

MEMORIAL HOUSING CORPORATION RENTAL APPLICATION

MEMORIAL COMMUNITY DEVELOPMENT CORPORATION
920 OAK STREET
EVANSVILLE, IN 47713



PHONE: 812-424-8627 - FAX: 812-424-8629

DATE: _____

Please fill out application completely. Print legibly in ink for entry. If something does not apply to you, please write N/A and sign/date forms. Be sure to fill addresses and telephone numbers for job, bank, etc. We cannot process an incomplete application. Failure to give addresses, time frames, amounts, etc., as accurate is reason for denial. Fill in every blank and bring in all requested documents. Make sure you sign all pages.

We reserve the right to accept or deny an applicant based upon information obtained or omitted in the application process.

INFORMATION MUST BE CURRENT TO NO MORE THAN 90 DAYS PAST ONLY.

- A current credit report must be turned in with application on all adults. (18 years & older) We suggest annualcreditreport.com. Submit with the return of the application
- All adults must obtain a **Criminal Background Check from the Evansville Police Department**. (This includes High School Students & Disabled Persons) and turn in with application. The cost of each report is \$10.00 to be paid with Money Order only. Please submit with the return of the application.
- Each adult member must sign final application and provide **proof of income for every member of the household**. Submit with the return of the application
- All household members must have the following items to complete the application process: Birth Certificate and Social Security Card for all household members regardless of age and provide proper identification (Picture State I.D. or Drivers License) for each person 18 years or older. **(Submit once approved)**

Unit Size Request:

Single _____ Family _____ Senior Housing (55 Years of Age) _____

Number of Bedrooms: 1. _____ 2. _____ 3. _____ 4. _____

MEMORIAL HOUSING CORPORATION RENTAL APPLICATION

WE HAVE A STRICT NO PETS POLICY



The Memorial CDC does not discriminate against any individual or program applicant on the basis of race, religion, color, sex orientation, gender identity, marital status, age, handicap, familial status, or national origin.



Revised 1/2023

NO PETS OF ANY KIND ARE ALLOWED AT ANY TIME FOR ANY REASON: INCLUDING BUT NOT LIMITED TO CATS, DOGS, TURTLES, HAMSTERS, BIRDS, and FISH & ETC.

I HAVE READ, AND I UNDERSTAND THE ABOVE STATEMENT:

APPLICANT SIGNATURE: _____

CO-APPLICANT SIGNATURE: _____

DATE: _____

UTILITIES:

The following utilities shall be paid by the Tenant: electricity, gas, telephone and cable television. The Tenant shall be responsible for all utilities charges when they become due and shall not allow any such utility to turn off service to the Premises or for charges for utilities to become a lien against the premises.

After final inspection and agreement for acceptance of unit, utilities will be removed from Landlord's name. If essential utilities are turned off tenant shall be subjected to eviction and security deposit will be used to have electricity turned on. The Tenant understands and agrees that essential services are to be maintained and operational at all times.

APPLICANT SIGNATURE: _____

CO-APPLICANT SIGNATURE: _____

DATE: _____

I HAVE READ, AND I UNDERSTAND THE ABOVE STATEMENT.

MEMORIAL HOUSING CORPORATION RENTAL APPLICATION

Additional information may be provided on a blank sheet of paper. Please do not write on the back of the forms.

PROVIDE THE FOLLOWING INFORMATION THAT SUPPORTS THE TENANT INCOME QUESTIONNAIRE SHEET:



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- If you are employed provide a contact for your HR department so we may fax over an authorized release for them to provide us your income information. You may also provide (60 days worth of paystubs for general income eligibility)
- If you have a checking or savings account; provide the financial institution name so that we may fax over the authorized release to receive your information to determine your assets. Or provide your MOST CURRENT (1) checking account statement and your MOST CURRENT (1) savings account statement.
- If you have any life insurance, provide the name and value of the policy so that we may fax over the authorized release for them to provide us your information.
- If you are entitled to receive child support and/or receive child support please provide the decree, complete the form in the earlier part of the application in its entirety and provide a print out from the child support office.
- If anyone other than you is over the age of 18 then they will need to provide the same documentation including the tenant income questionnaire and all supporting documentation listed above.

Please return completed application with all requested information to:

Memorial Housing Corporation
 920 Oak Street
 Evansville, IN 47713

If you have questions, please contact our office:
 Monday – Friday
 9:00 AM—4:00 PM
 Telephone: 812-424-8627
 Fax: 812-424-8629

This completed application has been read and signed by all adult applicants. All questions have been answered by Memorial Housing Management Team.

Applicant: _____

Co-Applicant: _____

Date Application Returned: _____
 (COMPLETED BY MANAGEMENT ONLY)

Please Read Complete Application. This is a legal document.



