



# APARTMENT APPLICATION



Date: \_\_\_\_\_

Time: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*First Middle Last*

Social Security Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Work or Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender: Male  Female

Full-time Student? Yes  No

Type of apartment desired (ex. One bedroom): \_\_\_\_\_

## HOUSEHOLD INFORMATION

Please list all household members that are applying to live in this apartment.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Day, Year</i>	Full-Time Student (Y/N)

Current Address: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Have you ever used another name? Yes  No  If so, please indicate name(s): \_\_\_\_\_

### PLEASE ANSWER ALL QUESTIONS USING YOUR INITIALS.

If you need additional space for answers to any question listed below, attach additional sheets and make sure you include a reference to the paragraph section and question number, your name, and your social security number at the top of the page.

Do you expect any additions to the household within the next twelve months? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Do you expect any change in the number of students in your household within the next 12 months? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

**INCOME INFORMATION**

Income is counted for anyone 18 or older. If the income is unearned, such as a grant of benefit, it is still counted for all household members including minors.

Include all income anticipated for the next 12 months. **PLEASE INITIAL YES OR NO FOR EACH.**

Do you, or anyone in your household receive, or expect to receive income from:

- 1. Employment wages or salaries?** (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_  
*(Include overtime, tips, bonuses, commissions and payments received as cash.)*

Household Member	Name of Income Source	Annual Income

- 2. Self-employment?** (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_  
*(Include overtime, tips, bonuses, commissions and payments received as cash.)*

Household Member	Type of Business	Annual Income

- 3. Unemployment benefits or worker’s compensation?** (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member	Contact Person at Agency Contact Telephone Number	Amount

- 4. Public Assistance, General Relief or Aid to Families with Dependent Children?** (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member	Contact Person at Agency Contact Telephone Number	Amount

- 5a. Child support or Alimony?** (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_  
*(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 received directly from the payor.)*

Household Member	Payor	Amount

- 5b. How is the support received?** *(Check all that apply.)*

- Child support enforcement agency      Name of Agency/Phone \_\_\_\_\_
- Court of law      Name of Court/Phone: \_\_\_\_\_
- Directly from individual      Name of Person/Phone \_\_\_\_\_
- Other      Explain/Phone: \_\_\_\_\_

5c. If money is not actually received, are you taking legal action to remedy? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_

6. Social Security, SSI or any other payment from Social Security Administration? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member	Social Security Office Location	Amount

7. Regular payments from Veteran's, pension, or retirement benefits or annuities? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member	Source of Pension/Benefit	Amount

8. Regular payments from a severance package? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member	Company Name	Amount

9. Regular payments from any type of settlement? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_  
(For example, insurance settlements.)

Household Member	Source of Benefit	Amount

10. Regular gifts or payments from anyone outside of the household? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_  
(This includes anyone supplementing your income or paying any of your bills.)

Household Member	Name of Source of Benefit	Amount

11. Educational grants, scholarships, or other student benefits? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member	Name of Source of Benefit	Amount

12. Regular payments from lottery winnings or inheritances? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member	Source of Benefit	Amount

13. Regular payments from rental property or other real estate transactions? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member	Address of Real Estate	Amount

14. Any other income sources or types not listed? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member	Source of Benefit	Amount

15. Do you or any other household member(s) expect any changes to your income in the next 12 months? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation: \_\_\_\_\_  
 \_\_\_\_\_

**ASSET INFORMATION**

Please include all assets held and the income derived from the asset. Include all assets held by all household members including minors. **PLEASE INITIAL YES OR NO FOR EACH.**

Do you or anyone in your household hold:

1. A checking or savings account? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member	Type of Account	Financial Institution	Account Value

2. CD's, money market accounts, or treasury bills? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member	Type of Account	Financial Institution	Account Value

3. Stocks, bonds, or securities?

(Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member	Type of Asset	Financial Institution	Current Value

4. Trust Funds?

(Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member	Financial Institution	Amount

5. IRA's, Keogh, or other retirement accounts?

(Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member	Type of Asset	Financial Institution	Asset Amount

6. Cash on hand over \$500?

(Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member	Amount

7. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?

(Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member	Address of Real Estate	Market Value

8. Personal property held as an investment? (*Art, jewelry, etc.*)

(Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member	Description of Asset	Market Value

9. Whole Life Insurance Policies?

(Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member	Insurance Company Name	Cash Value

10. Have you or any other household members disposed of or given away and asset(s) for less than fair market value within the past 2 years? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_

Explanation: \_\_\_\_\_

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**APPLICANT STATUS**

The following questions pertain to specific eligibility requirements of the Housing Credit Program. **PLEASE INITIAL YES OR NO FOR EACH.**

1. Are you or any other adult household members claiming zero income? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_

Explanation: \_\_\_\_\_

2. Are you or any other household members currently a full-time student or expect to be a full-time student within the next 12 months? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

3. Will you or any adult household member require a live-in care attendant to live independently? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

4. Will your household be receiving Section 8 rental assistance at the time of move-in? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

5. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

6. Have you, or anyone else named on this application been convicted of a felony? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation: \_\_\_\_\_

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7. Have you, or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home, or trailer? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation: \_\_\_\_\_

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**RESIDENCE HISTORY**

List the past 10 years of housing references. *(If additional space is required, please attach an additional page.)*

Previous Address: \_\_\_\_\_  
Move-in Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_ Rent Paid: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_ Landlord's Phone: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Move-in Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_ Rent Paid: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_ Landlord's Phone: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Move-in Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_ Rent Paid: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_ Landlord's Phone: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_

**VEHICLE INFORMATION**

Please list the information for any vehicles owned or operated by any household member.

Household Member	Driver's License	Vehicle Make	Vehicle Model	Vehicle Year	Vehicle License	State in Which Vehicle Licensed

**EMERGENCY NOTIFICATION**

Who should be notified in case of an emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**SPECIAL NEEDS**

Does anyone in your household have special needs? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation: \_\_\_\_\_

**AUTHORIZATION**

I/We authorize the management of Panorama Apartments to verify information in this application. I/We further agree that a full disclosure of pertinent facts may be made to the management of Panorama Apartments as to my/our character, general reputation, income, credit and mode of living. This application may be rejected as the result of my/our misrepresentation or insufficient information.

Acceptance of this application and any deposits is not binding upon Panorama Apartments until the application is approved in writing.

I/We understand that this application and all related inquiries will be used only for its relevance to screening and occupancy at this property. I/We also understand that this application is for occupancy at a Housing Credit or other type of property and will require annual recertification of my/our household.

**SIGNATURE OF ALL PARTIES TO THIS APPLICATION**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Panorama Apartments Representative

\_\_\_\_\_  
Date