

**EVERGREEN APARTMENT GROUP AFFORDABLE RENTAL APPLICATION**

CO-APPLICANT# \_\_\_\_\_

NAME : \_\_\_\_\_ STUDENT STATUS: FULL TIME\* PART TIME\*NOT APPLICABLE  
*LEGAL FIRST MIDDLE LAST SUFFIX CIRCLE ONE*

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_-\_\_\_\_-\_\_\_\_

PHONE #: (HOME/PRIMARY) \_\_\_\_\_ (CELL/OTHER) \_\_\_\_\_

CO-APPLICANT EMAIL ADDRESS: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

OWN OR RENT: \_\_\_\_\_ AMOUNT OF MONTHLY RENT/MORTGAGE: \_\_\_\_\_ DATE OF MOVE IN: \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

REASON FOR MOVING: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

AMOUNT OF MONTHLY RENT/MORTGAGE: \_\_\_\_\_ DATE OF MOVE IN: \_\_\_\_\_ DATE OF MOVE OUT: \_\_\_\_\_

OTHER PREVIOUS ADDRESS(ES): \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

EMPLOYER PHONE: \_\_\_\_\_ START DATE: \_\_\_\_\_

OTHER EMPLOYER(IF ANY): \_\_\_\_\_ POSITION: \_\_\_\_\_

OTHER EMPLOYER PHONE: \_\_\_\_\_ START DATE: \_\_\_\_\_

Do you anticipate any changes to your income in the next twelve (12) months? \_\_\_\_\_ If yes, explain below:  
\_\_\_\_\_

HAVE YOU EVER BEEN EVICTED? \_\_\_\_NO \_\_\_\_YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ IF YES, LIST DATE AND LOCATION OF CONVICTION BELOW:  
\_\_\_\_\_

Additional Applicant page \_\_\_\_\_ of \_\_\_\_\_. Application Head of Household Name: \_\_\_\_\_

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## INCOME / ASSET CHECKLIST

*(Please complete one form for each adult household member)*

**1. Do you or any of your household members receive income from ANY of the following sources?**

Source of Income	NO	YES <input type="checkbox"/>	Amount	Frequency <small>(hour,week,month,year)</small>	Employer/Company /Institution Name
Employment	NO	YES <input type="checkbox"/>	\$		
Public Assistance	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$		
Social Security/SSI	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$		
Pension	NO	YES <input type="checkbox"/>	\$		
Veteran Benefits	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$		
Alimony	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$		
Child Support – Court Ordered	NO	YES <input type="checkbox"/>	\$		
Child Support – Private Agreement	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$		
Unemployment	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$		
Workmen’s Compensation	NO	YES <input type="checkbox"/>	\$		
Military Pay	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$		
Lottery Winnings	NO	YES <input type="checkbox"/>	\$		
Money received from Non-Household members	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$		
Income derived from a business or property owned	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$		

**2. Do you or any of your household members have any of the following types of assets?**

Asset Type	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Balance/ Cash Value	Employer/Company/ Institution Name
Checking Account	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	
Savings Account	NO	YES <input type="checkbox"/>	\$	
Direct Debit Cash Card (not linked to another account)	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	
Cash at home or anywhere else	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	
Certificate of Deposits	NO	YES <input type="checkbox"/>	\$	
Money Market Account	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	
Trust Funds	NO	YES <input type="checkbox"/>	\$	
Stocks/Bonds/Treasury Bills	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	
Individual Retirement Accounts (IRA)	NO	YES <input type="checkbox"/>	\$	
Lump Sum Receipts	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	
Real Estate	NO	YES <input type="checkbox"/>	\$	
Whole Life Insurance	NO <input type="checkbox"/>	YES <input type="checkbox"/>	\$	
Other Investments	NO	YES <input type="checkbox"/>	\$	

**3. Has any household member disposed of any assets within the last two (2) years?**      NO     YES

**4. Are there any full-time students, 18 years of age or older, residing in the household?**      NO     YES

**5. Do you file a tax return?**      NO     YES

**APPLICANT/RESIDENT STATEMENT:** I HEREBY CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND CORRECT

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date