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Revised 1/2023

GENERAL QUESTIONS

- 1) yes no Have you or any household member ever been convicted of a felony?
- 2) yes no Have you ever been evicted? Reason: _____
- 3) yes no Have you or any household member been arrested/convicted of a drug related crime?
- 4) yes no Does anyone not listed in the household composition on page one plan to live with you in the next 12 months?
 If yes, explain _____
- 5) yes no Will the Household be receiving Section 8 housing assistance? (If yes list agency name, contact person and phone number.)

- 6) yes no Are there any absent household members who under normal conditions would live with you?
- 7) yes no Does an adult of this household have primary physical custody of every child listed on this application?
- 8) yes no Does your household have or anticipate having any pets other than those used as a service animal?
- 9) yes no Does anyone in your household have special needs?
 If yes explain? _____

CREDIT REFERENCES

Loans: _____

Credit Cards: _____

Other: _____

CHARACTER REFERENCES

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Revised 2/1/15



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Revised 1/2023

EMERGENCY CONTACT NUMBER

In case of emergency, notify: _____

Home Phone: () _____ Work Phone: () _____

Applicant certifies the above information is true and accurate and understands that false or inaccurate information shall be cause for denial of this application or termination of any subsequent rental agreements. I/We are the only person(s) who will reside in the apartment if this application is approved. Apartment owner or agents may verify all information given directly or through reporting agencies. Acceptance of the application is not binding on apartment owner or agent until approved in writing.

You have applied to live in an apartment that is governed by the Low Income Housing Tax Credit Program. This Program requires us to certify all of your income asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit. The undersigned is the person(s) named above and hereby authorizes Apartment Credit Services to conduct a search of my Criminal Record, Police Record and Motor Vehicle Record information for the purpose of obtaining housing. Additionally, I authorize all companies and law enforcement agencies to release such information, and release them from any liability and responsibility from doing so. A faxed copy of this authorization shall be as valid as the original.

If applicant cancels after two (2) days, all moneys deposited shall be forfeited to the apartment owner. If approved all moneys deposited with this application will be applied toward security deposit and/or processing fee at owner's discretion. If an application is denied for ANY reason a 90-day wait period is required before reapplying to this property.

Head Signature: _____ Date: _____

Co-head Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



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**COVER SHEET / FAX TRANS.
AUTHORIZATION TO RELEASE INFORMATION**

Date: _____

Number of pages including cover sheet: _____

To be completed by property management office:

The undersigned individual(s) has applied for residency at _____. The property is operated under federal affordable housing regulations, which require that we obtain written confirmation of the eligibility of all applicants and household members. In order to comply with federal regulations, please complete the following form in full and return it to the sender at your earliest convenience.

Verifications and inquiries that may be requested include, but are not limited to:

Credit and Criminal Activity	Identity and Marital Status	Previous Residences and Rental Activity
Employment, Income, and Assets	Medical Allowances	Student Status

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include, but are not limited to:

Courts and Post Offices	Past and Present Employers	Utility Companies
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers and Bureaus
Medical Providers	Veterans Administration	Welfare Agencies
Retirement Systems	Social Security Administration	Internal Revenue Service
Banks and Other Financial Institutions	Previous Landlords (Including PHA's)	

To be completed by applicant/resident

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original signed copy of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/we understand that I/we have a right to review my/our file and correct any information that can be proven incorrect. The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the federal affordable housing program.

Applicant/Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____



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BANK VERIFICATION

Name of Applicant/Tenant _____

Date _____

The individual named directly above is an applicant/tenant of a housing program that requires verification of income and assets. The information provided will remain confidential for satisfaction of the stated purpose only. Your prompt response is crucial and greatly appreciated.

TO BE COMPLETED BY THE BANK OR OTHER FINANCIAL INSTITUTION:

IF NOT APPLICABLE PLEASE WRITE N/A. PLEASE DO NOT LEAVE BLANK SPACES AND DO NOT USE WHITE-OUT.

Please provide complete information on all accounts held by the above-named person(s). Include information on any and all **CHECKING, SAVINGS, CERTIFICATES OF DEPOSIT, MUTUAL FUNDS, MONEY MARKET, ETC.** (Use an additional verification form if necessary.) PLEASE ANSWER ALL QUESTIONS AND DO NOT USE WHITE-OUT.

Type of Account	Account Number	Date Opened	Current Balance	Current Interest Rate
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Are any of the above accounts held jointly and/or to the benefit of anyone other than the person listed above? Yes: No:
 If 'yes', describe (with whom, which accounts, & % ownership): _____

Does the above-named person rent a SAFE DEPOSIT BOX at your institution? Yes: No:

Signature of Person
 Verifying Information: _____

Date: _____

Name: _____

Title: _____

Institution: _____



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CHILD or SPOUSAL SUPPORT CERTIFICATION

Please check the appropriate statements below. Multiple statements may apply, so read each option carefully. Indicate which child(ren) the statement applies to or indicate 'self' if the statement applies to you with regards to spousal support.

