

Date Received: _____
Apartment Type: _____

Time Received: _____ am / pm



Royal American Management, Inc.
Housing Tax Credit Program

RENTAL APPLICATION



ALL QUESTIONS MUST BE ANSWERED COMPLETELY IN ORDER FOR YOUR APPLICATION TO BE PROCESSED. DO NOT LEAVE ANY QUESTIONS UNANSWERED. * A separate application is required for each unmarried individual age 18 and over.

**** IDENTIFICATION IS REQUIRED TO COMPLETE APPLICATION.**

DO NOT USE WHITEOUT ON THIS APPLICATION.

Do you require a handicap unit? YES NO

Household Information:

Date: _____

Complete the following information for each household member that will occupy the apartment at time of move-in.

Name First, M.I., Last	Relationship to Head of Household	M/F	Social Security Number	Birthdate (Mo/Day/Yr.)	Marital Status	Full-time Student?

CURRENT ADDRESS:

_____ City _____ State _____ Zip Code _____
 () _____ () _____ Length of Time: _____
 Daytime Telephone # _____ Evening Telephone # _____
 CHECK ONE: _____ Rent _____ Own

Income Information:

Include all gross annual income anticipated for the next 12 months. Include the dollar (\$) amount in the space provided

Do YOU or ANYONE in your household receive OR expect to receive income from:

YES NO

1. GROSS Employment wages or salaries?

(Include all overtime, tips, bonuses, commissions earned and any payments received in cash.)

Household Member's Name _____
 Gross Amount Earned \$ _____ Week Month Year
 Employer _____ How Long? _____
 Employer Address (Street/City/State) _____
 Position _____ Employer Telephone #: () _____

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Household Member's Name _____
 Gross Amount Earned \$ _____ Week Month Year
 Employer _____ How Long? _____
 Employer Address (Street/City/State) _____
 Position _____ Employer Telephone #: () _____

YES NO

2. Self-Employment?

Source _____ Household Member _____ Amount/Frequency \$ _____

YES NO

- 3. Unemployment benefits or workmen's compensation?
Source _____ Household Member _____ Amount/Frequency \$ _____
- 4. Public Assistance (such as AFDC), Child Support or Alimony?
Source _____ Household Member _____ Amount/Frequency \$ _____
- 5. Social Security, SSI, Veterans benefits, pension, retirement benefits, annuities, disability, death benefits or life insurance dividends?
Source _____ Household Member _____ Amount/Frequency \$ _____
- 6. Any other income from any other source whatsoever (ex: rental property, recurring gifts, etc)?
Source _____ Household Member _____ Amount/Frequency \$ _____

Asset Information:

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

**Include ALL assets held by ALL household members including minors.
Do YOU or ANYONE in your household hold?**

YES NO

- 1. Checking (average six-month balance) or savings accounts (current balance)?
Type of Account _____ Location of Account: _____
Household Member: _____ Amount in Account: _____
Account #: _____ Interest Rate: _____
- 2. CD's, money market accounts, mutual funds, treasury bills, stocks, bonds, securities, trust fund?
Type of Account _____ Location of Account: _____
Household Member: _____ Amount in Account: _____
Account #: _____ Interest Rate: _____
- 3. Pensions, IRA's, KEOGH or other retirement accounts?
Type of Account _____ Location of Account: _____
Household Member: _____ Amount in Account: _____
Account #: _____ Interest Rate: _____
- 4. Cash on hand (excluding any amounts listed above)?
Type of Account _____ Location of Account: _____
Household Member: _____ Amount in Account: _____
Account #: _____ Interest Rate: _____
- 5. Real estate, rental property, land contract for deeds or other real estate holdings or personal property as an investment?
(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or Commercial property)
Type: _____ Household Member _____ Value \$ _____
Type: _____ Household Member _____ Value \$ _____
Type: _____ Household Member _____ Value \$ _____
- 6. Have you or any household member disposed of, given away or sold any asset(s) for LESS than fair market value within the past 2 years?
Household Member: _____ Amount: _____
Explanation: _____

TOTAL DOLLAR AMOUNT OF ALL ASSETS COMBINED: \$ _____

TOTAL ANNUAL INCOME EARNED FROM COMBINED ASSETS: \$ _____

Zero Income Verification: Are YOU or is ANY OTHER ADULT member of your household Unemployed?

YES NO

- 1. Claiming zero income and / or Unemployed? If so, who? _____

Rental History:

List the past THREE (3) years of rental / housing references:

Landlord's Name: _____

Landlord's Address: _____

Your Address: _____

 Own Rent

Amount: _____

Dates: _____

to _____

Phone: (_____) _____

Landlord's Name: _____

Landlord's Address: _____

Your Address: _____

 Own Rent

Amount: _____

Dates: _____

to _____

Phone: (_____) _____

Landlord's Name: _____

Landlord's Address: _____

Your Address: _____

 Own Rent

Amount: _____

Dates: _____

to _____

Phone: (_____) _____

YES NO

Have you ever been evicted from an apartment for any reason or had foreclosure actions taken?

