

APPLICANT INFORMATION					
Name:					
Date of Birth:	SSN:		Phone:		
Current address:					
City:	State: ZIP Co		ZIP Code:	IP Code:	
Own () Rent	Monthly Payment:		How Long?		
If Renting who is your landlord?			Landlord's Phone Number:		
Landlord's Address:					
Begin Date:		End Date:			
Previous Address within the last five	e (5) years:				
Begin Date:		End Date:			
City:	State:		Zip Code:		
Own Rent (Please Circle)	Monthly Rent Payme	nt:	How Long?		
Landlords Name:		Landlord's Ph			
Landlords Address:					
HOUSEHOLD MEMBERS	KIND IS SEN				
Name:	Date of Birth:	SSN:		Relationship:	
Name:	Date of Birth:	SSN:		Relationship:	
Name:	Date of Birth:	SSN:		Relationship:	
EMPLOYMENT INFORMATION (All Household incom	e must be listed			
Current employer:					
Employer address:			How Long?		
Phone:	E-mail:		Fax:		
City:	State:		ZIP Code:		
Position:	Hourly Salary (Please circle)		Annual income:		
Current employer:			**		
Employer address:			How long?		
Phone:	E-mail:		Fax:		
City:	State:		ZIP code:		
Position:	Hourly Salary (Please circle)		Annual income:		
Current employer:					
Employer address:					
Phone:	E-mail:		Fax:		
City:	State:		ZIP Code:		
Position:	Hourly Salary (F	Please circle)	Annual income:		
Position:	Hourly Salary (Please Circle)		Annual income:		
	Tioury Culary (I	riodoo on oloj	7 annual moonie.		
	EQUAL HO	DUSING			
	OPPORT	UNITY			

with your application.	Enter all other source	of income inclu	attach a copy of y ding current gross	Social Security.
Applicant name:	Income typ	se: Source	e address, phone, fax	x Gross monthly amount \$
Applicant name:	Income typ	pe: Source	e address, phone, fax	x Gross monthly amount \$
Applicant name:	Income ty	pe: Source	e address, phone, fax	x Gross monthly amount \$
Applicant name:	Income ty	pe: Source	e address, phone, fax	x Gross monthly amount
ASSETS				
BANK ACCOUNTS Please list all accounts he	eld by each person who	will live in your ap	artment. Attach a se	eparate sheet of paper, if
Bank/institution	Type of ac	count Inter	est rate%	Current balance \$
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IRA/KEOGH/ ANNUITY	/PENSION/STOCKS		, X11/2/11/19	
Name	# of shares	Share price S	Cash Value\$	Quarterly dividend

BONDS/ INSURANCE POLICIES				
Date of Purchase:	Current value/casł	ı value \$		
Date of Purchase:	Current value/cash	n value\$		
OTHER ASSETS			West Hall	
Do applicants own real estate other that	Do applicants own real estate other than the home you live in?			No
If "Yes," where is it located?	_			
Is this an income-producing property?	n income-producing property?		Yes	No
	Does anyone applying own any other asset not already listed? (Do not include furniture. Do not include motor vehicles used for personal transportation.)		Yes	No
If "Yes," please describe	Market Value \$			
Have you or any member of the household disposed of, transferred, or otherwise given away any cash, property, or other assets for less than they are worth in the past two (2) years?			Yes	No
If "Yes," please describe				
Cash Value\$	Amount received\$	Date disposed of		
Do you or any member of the househor person or organization? Gifts of contribution behalf, or items paid on your behalf.		•	Yes	No
If "Yes," please describe				
Cash Value\$	Received from	How often (i.e. mo	onthly)	
GENERAL INFORM ATION				
Are you or any member of your family in need of an accessible apartment? If handicapped/disabled, requesting adjustments to income?		Yes	No No	
Will you or any member of your household require a live-in attendant?		Yes	No	

If offered an apartment and I accept, this apartment will serve as m	y primary residence?	Yes	No
Are you displaced due to domestic violence?		Yes	No
Are all members of the household citizens of the United States or non-citizens with eligible immigration status?		Yes	No
Have you or any member of your household been a full-time student in the past year or plan to enroll as a full-time student in the upcoming year?		Yes	No
Do you currently have a Section 8 Housing Choice Voucher (HCV)?		Yes	No
If "No," are you on the waiting list for a Section 8 HCV?		Yes	No
Which public housing authority or authorities?			
Has anyone in your household ever been charged with or convicted of misdemeanors and /or felonies?	a crime, including	Yes	No
If "Yes," Please explain			
Is anyone in your household subject to registration requirement under registration program?	a state sex offender	Yes	No
If "Yes," please explain			

PERSONAL HISTORY		Mark Electric	
Have you ever been asked to move out or evicted?			No
Have you ever declared bankruptcy?			No
Have you ever been sued for damage to a rental unit?		Yes	No
Have you ever broken a rental agreement or lease?		Yes	No
Have you ever been sued for nonpayment of rent?			No
Have you ever been charged or convicted of a criminal, civil, or felony	crime?	Yes	No
Currently in collection for any late utility, credit card, cell phone, loans,	etc.?	Yes	No
If "Yes" to any of the above questions, please explain:			
Do You Smoke?		Yes	No
Do You have pets?		Yes	No
If "Yes" what kind of pet?			
Size of Apartment wanted?	1 Bedroom	2 B	edrooms
Desired Date of Occupancy?			
Please check which 802 Property you are interested in below:			
Hawks Meadow (55+) Hawks Meadow (Family)			
The Meadows at Essex			

