

CLARK REALTY MANAGEMENT LLC RENTAL APPLICATION – TAX-CREDIT



(PLEASE PRINT)

Property Name _____ Unit Number _____
 Lease Term _____ months, starting on ____/____/____ Monthly Rent _____

PART ONE – HOUSEHOLD COMPOSITION

APPLICANT: Married Single Divorced Separated Widowed

Last Name	First Name & Middle Initial	Relationship to Applicant	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Social Security or Alien Reg. No.
		HEAD/Applicant			

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____ E-Mail: _____

OCCUPANTS (Note: Occupants over 18 years of age MUST complete separate application form):

Last Name	First Name & Middle Initial	Relationship to Applicant	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Social Security or Alien Reg. No.

Do you anticipate any changes in the household composition in the next twelve (12) months? Yes No
 If yes, describe anticipated change: _____
 Do you have any pets? Yes No

PART TWO – STUDENT STATUS

Are all of the occupants noted above full-time students? Yes No
 (Note: Full-time student is defined as anyone who has been or will be a full-time student at an educational institution with regular facilities and students during 5 months of the year certification is completed, other than correspondence school).
 If yes, complete the rest of the section. If no, skip to the next section.

- 1) Is the household comprised of a single parent and child(ren), none of whom is a dependent of a third party? Yes No
- 2) Is applicant & co-applicant married and files a joint tax return? Yes No
- 3) Does the household receive Aid for Dependent Children (AFDC) or TANF? Yes No
- 4) Is anyone in the household enrolled in and receiving assistance under the Job Training Partnership Act or a similar Governmental job training program? Yes No

PART THREE – RENTAL HISTORY

Current Address: _____ Apt/Unit: _____
 City: _____ State: _____ Zip: _____ County: _____
 Monthly Rent: _____ Length of Residency: _____ Landlord's Name: _____ Landlord's Phone: _____

If less than 2 years at Current Address:
 Previous Address: _____ Apt/Unit: _____
 City: _____ State: _____ Zip: _____ County: _____
 Monthly Rent: _____ Length of Residency: _____ Landlord's Name: _____ Landlord's Phone: _____
 Move-Out Date: _____ Reason for Move: _____

PART FOUR – CREDIT REFERENCES

Bank Name & Location: _____
 Checking Acct Balance _____ Savings Acct Balance _____ Other Account Balance(s): _____
 Drivers License #: _____ State Issued: _____ Expiration Date: _____
 Vehicle Model: _____ License Plate No. _____ Expiration Date: _____ State: _____
 Vehicle Model: _____ License Plate No. _____ Expiration Date: _____ State: _____
 Have you ever filed for bankruptcy? Yes No If yes, list discharge date _____
 Have you ever been evicted? Yes No
 Have you ever been convicted of a felony? Yes No
 Emergency Contact Name: _____ Phone Number: _____
 Address: _____ Relationship: _____

PART FIVE – RECURRING INCOME

(Circle all applicable): Full-time, Part-time, Self-employed, Non-employed, and Unemployed.
 Current Employer: _____ Position: _____ Start Date: ____/____/____
 Address: _____ HR Phone #: _____ HR
 Fax#: _____
 Salary: _____ (Circle: hr,wk,bi-wk,mo,yr) Tips/Week: _____ Hrs/Week: _____ HR Contact: _____

Will you or any member of the household be employed full-time, part-time, or seasonally in the next twelve (12) months?
 Yes No If yes, list annual amount \$ _____ and describe: _____
 Do you or any member of the household work for someone who pays in cash?
 Yes No If yes, list annual amount \$ _____ and describe: _____
 Is any member of the household on leave of absence from work due to lay-off, medical, maternity, or military leave? Yes No

Do you have more than one job? Yes No If yes, please provide the following information:
 Current Employer: _____ Position: _____ Start Date: ____/____/____
 Address: _____ HR Phone #: _____ HR
 Fax#: _____
 Salary: _____ (Circle: hr,wk,bi-wk,mo,yr) Tips/Week: _____ Hrs/Week: _____ HR Contact: _____

Note: Applicants must complete this section in order to determine qualification for residency within the Federal Low Income Housing Tax Credit Program. Although this information is voluntary under the Federal Fair Housing Act, failure to provide such income may result in non-qualification for residency for any rental unit in the Affordable Housing Program.

