



# LIBERTY CREST APARTMENTS

### For Office Use Only:

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

Unit #: \_\_\_\_\_

Move-In Date: \_\_\_\_\_

## Application/Recertification

### Applicant/Resident Head of Household Information

*Each Adult Must Complete a Separate Application*

Name <i>First, Middle Initial, Last</i>	Gender	Social Security Number	Birthday <i>Month/Day/Year</i>	Phone

I certify that I am:  Divorced OR  Separated **provide copy of legal agreement**, OR  Married  Widowed  Single

Email: \_\_\_\_\_ Driver's License: \_\_\_\_\_

### Additional Household Member Information

Name <i>First, Middle Initial, Last</i>	Relationship to Applicant	Birthday <i>Month/Day/Year</i>

### Applicant/Resident Information

YES	NO	ALL Questions Must Be Answered	Form
<input type="checkbox"/>	<input type="checkbox"/>	1. Do you expect any additions to the household within the next 12 months? <i>(Include unborn children)</i> Name & Relationship: _____ Explanation: _____	25
<input type="checkbox"/>	<input type="checkbox"/>	2. Does your household have or anticipate having any pets? <i>(This does not include service animals)</i> Type: _____	
<input type="checkbox"/>	<input type="checkbox"/>	3. Will you or any ADULT household member require a LIVE-IN CARE Attendant to live independently?	
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you have an open bankruptcy?	
<input type="checkbox"/>	<input type="checkbox"/>	5. Have you been convicted of, plead guilty to, or been placed on probation for any crime, including dealing or manufacturing illegal drugs?	
<input type="checkbox"/>	<input type="checkbox"/>	6. Are any criminal charges currently pending against you?	
<input type="checkbox"/>	<input type="checkbox"/>	7. Have you been evicted or had a judgement for rent against you?	

### Housing History

*List the past TWO years of housing history, beginning with CURRENT address*

Landlord/Owner: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Rent Own Email/Phone: \_\_\_\_\_  
 Landlord/Owner: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Rent Own Email/Phone: \_\_\_\_\_

### Household Income

Annual Income	Source/Employer
\$ _____	
\$ _____	

If applying for a market rate apartment skip remaining questions. Sign and date the last page.



**If applying for an affordable apartment complete the remainder of this application**

**Additional Applicant/Resident Information**

YES	NO	ALL Questions Must Be Answered		Form
<input type="checkbox"/>	<input type="checkbox"/>	8.	Does the household consist of persons who have been (in the past year) or who are ALL <b>FULL-TIME</b> or <b>PART-TIME Students or expect to be one in the next 12 months?</b> (If so, circle which. This includes 1 <sup>st</sup> grade and higher. Examples: Elementary, High School, College/University, Trade School, etc.	
<input type="checkbox"/>	<input type="checkbox"/>	9.	<b>Are you separated, but not divorced from your spouse?</b>	
<input type="checkbox"/>	<input type="checkbox"/>	10.	<b>Do you have at least 50% physical placement of the child(ren) listed on this application?</b> N/A <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	11.	<b>Are there any absent household members who under normal conditions would live with you?</b>	
<input type="checkbox"/>	<input type="checkbox"/>	12.	<b>Will your household be receiving or applying for Section 8 rental assistance?</b>	

**Income Information**

*In the next 12 months, do you or anyone in your household receive or expect to receive either EARNED income (for anyone 18 or older) or UNEARNED income (for all household members, including minors) such as social security, trust fund disbursements, grants.*