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION:

I/We certify that the information given on household composition, income, net family assets, allowances, and Deductions as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable by Federal Law with fines up to \$10,000.00 of imprisonment for up to five (5) years. I/we understand that false statements or information are grounds for termination of housing assistance, termination of tenancy and/or retroactive rent increases. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor creditor, landlord references, police records indicating unacceptable criminal behavior, and/or poor personal interview.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

"I have read and understand this statement."

Head of Household	Date
Other adult household member	Date
Other adult household member	Date
Other adult household member	Date
The information regarding race, ethnicity, and sex designation solicited on this a assure the Federal Government, acting through the Rural Housing Service, and Development that the Federal laws prohibiting discrimination against tenant approach and origin, religion, sex, gender identity, familial status, age, and disability a You are not requested to furnish this information but are encouraged to do so evaluation your application or to discriminate against you in any way. However owner is required to note the race, ethnicity, and sex of individual applicants bas surname:	US Department of Housing and Urban plications on the basis of race, color, are complied with. This information will not be used in er, if you choose not to furnish it, the
Ethnicity:Not Hispanic or Latino Hispanic or Latino	
Gender: Male Female	
Race (Mark one or more): Native American/Alaskan Native Asiar Black/African American Native Hawalia	



Tenant Selection Plan

802 Property Management LLC is an equal opportunity housing provider and does not discriminate against any applicant or tenant on the basis of race, color, creed, national origin, sex, sexual orientation, children, familial status, receipt of public assistance, age, marital status, or based upon handicap or disability.

Applications: Applications are available at the above address or can be mailed to individuals who are not able to come to the office. Applications can also be emailed or downloaded directly from our website www .802pm.com.

Eligibility for Admission: Applicants will be determined eligible if they meet the following requirements:

Market Units: Satisfy applicable income standards with a completed application. For Hawks Meadow (Senior Building), the head of household must meet the age requirement of 55 and older.

LIHTC Units: Satisfy applicable income and occupancy standards with a completed application. For Hawks Meadow (Senior Building), the head of household must meet the age requirement of 55 and older.

Screening Standards: Eligible applicants will be considered separately for Market Units and LIHTC units. Tenants will be selected based on application date and who meet the following criteria:

Applicant must have a satisfactory credit. If the Applicant does not have a credit score of a satisfactory score or no former credit history as shown on the credit report, the applicant must be able to show positive credit references. For example: utility companies, cell phone carriers, previous landlords, etc.

Applicant must demonstrate satisfactory past performance in meeting financial obligations, including but not limited to rent payment and payment of utility bills.

Applicant must demonstrate the ability to meet current and projected financial obligations. The applicant's projected rent and utility payments must be under 50% of the applicant's gross income for the unit to become affordable.

Applicant may not have a history of negative landlord references that would include late payment of rent, disturbance to neighbors, early termination of lease obligation, destruction or disturbances to property, housekeeping habits, etc.

Criminal History: Applicant's criminal history will be reviewed. Applicant may not have a history of drug related charges, sexual assault or sexual charges, crimes against children, fraud or any crime that would adversely affect the health, safety, and welfare of the community they are applying for.

Applicant may not have a charge or conviction not limited to disturbance of peace, DUI, careless and negligence within the past five years.

If the applicant is denied, the applicant may decide to present evidence to the owner that the applicant has taken steps to prevent or mitigate future offenses or conduct. However, the final decision to admit a household with a criminal record rests solely within the Owner's discretion.

Any other criteria may be grounds for denial if it is reasonable expected to affect the applicant's ability to successfully fulfill the responsibilities of the lease.

Any applicant that is determined to have made a willful and negligent false statement on the application will be denied.



RELEASE AND CONSENT FORM

(All applicants/residents 18 years of age and older must complete this form separately)
I,, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my application for participation in a property owned/managed by 802 Property Management. I authorize release of information without liability to the management listed above.
INFORMATION COVERED I understand that previous or current information regarding me may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, credit check, student status, employment, income and assets. I understand that this authorization cannot be used to obtain information about me that is not pertinent to my eligibility for and continued participation in a Low Income Housing Tax Credit Affordable Housing Program or other housing programs that may apply to the property.
GROUPS OR INDIVIDUALS THAT MAY BE ASKED
The groups or individuals that may be asked to release the above information include, but are not limited to:
 Past and Present Employers, Welfare Agencies, Veterans Administrations Support and Alimony Providers, State Unemployment Agencies, Retirement Systems Educational Institutions, Social Security Administration Bank and other Financial Institutions, Utility Providers, Previous Landlords Public Housing Agencies, Appraisal Districts
APPLICANT CERTIFICATION
I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I understand I have a right to review this file and correct any information that is incorrect.
Printed Name
Signature

Date



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Printed Name
Signature

Date