Anticipating or Not Anticipating Income in the next 12 months:  
*\*\* If Yes, provide previous year's tax returns or income statements to support anticipated amount if available*

Member Name	Anticipating Income?	Anticipated Income Source	Anticipated Annual Income
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$





**ASSET DECLARATION**

1. All household members' assets including bank accounts, cash on hand, stocks, bonds, land and real estate. Select ALL that apply, average balance and list any additional assets not listed.

Asset Type	How Many	Cash Balance	% Rate	Asset Type	How Many	Cash Balance	% Rate
Checking Account(s)	_____	\$ _____	_____	Bank Name(s)	_____		
Savings Accounts(s)	_____	\$ _____	_____	Bank Name(s)	_____		
Cash on Hand	_____	\$ _____	_____	Safety Deposit Box	_____	\$ _____	_____
Deposit Card(s)	_____	\$ _____	_____	Govt. Benefits Card(s)	_____	\$ _____	_____
Money Market(s)	_____	\$ _____	_____	Bank Name(s)	_____		
Deposit CD(s)	_____	\$ _____	_____	Bank Name(s)	_____		
Retirement Account(s)	_____	\$ _____	_____	Provider Name(s)	_____		
Whole Life Insurance	_____	\$ _____	_____	Provider Name(s)	_____		
Stocks/Bonds	_____	\$ _____	_____	Bitcoin/Virtual Asset	_____	\$ _____	_____
Real Estate/Property	_____	\$ _____	_____	Land Contract(s)	_____	\$ _____	_____
Go Fund Me, etc.	_____	\$ _____	_____	Trust Fund(s)	_____	\$ _____	_____
Capital Investment(s)	_____	\$ _____	_____	Online Account(s)	_____	\$ _____	_____

2. List Personal Property exceeding basic necessities (i.e., 2<sup>nd</sup> car, RV/trailer, ATV, collections with value, gold, precious jewelry, etc.)

Asset Type	How Many	Cash Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

3. Has any household member sold or given away assets for less than fair market value with the past two years?  Yes  No

Household Member: _____	Asset Type: _____	Value: \$ _____	Cash Value: \$ _____
Household Member: _____	Asset Type: _____	Value: \$ _____	Cash Value: \$ _____
Household Member: _____	Asset Type: _____	Value: \$ _____	Cash Value: \$ _____

**CRIMINAL HISTORY DECLARATION**

1. Have you, or any member of your household, been convicted of a felony?  Yes  No

Name of Household Member: \_\_\_\_\_  
If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_ Date parole or probation ends? \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Have you, or any member of your family, been convicted of illegal manufacture or distribution of a controlled substance?  Yes  No

Name of Household Member: \_\_\_\_\_  
If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_ Date parole or probation ends? \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Are you, or any member of your household, a registered sex offender under any state sex offender registration programs?  Yes  No

Name of Household Member: \_\_\_\_\_  
If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_ Date parole or probation ends? \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Is any member of your household, been convicted of a misdemeanor in the last 5 years?  Yes  No

Name of Household Member: \_\_\_\_\_  
If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Have you or any member of your household previously misrepresented information in the application or recertification process to any housing authority, apartment community or landlord?  Yes  No





**HOUSING AND RENTAL HISTORY – 5 YEARS COMPLETE HISTORY**

List the past residences of the last five years for all adult members. (Attach additional pages if necessary)

Have you, or any member of your household, ever been evicted from housing?  Yes  No

If yes, please explain: \_\_\_\_\_

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_ / \_\_\_ / \_\_\_ Move Out \_\_\_ / \_\_\_ / \_\_\_

Current Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Landlord/Mortgage Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

Previous Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_ / \_\_\_ / \_\_\_ Move Out \_\_\_ / \_\_\_ / \_\_\_

Previous Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Landlord/Mortgage Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

Previous Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_ / \_\_\_ / \_\_\_ Move Out \_\_\_ / \_\_\_ / \_\_\_

