

Rental Application

Channing Phillips Homes (406) - Tax Credit

Please complete one application per household.

OFFICE USE ONLY, DATE & TIME RECEIVED:

Head of Household: _____

Unit Size Requested: _____

OFFICE USE ONLY, DATE & TIME RECEIVED:

Current Address

<i>Name of Housing Complex or Specify if Privately Owned/Rented</i>			<i>Month/Year Tenancy Began</i>		Home Work Cell
<i>Street Address</i>	<i>Apt #</i>	<i>Personal Phone Number</i>	<i>Circle One</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Personal Phone Number</i>	<i>Circle One</i>	
<i>Landlord's Name</i>		<i>Landlord's Phone Number</i>	<i>Landlord's Fax Number</i>		

Previous Address

<i>Name of Housing Complex or Specify if Privately Owned/Rented</i>			<i>Month/Year Tenancy Began</i>	<i>Month/Year Tenancy Ended</i>
<i>Street Address</i>	<i>Apt #</i>	<i>Landlord's Name</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Landlord's Phone & Fax Number</i>	

Household Composition

List all persons who will live in the apartment. Also list temporarily and permanently absent persons you wish to include as part of the household. List the head of household first.

Name	Relationship to head	Marital Status	Birth Date <i>MM/DD/YYYY</i>	Age	Social Security number	Student Y/N	
	Head of Household					Y	N
						Y	N
						Y	N
						Y	N
						Y	N
						Y	N
						Y	N
						Y	N

Use the following codes for marital status:

S – Single M – Married D – Divorced L – Legally Separated E – Estranged W – Widowed

Is this the entire household to occupy the unit? Yes No

If no, please explain: _____

No one else can join the household without prior management approval.

Do you plan to have anyone living with you in the future who is not listed above?	<input type="checkbox"/>	<input type="checkbox"/> No
If yes, please explain:		
Do you have full custody of your child(ren)?	<input type="checkbox"/> N/A	<input type="checkbox"/> No
If no, please explain:		
Are any household members temporarily absent?	<input type="checkbox"/>	<input type="checkbox"/> No
If yes, who?	For how long?	
Are any household members permanently absent?	<input type="checkbox"/>	<input type="checkbox"/> No
If yes, who?		
Will you or anyone in your household require a live-in care attendant?	<input type="checkbox"/>	<input type="checkbox"/> No
If yes, who?		
Are any household members foster children or foster adults?	<input type="checkbox"/>	<input type="checkbox"/> No
If yes, who?		
Do you need any specific features or unit designs such as wheelchair accessibility, visual aids (Braille) or Apparatus for hearing assistance?	<input type="checkbox"/>	<input type="checkbox"/> No
If yes, describe:		

Income

Please answer the following questions in order to clarify often misunderstood sources of income. Please keep these answers in mind when completing the income checklist.

Child Support

Are you court ordered to receive Child Support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complete the following section ONLY IF you answered yes to the above question.		
Please provide the order amount and frequency: \$ _____ per:		
Do you receive the full court ordered amount?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, have you filed with the appropriate courts or agencies responsible for enforcing payment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an informal arrangement to receive Child Support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Alimony

Are you court ordered to receive Alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complete the following section ONLY IF you answered yes to the above question.		
Please provide the order amount and frequency: \$ _____ per:		
Do you receive the full court ordered amount?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, have you filed with the appropriate courts or agencies responsible for enforcing payment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an informal arrangement to receive Alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Contributions from Friends & Relatives

Do your friends, relatives or other outside sources other than government entities:		
Give you money on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Make your payments or pay your bills on your behalf on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Give you necessities (excluding food), and other regularly consumed items? <i>(Such as clothing, diapers, household products, alcohol, cigarettes, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

To be clear in regard to government definitions, we will now go over a checklist of household income and assets.

Please answer yes if you or another member of the household receives the type of income, or no if no one in the household receives that type of income. Do not leave any of the income types blank. If yes, provide the estimated annual amount of income for each type and member who receives it. Specify the HH members by labeling the columns, use one column per member.

Household Member:

Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$
SSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$
Pension/Annuity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$
Veterans Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$
Unemployment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$
Workman's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$
TANF/Public Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$
Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$
Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$
Military Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$
Net Income From Business	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$
Contributions from Friends/Relatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$
Income from Assets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$
Other Income:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$

If any member(s) of the household is EMPLOYED, please provide the following employer(s) contact information:

				() -
<i>Employer</i>	<i>Street Address</i>			<i>Phone Number</i>
				() -
<i>Employed HH Member</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Fax Number</i>
				() -
<i>Employer</i>	<i>Street Address</i>			<i>Phone Number</i>
				() -
<i>Employed HH Member</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Fax Number</i>
				() -
<i>Employer</i>	<i>Street Address</i>			<i>Phone Number</i>
				() -
<i>Employed HH Member</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Fax Number</i>

Assets

Please answer yes if you or another member of the household has any of the following assets or no if no one in the household has that type of asset. Do not leave any asset types blank. If yes please provide the name(s) of the household members who own the asset and the name of the bank or financial institution the asset is with.

			Household Member(s) who owns the asset	Please provide the name of your bank(s) or financial institution(s)
Checking Accounts	<input type="checkbox"/>	<input type="checkbox"/> No		
Savings Accounts	<input type="checkbox"/>	<input type="checkbox"/> No		
Certificates of Deposit	<input type="checkbox"/>	<input type="checkbox"/> No		
Retirement Accounts: IRA, 401K, etc.	<input type="checkbox"/>	<input type="checkbox"/> No		
Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/> No		
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/> No		
Trust Accounts	<input type="checkbox"/>	<input type="checkbox"/> No		
Whole Life Insurance	<input type="checkbox"/>	<input type="checkbox"/> No		

Do you own any real estate property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		

Have you sold or disposed of any property in the last 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		

Have you disposed of any other assets in the last 2 years? <i>(Example: Given away money to relatives, set up Irrevocable Trust Accounts)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list:		

Emergency Contact Information

Please provide us with the name, address & phone number of a person or persons we could contact in case of an emergency:

<i>Emergency Contact #1</i>	<i>Street Address</i>	() -
	<i>City</i>	<i>State</i>
	<i>Zip</i>	<i>Phone Number</i>
		() -
	<i>City</i>	<i>State</i>
	<i>Zip</i>	<i>Second Phone Number</i>

<i>Emergency Contact #2</i>	<i>Street Address</i>	() -
	<i>City</i>	<i>State</i>
	<i>Zip</i>	<i>Second Phone Number</i>

Vehicle Information

Please provide the following information for vehicles owned or operated by household members:

Year	Vehicle Make	Model	Color	License Plate

CERTIFICATION

I/We have understood and answered all questions on this rental application. I/We certify that all answers are true to the best of My/Our knowledge and that any misrepresentations of information or any omission of any significant information or false statements are punishable under Federal Law, and could be grounds for cancellation of this application or termination of residency after occupancy.

(✓)

Head of Household's Signature

Date

(✓)

Spouse or Co-head's Signature

Date

(✓)

Other Adult Member's Signature

Date

(✓)

Other Adult Member's Signature

Date

(✓)

Other Adult Member's Signature

Date

(✓)

Other Adult Member's Signature

Date



**We do business in accordance with the Federal Fair Housing Law
(Fair Housing Amendments Act of 1988)**

