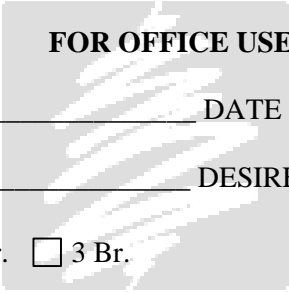


# EVERGREEN APARTMENT GROUP AFFORDABLE RENTAL APPLICATION



**FOR OFFICE USE ONLY**

PROPERTY NAME: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

HOH LAST NAME: \_\_\_\_\_ DESIRED MOVE IN DATE: \_\_\_\_\_

Bedrooms:  Studio  1 Br.  2 Br.  3 Br.

MANAGER INITIALS \_\_\_\_\_

**HOUSEHOLD INFORMATION:**

# OF ADULT HOUSEHOLD MEMBERS: \_\_\_\_\_ # OF MINOR HOUSEHOLD MEMBERS: \_\_\_\_\_

PRIMARY PHONE # FOR APPLICATION FOLLOW UP: \_\_\_\_\_

DOES HOUSEHOLD HAVE A VOUCHER? \_\_\_\_\_ IF YES, FROM WHAT AGENCY? \_\_\_\_\_

ARE THERE ANY HOUSEHOLD CHANGES EXPECTED IN THE NEXT 12 MONTHS? \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
(PREGNANCY, ADOPTION, FOSTER ETC.)

ARE THERE ANY CHANGES IN STUDENT STATUS EXPECTED IN THE NEXT 12 MONTHS? \_\_\_\_\_ IF YES, EXPLAIN BELOW:

IS ANYONE WHO WILL BE LIVING IN THE HOUSEHOLD SUBJECT TO REGISTRATION AS A SEXUAL OFFENDER AND/OR SEXUAL PREDATOR?

\_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

DOES ANY MEMBER OF THE HOUSEHOLD REQUIRE AN ACCESSIBLE UNIT? \_\_\_\_\_ IF YES, PLEASE EXPLAIN BELOW:

VEHICLE #1: \_\_\_\_\_  
MAKE      MODEL      COLOR      YEAR      \_\_\_\_\_  
TAG#      STATE

VEHICLE #2: \_\_\_\_\_  
MAKE      MODEL      COLOR      YEAR      \_\_\_\_\_  
TAG#      STATE

**MINOR HOUSEHOLD MEMBERS**

MINOR #	MINOR HOUSEHOLD MEMBER NAME (FIRST, MIDDLE, LAST & SUFFIX)	SS NUMBER	BIRTHDATE	FULL-TIME STUDENT	PART-TIME STUDENT
1				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
3				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

# EVERGREEN APARTMENT GROUP AFFORDABLE RENTAL APPLICATION

## HEAD OF HOUSEHOLD

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) \_\_\_\_\_

HEAD OF HOUSEHOLD 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: \_\_\_\_\_

EMERGENCY CONTACT Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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:

If additional adult applicants are included, head of household to document number of additional pages included with this application below:

# of additional applicant pages: \_\_\_\_\_ manager initial: \_\_\_\_\_

# EVERGREEN APARTMENT GROUP AFFORDABLE RENTAL APPLICATION

## 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			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			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

**EVERGREEN APARTMENT GROUP AFFORDABLE RENTAL APPLICATION**

THIS APPLICATION MUST BE SIGNED BY ALL MEMBERS OF THE HOUSEHOLD 18 YEARS OF AGE AND OLDER.

BY SIGNING BELOW APPLICANT AUTHORIZES MANANAGEMENT AND ITS STAFF TO CONTACT ANY AGENCIES, LOCAL POLICE DEPARTMENTS, CREDIT BUREAUS, REFERENCES AND GROUPS OR ORGANIZATIONS TO OBTAIN ANY INFORMATION OR MATERIALS, WHICH ARE DEEMED NECESSARY TO COMPLETE THIS APPLICATION.

APPLICANT CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND UNDERSTANDS THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENACY AFTER OCCUPANCY.

Applicant Signature X \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Co-Applicant #1 Signature X \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Co-Applicant #2 Signature X \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Co-Applicant #3 Signature X \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Co-Applicant #4 Signature X \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

**PENALTIES FOR MISUSING THIS FORM**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making any 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 willfully 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).

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