**ANSWER ALL QUESTIONS**

YES	NO	Income Type	INCOME SOURCE	AMOUNT	Monthly	Annually	# of Sources	Form
<input type="checkbox"/>	<input type="checkbox"/>	Employment wages or salaries (Include overtime, tips, bonuses, commissions, cash payments and <b>Seasonal</b> employment)			<input type="checkbox"/>	<input type="checkbox"/>		3/C
<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment (Provide income tax return for last 2 years)			<input type="checkbox"/>	<input type="checkbox"/>		4
<input type="checkbox"/>	<input type="checkbox"/>	Regular pay as a member of the armed forces			<input type="checkbox"/>	<input type="checkbox"/>		5
<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from a veteran's benefit			<input type="checkbox"/>	<input type="checkbox"/>		6
<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from pension or retirement benefit or annuities			<input type="checkbox"/>	<input type="checkbox"/>		6
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment benefits or worker's compensation or regular payments from a severance package			<input type="checkbox"/>	<input type="checkbox"/>		7
<input type="checkbox"/>	<input type="checkbox"/>	Social Services benefits/cash assistance (not food stamps)			<input type="checkbox"/>	<input type="checkbox"/>		8
<input type="checkbox"/>	<input type="checkbox"/>	Court-ordered child support or alimony			<input type="checkbox"/>	<input type="checkbox"/>		9/10
<input type="checkbox"/>	<input type="checkbox"/>	Child support received directly from the payor			<input type="checkbox"/>	<input type="checkbox"/>		11
<input type="checkbox"/>	<input type="checkbox"/>	Social Security and SSI (Federal)			<input type="checkbox"/>	<input type="checkbox"/>		letter
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income/SSI (State)			<input type="checkbox"/>	<input type="checkbox"/>		12
<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from any type of settlement, lottery winnings, inheritances, or a trust			<input type="checkbox"/>	<input type="checkbox"/>		13
<input type="checkbox"/>	<input type="checkbox"/>	Regular gifts or payments from anyone outside of the household			<input type="checkbox"/>	<input type="checkbox"/>		14
<input type="checkbox"/>	<input type="checkbox"/>	Educational grants, scholarships, or other student benefits			<input type="checkbox"/>	<input type="checkbox"/>		F,M
<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from rental property			<input type="checkbox"/>	<input type="checkbox"/>		20/21
<input type="checkbox"/>	<input type="checkbox"/>	Any other income sources that are not listed above			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Are you claiming zero income?			<input type="checkbox"/>	<input type="checkbox"/>		15/Q/E/IFA
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect any changes to your income in the next 12 months?			<input type="checkbox"/>	<input type="checkbox"/>		Note



### Asset Information

*Include all assets held, INCLUDING THOSE HELD BY MINORS, and the income derived from all assets. Complete ALL Questions.*

<b>YES</b>	<b>NO</b>	<b>Do you or anyone in your household hold:</b>	<b>Asset Source</b>	<b>Amount/Cash Value</b>	Joint Account? With Whom?	Int Or Div	Form
<input type="checkbox"/>	<input type="checkbox"/>	Checking					18
<input type="checkbox"/>	<input type="checkbox"/>	Other Checking					18
<input type="checkbox"/>	<input type="checkbox"/>	Other Checking					18
<input type="checkbox"/>	<input type="checkbox"/>	Savings					18
<input type="checkbox"/>	<input type="checkbox"/>	Other Savings					18
<input type="checkbox"/>	<input type="checkbox"/>	Other Savings					18
<input type="checkbox"/>	<input type="checkbox"/>	CD, Money Market, Treasury Bills					18
<input type="checkbox"/>	<input type="checkbox"/>	Mutual Funds					19
<input type="checkbox"/>	<input type="checkbox"/>	Stocks, Bonds					19
<input type="checkbox"/>	<input type="checkbox"/>	Trust Funds					19
<input type="checkbox"/>	<input type="checkbox"/>	Whole Life Insurance (not Term)					19
<input type="checkbox"/>	<input type="checkbox"/>	IRA or Other Retirement Account <i>(not in payment status)</i>					19
<input type="checkbox"/>	<input type="checkbox"/>	401k, Keogh, or other retirement account <i>(not in payment status)</i>					19
<input type="checkbox"/>	<input type="checkbox"/>	Real Estate					20/21
<input type="checkbox"/>	<input type="checkbox"/>	Cash on Hand Over \$500 (not in savings or checking)					22
<input type="checkbox"/>	<input type="checkbox"/>	Safe Deposit Box					22
<input type="checkbox"/>	<input type="checkbox"/>	Personal Property Held as an Investment?					22
<input type="checkbox"/>	<input type="checkbox"/>	Have you disposed of or given away any assets(s) for LESS than fair market value in the last 2 years					23



**Signature:**

**Applicant/Resident sign below.**

I understand that management is relying on this information to prove my household's eligibility which is required by the funding sources under which this property operates. I certify under penalty of perjury that all information and answers provided are true and complete to the best of my knowledge. I further 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 will notify management of any changes to my income prior to move-in, or prior to the effective date of my recertification.

I authorize my consent to have management verify the information contained in this application questionnaire and to perform a credit check and criminal background check for purposes of proving my eligibility for occupancy. I understand that my occupancy is also contingent on meeting the management's resident selection criteria and other program requirements.

I have reviewed the Resident Selection Criteria.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Management Signature: \_\_\_\_\_

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