Do you or any member of your household receive or expect to receive other income than that specified above? (Other income includes alimony, child support, welfare, unemployment, aid to dependent children, social security, annuities, insurance policies, retirement benefits, pensions, disability, gifts from family, and any other regular periodic payments. Please consult the leasing personnel for complete details.)
 Yes No If yes, list other income below:

Spousal Support (Alimony)	Yes	No	\$	Unemployment	Yes	No	\$
Child Support	Yes	No	\$	Welfare	Yes	No	\$
AFDC/TANF	Yes	No	\$	Worker's Compensation	Yes	No	\$
SSA/SSI	Yes	No	\$	Recurring Gifts from Family	Yes	No	\$
Retirement/Pensions/Annuities	Yes	No	\$	Other Recurring Incomes	Yes	No	\$
Disability	Yes	No	\$	Other:	Yes	No	\$

PART SIX – ASSETS

Assets Include: Cash (where ever held), trust corpus, equity in real estate of capital investments, notes receivable, stocks, bonds, money market accounts, certificates of deposit, IRA's, retirement and pension funds, and luxury personal property (gems, jewelry, art, coin collection, etc.). You must also include the value of any assets disposed of in the past 24 months at less than fair market value.

Assets do not include: Necessary personal property such as clothing, furniture, daily-use autos, tools, dishes, etc. Also not included is any special equipment for use by the handicapped, cash value of life insurance policies, and assets of a business.

Are the assets (as defined above) of the whole household more than \$5,000? Yes No
 If yes, applicant MUST complete Part A of the Asset Addendum worksheet.
 Have you disposed of any assets at less than fair market value within 24 months? Yes No
 If yes, applicant MUST complete Part B of the Asset Addendum worksheet.
 If no, what are the anticipated earnings on all household assets for the next year? \$ _____
 Asset Addendum worksheet completed and attached as part of this application? Yes No

PART SEVEN – SECTION 8

Do you receive Section 8 assistance? Yes No
 If yes, complete the rest of the section. If no, skip to the next section.

Name of Caseworker: _____ Telephone of Caseworker: _____
 Office: _____ Voucher Amount: _____ Last Recertification Date: _____

PART EIGHT– SIGNATURES & DEPOSIT

APPLICANT'S STATEMENT: I/We hereby apply to lease the above-described premises on substantially the terms set forth herein and certify that all information contained herein is true. Material falsification of information provided may result in the rejection of the application or in the termination of the Lease Agreement and may be punishable under Federal law.

I understand that the above information is being collected to determine my/our eligibility for residency. I/we certify that I/we have revealed all income received and all assets currently held or previously disposed of and that I have no assets other than those indicated on this form and/or on the Asset Addendum worksheet (other than personal property).

I hereby deposit \$ _____ as a deposit to be refunded to me within seventy two (72) hours of the date of this application if this application is not approved and accepted. The applicant(s) hereby waive any claim to damages by reason of non-acceptance. Landlord reserves the right to require additional refundable security deposits or to decline the application based upon its uniform qualification standards for the property. If additional refundable deposits are required, I/we understand that I will have 24 hours to accept the unit and post the additional deposit, or it may be leased to another party.

By execution of this application, I hereby authorize Clark Realty Management LLC or its agent to make such investigation into my credit, employment, rental and criminal history as they may deem appropriate, and release all parties from all liability for any damage that may result from their furnishing information to you.

I understand that this property limits the number of occupants to two people per bedroom.

Acknowledged By:
 Applicant Name: _____ Applicant Signature: _____ Date: ____/____/____

Received By:
 Management Representative: **Clark Realty Management LLC**



By: _____ Date: _____
 Name: _____ Title: _____
 By: _____ Date: _____
 Name: _____ Title: _____