If "YES", please provide explanation of circumstances: _____

Personal References:

List the past TWO (2) personal references other than a relative

1. Name of Reference _____

Address of Reference _____

Phone (_____) _____

Relationship _____

Years known: _____

1. Name of Reference _____

Address of Reference _____

Phone (_____) _____

Relationship _____

Years known: _____

OTHER INFORMATION:

Answer either "YES or "NO" to each question.

YES NO

1. Have you ever filed for bankruptcy or had credit problem?

If "YES", please provide explanation of circumstances: _____

2. Have you ever been convicted of a felony?

If "YES", please provide explanation of circumstances: _____

Vehicle Identification:

1. License #: _____

State Issued: _____

Make/Model/Year: _____

2. License #: _____

State Issued: _____

Make/Model/Year: _____

Emergency Contact:

Name: (if possible, please list someone in the local area that is not listed on the application).

Address of Reference _____
Phone () _____ Relationship _____ Years known: _____

Live -In Care Attendant:

YES NO

Will you or anyone in your household require a live-in care attendant?
(A copy of their social security card/ picture identification is required with this application)

Name of Live-In Care Attendant _____
Relationship (if any) _____

Section 8 Rental Assistance:

Will your household be receiving Section 8 rental assistance at time of move-in?
(A copy of voucher or certificate is required with application)

Name of Agency _____
Contact Person Name _____

PET INFORMATION: (Conventional and RD Elderly Communities Only):

Do you have a pet? If "YES":
Type _____ Weight _____ Spayed / Neutered _____

FLOTATION BEDDING DEVICE:

Do you own a waterbed? (Proof of insurance must be provided with community listed as loss / payee)
Type _____ Weight _____

All questions that were answered 'YES' will be verified through the appropriate third-party source, if applicable. It will be your responsibility to provide management with all necessary information to process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information or documentation that may be required to expedite this process.

REFERRAL INFORMATION:

How were you referred to our Apartment Community?

Apartment Guide Drive by Current Resident Other

APPLICATION FEE: (Where applicable)

Applicant will pay an application fee in the amount of \$_____. **THIS APPLICATION FEE IS NON-REFUNDABLE.**

SECURITY DEPOSIT AGREEMENT:

Applicant has deposited a "Security Deposit" (in the amount stated below) in consideration for owner's taking the dwelling apartment home off the market while considering approval of this application. If applicant is approved but fails to promptly enter into the contemplated lease, the security deposit shall be forfeited to owner as liquidated damages. The security deposit will be refunded only if applicant is not approved. Keys will be furnished only after contemplated lease and other rental documents have been paid. This application is preliminary only and does not obligate owner or owner's agent to execute a lease or deliver possession of the proposed premises.

Signature Clause:

I understand that management is relying on this information to qualify my household for eligibility under 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.

I consent to have management verify the information contained in this application contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting the management company's resident selection criteria and the Housing Credit Program requirements, if applicable.

ALL ADULTS (18 Years or older) household members must sign below:

Signature _____ Date _____

Signature _____ Date _____

Apt. #: _____ Monthly Rate: _____

Address: _____ Lease Term: _____

Apt. Type: _____ Security Deposit _____

Signature _____

Date _____

Move-In Date: _____ Application Fee: _____

Non-Refundable Pet Fee (If Applicable): _____

Information For Government Monitoring Purposes

The following information is requested by the apartment community owner in order to assure that Federal Laws prohibiting discrimination against applicants on the basis of race, national origin, sex, color, religion, familial or handicapped status are being complied with. This information will not be used in evaluating your application or to discriminate against you in any way. You are not required to furnish this information but you are encouraged to do so. However, if you choose not to furnish it, the owner is required to note the race/ national origin and sex of individual applicants on the basis of visual observation or surname.

APPLICANT: I do not wish to furnish this information _____ (Initial)

RACE / NATIONAL ORIGIN:

- Am. Indian Hispanic African-American Asian, Pac. Island Caucasian
- Other: _____

SEX:

- Male Female

Co-APPLICANT: I do not wish to furnish this information _____ (Initial)

RACE / NATIONAL ORIGIN:

- Am. Indian Hispanic African-American Asian, Pac. Island Caucasian
- Other: _____

SEX:

- Male Female

OFFICE USE ONLY

Apartment Type Requested: _____ Bedroom _____ Bath

Handicapped Apartment Requested: Yes No

Application Evaluation Accepted Approved _____ initials

Not Accepted Not Approved _____ initials

Complete

Applicant Release _____ Apt Type: _____ Deposit: _____

Resident Selection Criteria _____ Apt. #: _____ Rent: _____

Complete	Acceptable	Unacceptable	Comment
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Criminal Background _____ _____ _____ _____

Credit History _____ _____ _____ _____

Rental History/References _____ _____ _____ _____

Household Income _____ _____ _____ _____

TENANT MOVE-IN DATE: _____