Part I: For applicants/tenants that are receiving child or spousal support:

- A. I am court ordered to receive child support and/or spousal support
I receive \$ _____ per _____ in support.
The order is case number _____ in _____ County, State of _____
This statement applies to the following children _____
- B. I am not court ordered to receive child or spousal support, but receive payments through a non-court ordered private agreement.
I receive \$ _____ per _____ in support.
This private agreement is between myself and _____ (name of individual)
This statement applies to the following children _____

Part II: For applicants/tenants that are not receiving child or spousal support:

- A. I am not entitled (through court order or private agreement) to receive support for the following children:

- B. I am court ordered to receive child support, spousal support, or other compensation but am not receiving payments:
The order is case number _____ in _____ County, State of _____
This statement applies to the following children _____

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

Signature of Applicant/Resident

Date



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UNDER \$50,000 ASSET CERTIFICATION

For households whose combined net assets does not exceed \$50,000. If net assets exceed \$50,000, assets must be third-party verified.
Complete only one form per household; include assets of children.

Household Name: _____

Complete all that apply for 1 through 4: If you do not have the asset listed, mark cash value as N/A. Do not leave blank spaces.

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(C) Asset Income (A x B)	Source	(A) Cash Value*	(B) Int. Rate	(C) Asset Income (A x B)	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safe Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money Market Funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	Paycard	\$ _____	_____	\$ _____	Digital Wallet Account
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Revocable Trust
\$ _____	_____	\$ _____	Real Estate				
\$ _____	_____	\$ _____	Whole Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Cryptocurrency / Virtual Currency:				
\$ _____	_____	\$ _____	Other** (list) _____				

PLEASE NOTE: Certain funds (e.g., trusts) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

Other non-necessary personal property includes, but is not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork etc. Do **not include necessary personal property such as, but not necessarily limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment.

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts are included above and are equal to a total of: \$ _____ (the difference between FMV and the amount received, for each asset on which this occurred).
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. I/we do not have any assets at this time.
5. **The net family assets (as defined in 24 CFR 5.603) listed above do not exceed \$50,000 and the annual income from these assets is \$ _____ . This amount is included in total gross annual income.**

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant	Date	Applicant/Tenant	Date
Applicant/Tenant	Date	Applicant/Tenant	Date
Applicant/Tenant	Date	Applicant/Tenant	Date
Applicant/Tenant	Date	Applicant/Tenant	Date

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Student Status Self-Certification For the HOME Investment Partnership Program

***A separate form must be completed by each adult member of the household.**

Name: _____

Check A or B, as applicable. A Student enrolled in an Institute of Higher Education as defined by the Higher Education Act of 1965- Amended 1998 which includes a proprietary institution of higher education, a postsecondary vocational institution, and an institution outside of the United States that is comparable to an institution of higher education as defined in Section 101 and has been approved by the Secretary for the purpose of title IV.

A. Household does not contain an occupant that attends an institution of higher learning full or part-time. If this item is checked, no further information is needed.

B. Household contains at least one occupant that attends an institution of higher learning full or part-time. If this item is checked, answer the questions below:

Mark with "X" if it applies to the student (ONLY IF "B" IS CHECKED ABOVE):

YES NO Student is under age 24 and is a dependent of the household

YES NO Student is age 24 or older

YES NO Student is a veteran of the United States Military

YES NO Student is married

YES NO Student is a parent with dependent child(ren)

YES NO Student is a person with a disability that was receiving Section 8 assistance prior to November 30, 2005

YES NO Student can prove independence from parents by demonstrating the following*:

- The parents did not claim the student on the most recent tax return; and
- The student has established a separate residence from parents for at least one year (not counting dorms and student housing) or meets the Department of education's definition of an independent student; and
- The student is of legal contract age to sign a lease under state law.

*Note: If claiming this exemption, student's parents must provide certification of whether or not they provide financial assistance to the student.

YES NO Student is not "independent" but his/her parents are income eligible for the HOME program based on the income limits for the county that the parents live in

Households composed of at least one student enrolled in higher learning that are income eligible and satisfy one or more of the above conditions are considered eligible. If all questions under Section B are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.

Tenant Signature: _____

Date: _____

Tenant Printed Name: _____



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INCOME CERTIFICATION QUESTIONNAIRE

(*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: _____

Initial Certification Recertification Addition of Household Member

RENTAL ASSISTANCE

YES NO

1. <input type="checkbox"/>	<input type="checkbox"/>	I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the housing authority below. Housing Authority Name _____	Note: This is not counted as household income.
2. <input type="checkbox"/>	<input type="checkbox"/>	I receive another form of federal or state rental assistance (not Section 8). If yes, list the housing authority or entity that provides the rental assistance below. Program Name _____ Organization providing rental assistance _____	Note: This is not counted as household income.

INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES NO

MONTHLY GROSS INCOME

3. <input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (List nature of self-employment). This includes but is not limited to: 1099-contractors, rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), etc. List types: 1) _____ 2) _____	(Use <u>net</u> income from business) \$ _____ \$ _____
4. <input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive the following types of pay. Include income earned as a seasonal worker or day laborer. Check all that apply: <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Overtime pay <input type="checkbox"/> Commissions <input type="checkbox"/> Tips (reported) <input type="checkbox"/> Cash tips (not reported or disclosed) <input type="checkbox"/> Bonuses <input type="checkbox"/> Other compensation List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	\$ _____ \$ _____



YES NO

MONTHLY GROSS INCOME

<p>5. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive recurring cash contributions or gifts from persons not living with me, including but not limited to payments for rent, utilities, cell phone, transportation, etc. *Do not count birthday or holiday gifts or nonmonetary items received from a food bank or similar organization.</p> <p><u>Name of Person Providing Contribution</u></p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>
<p>6. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive unemployment benefits.</p>	<p>\$ _____</p>
<p>7. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.</p>	<p>\$ _____</p>
<p>8. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive periodic Social Security, Supplemental Social Security Income (SSI), or Social Security Disability Insurance (SSDI) payments</p>	<p>\$ _____</p>
<p>9. <input type="checkbox"/> <input type="checkbox"/></p>	<p>The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).</p>	<p>\$ _____</p>
<p>10. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive disability or death benefits other than Social Security.</p>	<p>\$ _____</p>
<p>11. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive periodic payment from lottery winnings.</p>	<p>\$ _____</p>
<p>12. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive Public Assistance Income (examples: TANF) DO NOT INCLUDE FOOD STAMPS</p>	<p>\$ _____</p>
<p>13. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive child support payments through court order or other agreement. If yes, from how many persons do you receive support? _____</p>	<p>\$ _____ (amount received)</p>
<p>14. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive alimony/spousal maintenance payments</p>	<p>\$ _____ (amount received)</p>
<p>15. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or similar periodic payments or disbursements. If yes, list sources: 1) _____ 2) _____</p>	<p>\$ _____ \$ _____</p>
<p>16. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive income from real or personal property.</p>	<p>(Use <u>net</u> earned income) \$ _____</p>



YES 17. <input type="checkbox"/>	NO <input type="checkbox"/>	I receive student financial assistance (Federal Pell Grants, Teach Grants, Federal Perkins Loans, other grants, scholarships, etc.).	\$ _____ per semester
18. <input type="checkbox"/>	<input type="checkbox"/>	I am claiming zero income and will be required to complete a separate zero income certification form if my entire household is claiming zero income	

ASSET INFORMATION

Include all asset sources, including assets of minors.

YES	NO		INTEREST RATE	CASH VALUE
19. <input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20. <input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/>	<input type="checkbox"/>	I have a digital wallet service(s) (e.g., Apple Pay / Apple Cash, Cash App, PayPal, Venmo, etc.) # Of accounts held _____ If yes, list services(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
22. <input type="checkbox"/>	<input type="checkbox"/>	I have a pay card for direct deposit of benefits or prepaid debit card(s). # Of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
23. <input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank _____	_____%	\$ _____



YES NO		INTEREST RATE	CASH VALUE
24. <input type="checkbox"/> <input type="checkbox"/>	I own real estate If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		\$ _____
25. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
26. <input type="checkbox"/> <input type="checkbox"/>	I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.) If yes, list currency types 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
27. <input type="checkbox"/> <input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). # Of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
28. <input type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
29. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have received lottery winnings or other lump sum payments paid in one payment (not recurring periodic payments).		\$ _____
31. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e., gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
32. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ _____		\$ _____



YES NO		INTEREST RATE	CASH VALUE
33. <input type="checkbox"/> <input type="checkbox"/>	I receive payments through a crowdfunding platform (e.g., GoFundMe)		CURRENT BALANCE \$ _____
34. <input type="checkbox"/> <input type="checkbox"/>	<p>I have other non-necessary personal property, including but not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork etc.</p> <p>Do not include necessary personal property such as, but not necessarily limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment</p> <p>If yes, list type below:</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>		\$ _____ \$ _____ \$ _____
35. <input type="checkbox"/> <input type="checkbox"/>	I received a federal tax refund or refundable tax credit in the past 12 months.		AMOUNT RECEIVED \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING, OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

 PRINTED NAME OF APPLICANT/TENANT SIGNATURE OF APPLICANT/TENANT DATE

