

4. **Household Composition:** (List persons who will be living in your home, including yourself.)

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>SS#</u>

5. **Income Adult 1:** (List below all income for every person occupying the apartment)

a.) Employment #1: _____

Name of household member who is employed

Full Time _____ Part Time _____ Unemployed _____ Retired _____
Employer #1: _____

Name _____ Address _____ Phone Number _____

Name of Supervisor: _____ Dates of Employment: _____

Gross Wage: \$ _____ per _____ \ Hours worked: _____ per _____ \ Time? _____

Employment #2: _____

Name of household member who is employed

Full Time _____ Part Time _____ Unemployed _____ Retired _____
Employer #2: _____

Name _____ Address _____ Phone Number _____

Name of Supervisor: _____ Dates of Employment: _____

Gross Wage: \$ _____ per _____ \ Hours worked: _____ per _____ \ Time? _____

c.) Other Sources of Income: (Please state monthly amounts.)

Social Security & SSI Monthly Amount: \$ _____ Claim No.: _____

Veterans Benefits Monthly Amount: \$ _____ Claim No.: _____

Pension Monthly Amount: \$ _____ Claim No.: _____

Pension Name: _____ /Address: _____

Other: (Unemployment, Alimony, Child Support)

Welfare: _____ Monthly Amount: \$ _____

Caseworker Name: _____ Case Number: _____

Source: _____ Monthly Amount: \$ _____

Source: _____ Monthly Amount: \$ _____

6. Bank References Adult 1:

<u>Type of Account</u>	<u>Bank Name and Address</u>	<u>Account Number</u>	<u>Balance</u>
			\$ _____
			\$ _____
<u>Visa or Mastercard</u>			\$ _____
<u>Certificate of Deposit</u>			\$ _____

5. Income Adult 2: (List below all income for every person occupying the apartment)

a.) Employment #1: _____

Name of household member who is employed

Full Time _____ Part Time _____ Unemployed _____ Retired _____
Employer #1:

Name _____ Address _____ Phone Number _____

Name of Supervisor: _____ Dates of Employment: _____

Gross Wage: \$ _____ per _____ \ Hours worked: _____ per _____ \ Time? _____ Over

Employment #2: _____
Name of household member who is employed

Full Time _____ Part Time _____ Unemployed _____ Retired _____
Employer #2:

Name _____ Address _____ Phone Number _____

Name of Supervisor: _____ Dates of Employment: _____

Gross Wage: \$ _____ per _____ \ Hours worked: _____ per _____ \ Time? _____ Over

c.) Other Sources of Income: (Please state monthly amounts.)

Social Security & SSI Monthly Amount: \$ _____ Claim No.: _____

Veterans Benefits Monthly Amount: \$ _____ Claim No.: _____

Pension Monthly Amount: \$ _____ Claim No.: _____

Pension Name: _____/Address: _____

Other: (Unemployment, Alimony, Child Support)

Welfare: _____ Monthly Amount: \$ _____

Caseworker Name: _____ Case Number: _____

Source: _____ Monthly Amount: \$ _____

Source: _____ Monthly Amount: \$ _____

6. Bank References Adult 2:

<u>Type of Account</u>	<u>Bank Name and Address</u>	<u>Account Number</u>	<u>Balance</u>
			\$
			\$
			\$
Visa or Mastercard			\$
Certificate of Deposit			\$

7. Additional Credit References:

1. _____
2. _____
8. Have you ever been evicted from public housing and/or any other federal housing program?
Yes ___ No ___ If yes, Where _____ When _____
Describe reasons _____
9. Have you ever been evicted from other housing?
Yes ___ No ___ If yes, Where _____ When _____
Describe reasons _____
10. Have you ever been convicted of selling illegal drugs or a controlled substance? Yes ___
No ___
11. Are you currently using illegal drugs or any controlled substance that hasn't been prescribed to you?
Yes ___ No ___
12. Have you ever been convicted of selling, distributing, or manufacturing illegal drugs or a controlled substance? Yes ___ No ___
13. Have you ever been charged, arrested, and/or convicted of any crime? Yes ___ No ___
If yes, Where _____ When _____
14. Are you subject to a lifetime registration requirement with any State Sexual Offender Registration Program? Yes ___ No ___ If Yes, which State? _____
15. How did you hear about this housing? _____

16. Will you take an apartment when one is available? Yes ___ No ___
17. Briefly describe your reasons for applying _____

18. Other Required Information:

Vehicles

List any cars, trucks or other vehicles owned. (Parking may be provided for up to two vehicles at some sights)

Type of Vehicle _____ Year/Make _____ Color _____

License Plate No. _____ Driver's License No. _____

Type of Vehicle _____ Year/Make _____ Color _____

License Plate No. _____ Driver's License No. _____

Pets

Do you own any pets? Yes _____ No _____

If yes, describe _____

19. Name of Person to Contact in Emergency:

Name Phone Number

The following will be required by the Federal Government to monitor the Owner's compliance with Equal Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information below, or in the event that the information is not provided.

_____ White/Non-minority _____ American Indian _____ Black
_____ Spanish American _____ Asian _____ I do not wish to provide
the above requested information.

I/We hereby, certify that all information given in this application is true and correct to the best of my/our knowledge.

Signature Date

Signature Date

Please sign that attached release form(s) so that your references can be verified. When we receive these forms, you will be contacted for a personal interview where more detailed information may be requested. Thank you for your interest in our apartments.

**Waiting List Certification
For Applicants for Housing**

The selection of tenants for vacant units in this housing development is based in part on the position of applicants on the waiting list.

Whenever a housing unit is available, the first person on the waiting list is contacted and so on. Over time, each applicant on the waiting list usually moves up in position, eventually reaching number one.

Because of the large demand for housing units in this development, the amount of time an applicant is on the waiting list before the applicant reaches the number one position can be quite long.

Periodically, it is necessary for the owner to update the waiting list to determine if applicants on it are still eligible or interested in residing in one of Delphia Management's apartments. If the applicant can no longer be contacted and does not respond to requests for current information, that applicant's name will be withdrawn from the waiting list.

In order for the waiting list to be kept current, the owner requires all applicants to sign the following certification:

I/We certify that I/we will notify the owner or its authorized representatives whenever I/we move to a location different than listed on this application as my/our current place of residence and will provide the owner or its representative with the address and telephone information needed to contact me/us.

Signature

Date

Signature

Date

RELEASE FOR VERIFICATION FORM TO PROCESS CREDIT AND CRIMINAL

_____ / _____

has applied for residency (or is a resident). As part of our processing and ongoing compliance, it is necessary to obtain various forms of documentation including income, assets, credit and criminal verification. The information obtained will be used solely for the purpose of determining eligibility.

I hereby authorize the AGENT of Delphia Management Corp. without liability to the Agent any and all information they may request concerning my income, wages, salaries, credit report, criminal record and all references in connection with my application to determine whether I am eligible to occupy the apartment.

Date

Signature

Date

Signature