Previous Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Landlord/Mortgage Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

Previous Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_ / \_\_\_ / \_\_\_ Move Out \_\_\_ / \_\_\_ / \_\_\_

Previous Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Landlord/Mortgage Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

Previous Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_ / \_\_\_ / \_\_\_ Move Out \_\_\_ / \_\_\_ / \_\_\_

Previous Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Landlord/Mortgage Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_





**PROFESSIONAL CHARACTER REFERENCES**

If you have never rented or cannot provide a complete five years of rental history, please provide three professional references. (professional references can include co-workers, supervisors, community members, teachers, religious leaders, probation, etc.)

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Relationship:  Work  Community  Other \_\_\_\_\_ If not professional:  Friend  Family

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Relationship:  Work  Community  Other \_\_\_\_\_ If not professional:  Friend  Family

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Relationship:  Work  Community  Other \_\_\_\_\_ If not professional:  Friend  Family

**EMERGENCY CONTACT**

In case of Emergency, who do we have your permission to contact?

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

I hereby swear that to the best of my knowledge, the above information is true, correct and complete. 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, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I further certify that I do not expect any changes in the information provided above or on the attached Application. Should my information change unexpectedly or otherwise, I will notify management immediately. Failure to do so may cause a delay in the process of my household for occupancy or may cancel my household's application for occupancy altogether.

I certify that only those persons listed in this application will occupy the apartment if my application is approved and move in occurs. I also certify that I will maintain no other place of residence. I understand that any additions to the household may only be done with management's approval through the application process. I agree to notify management in writing

I understand the Resident Selection Plan is available to me upon request, that it summarizes the procedures for processing applications, and I also understand that I must meet the requirements set-forth in the Resident Selection Plan.

\_\_\_\_\_  
Signature – Head of Household \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Adult Member \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Adult Member \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Adult Member \_\_\_\_\_  
Date

Signature – Head of Household NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction



**AUTHORIZATION TO RELEASE INFORMATION TO HOUSING AGENCY**

RE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RETURN: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To Whom It May Concern:

The person(s) named above is a resident/applicant for Section 42 Housing, or a program which has rents that are subsidized by the U.S. Government. Federal regulations require that in order for a family to be eligible for this type of housing, the income of the family, as well as their assets must not exceed certain established limits. The information requested below will be held in STRICT CONFIDENCE as is required under the provisions of the applicable law and will be used only to determine the eligibility of the family for the housing. Thank you for your cooperation.

\_\_\_\_\_  
 Resident Manager

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Fax Number

Section B: Applicant(s): Sign and date.

**AUTHORIZATION TO RELEASE INFORMATION**  
All adult household members must sign below.

\_\_\_\_\_  
 Tenant/Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Tenant/Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Tenant/Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Tenant/Applicant Signature

\_\_\_\_\_  
 Date

This form expires one year from date of signature.



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## DEMOGRAPHICS DECLARATION

Project Name: \_\_\_\_\_

Unit #: Pending Application

\_\_\_\_\_  
Name of Head of Household

\_\_\_\_\_  
Name of Member #2

\_\_\_\_\_  
Name of Member #3

\_\_\_\_\_  
Name of Member # 4

\_\_\_\_\_  
Name of Member #5

\_\_\_\_\_  
Name of Member #6

### This form to be completed by Applicant / Tenant

You have applied for, or currently reside in, a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. The collection of certain tenant data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available.

#### Check all those apply for each household member.

(a) Racial Categories	Member #1 (HOH)	Member #2	Member #3	Member #4	Member #5	Member #6
1) White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) American Indian or Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Native Hawaiian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Check all that applies for each household member.

(b) Ethnic Categories	Member #1 (HOH)	Member #2	Member #3	Member #4	Member #5	Member #6
1) Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Non-Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(c) **Disability Status:** Are any household members disabled according to the Fair Housing Act?  
 Yes       No

I / We were given the opportunity to furnish the above listed information for our household but chose not to.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member



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