

TALONS POINTE

Application & Questionnaire

Apartment Information			
Date	Desired Move In Date	Apartment Rent	Apartment Number

Head of Household Information				
Name <i>First, Middle Initial, Last</i>	Current Phone Number	M/F	Social Security Number	Birth Date <i>Month, Date, Year</i>
1	Home			
	Work			
Drivers License Number & State	Has Any Household Member Ever:	<input type="checkbox"/> Been Evicted? <input type="checkbox"/> Refused to Pay Rent?	<input type="checkbox"/> Broken a Lease? <input type="checkbox"/> Filed Bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has Any Household Member Ever Been Convicted of a Crime? <i>(If yes, please explain)</i>				Yes <input type="checkbox"/> No <input type="checkbox"/>

Housing Information			
Present Address	Address or Post Office Box	City, State, Zip	Rent or Own
Present Landlord	Apartments	Contact	Telephone
	Address	City, State, Zip	Occupancy From/To
Previous Address	Address	City, State, Zip	Rent or Own
Previous Landlord	Apartments	Contact	Telephone
	Address	City, State, Zip	Occupancy From/To
Mortgage Company	Company	Contact	Telephone
	Address	City, State, Zip	Occupancy From/To

Employment Information			
Head of Household's Employer	Company	Contact	Telephone
	Address	City, State, Zip	Employed From/To
Adult's Employer	Company	Contact	Telephone
	Address	City, /State, Zip	Employed From/To

Customer Name _____
 Apartment Number _____

Automobile Information					
Make	Model	Color	Year	License	State

Household Information							
List all other household members who are currently living your household or who plan to live in your household during the next 12 months.							
	Name <i>First, Middle Initial, Last</i>	Relationship to Applicant	M/ F	Social Security Number	Birth Date <i>Month, Date, Year</i>	Drivers License No. & State	F/T Student <i>Yes/No</i>
2							
3							
4							
5							
6							
7							
8							

Emergency Contact			
List someone in the area that is not already on the application.			
Name	Relationship to Applicant	Address	Phone Number

Head		Adult		General Information
Yes	No	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any service animals?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have full custody of your child(ren)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you expect any additions to the household within the next twelve months? <i>(If yes, please explain)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any absent household members who under normal conditions would live with you? <i>(For example, a household member away in the military or college.)</i> <i>(If yes, please explain)</i>

Customer Name _____
 Apartment Number _____

Income Information				
Income is counted for anyone 18 or older and anyone who is under 18 and legally emancipated. However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors				
Include all <u>anticipated</u> income for the next 12 months.				
Do you currently receive or expect to receive during the next 12 months income from:				
Head		Adult		Annual Amount
Yes	No	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and cash payments.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-employment? <i>(Include overtime, tips, bonuses, commissions and payments received in cash. Attach copy of previous year's IRS form 1040 and Schedule C.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unemployment benefits or workman's compensation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Assistance, General Relief or Aid to Families with Dependent Children or Tenant Aid to Needy Families (AFDC/TANF)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child support or Alimony? <i>(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered but is received directly from payer.)</i>
				<input type="checkbox"/> Child Support Enforcement Agency <i>Name of Agency:</i> <input type="checkbox"/> Court of Law <i>Name of Court:</i> <input type="checkbox"/> Directly from Individual <i>Name of Person:</i> <input type="checkbox"/> Other <i>Explain:</i>
				<input type="checkbox"/> If money is not actually received, is legal action being taken to remedy. <i>Explain:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Security, SSI or any other payments from the Social Security Administration?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from a severance package?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from any type of settlement? <i>(For example, insurance settlements.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular gifts or payments from anyone outside of the household? <i>(This includes anyone supplementing your income or paying any of your bills.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from lottery winnings or inheritances?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from rental property or other types of real estate transactions?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any other income sources or types not listed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently unemployed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you expect any changes to your income during the next 12 months? <i>(If yes, please explain)</i>

Student Status		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you or any other household member(s) (INCLUDING MINORS) currently a full-time student or expecting to be one at any time during the next 12 months?

Customer Name _____
 Apartment Number _____

Asset Information				Include all assets held by your household.
Head		Adult		Do you hold:
Yes	No	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checking or savings account?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CDs, money market accounts or treasury bills?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pensions, IRAs, Keogh or other retirement accounts?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stocks, bonds or securities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trust funds?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cash on hand over \$500?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Real estate, rental property, land contracts/contract for deeds or other real estate holdings? <i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal property held as an investment? <i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any assets held jointly with a person who does not currently live in the apartment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expect to receive in the next 12 months any lump sum payment? <i>(This includes lottery winnings, insurance payments, etc.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there minors in the household who hold assets?

Applicant Status				The following questions pertain to specific eligibility requirements of the Housing Program.
Head		Adult		
Yes	No	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you claiming zero income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the total value of your assets (other than personal property not held for investment) less than \$5,000?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will you require a live-in care attendant to live independently?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is your household currently receiving Section 8 rental assistance?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will your household be applying to receive Section 8 rental assistance in the next 12 months?

Signature Clause					
<p>I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.</p> <p>I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.</p>					
<i>Head of Household Signature</i>	<i>Date</i>	<i>Spouse Signature</i>	<i>Date</i>	<i>Management Signature</i>	<i>Date</i>