



Pre-Lottery Application

Head of Household Name		
Head of Household Address		
City	State	Zip Code
Phone Number	Email	

The information on this form is needed to certify your household. Please complete this entire form and leave no blanks. If there are any questions that you do not understand, please call the apartment manager. Thank you for your cooperation.

Part 1 Household Composition

Household Member #	Full Name	Relationship to Head of Household	Date of Birth	Vehicle color, make, model, plate #
1		Head of Household		
2				
3				
4				
5				
6				

Do you expect any additions to the household within the next 12 months? Yes or No - If yes, please explain:

Will your household include pets? Yes or No? If Yes, what type? How many? If dog(s), what breed?

Part 2 Current

Current address for additional household members if different from head of household	Dates of Residency	Rent or Own?	Monthly Payment?	Landlord/Mortgage Co. Name
	from: to:			
	from: to:			
	from: to:			
	from: to:			

Does your household have income, assistance, or benefits from the sources listed below?		Monthly Income/ Assistance Amount	Household Member #
<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-employment <i>(list nature of self-employment)</i> Business License # _____ (must be included)	(use net income from business) \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment with a third-party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. <i>If yes, list the information in Part 4 below.</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contributions or gifts (including rent or utility payments) received on an ongoing basis from persons not living with you (exclude food stamps, groceries, and/or day care costs when the day care center is paid directly by the gift-giver)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment benefits	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Administration, GI Bill, or National Guard/military benefits/income	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Educational assistance (for full and part time students) in the forms of grants, scholarships, or fellowships <i>(exclude student loan awards which must be repaid)</i>	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement benefits from Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unearned income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability or death benefits other than Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance:	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we receive public assistance income (example: TANF)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child support payments. If yes, for how many children do you receive support?	\$ Anticipated Amount:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I am entitled to receive child support payments and am currently making efforts to collect child support owed to us. Describe efforts being made to collect child support:	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony/spousal support payments	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings. If yes, list sources: 1. 2.	\$ \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from real or personal property	(use net earned income) \$	

Resident Name					Occupation/Title		
Employer Name					Contact Person		
Employer Address							
City					State	Zip Code	
Date Hired	Salary / Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax	

Resident Name					Occupation/Title		
Employer Name					Contact Person		
Employer Address							
City					State	Zip Code	
Date Hired	Salary / Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax	

Resident Name					Occupation/Title		
Employer Name					Contact Person		
Employer Address							
City					State	Zip Code	
Date Hired	Salary / Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax	

Resident Name					Occupation/Title		
Employer Name					Contact Person		
Employer Address							
City					State	Zip Code	
Date Hired	Salary / Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax	

Do you have assets as listed below?		Household Member #	Cash Value
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Checking account(s). If yes, list bank(s). 1. 2. Savings account(s). If yes, list bank(s). 1. 2.		\$ \$ \$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Revocable trust(s). If yes, list bank or trustee name. 1. 2. I/we own real estate (or hold a mortgage or Deed of Trust). If yes, provide description.		\$ \$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal property that is being held as an investment. If yes, describe:		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks, bonds, or Treasury bills. If yes, list sources/bank name(s). 1. 2.		\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate(s) of Deposit (CD) or Money Market account(s). If yes, list source(s)/bank name(s). 1. 2.		\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA/Lump Sum Pension/Keogh Account/401k. If yes, list bank(s). 1. 2.		\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Cards (Direct Express Debit, TANF, and/or unemployment benefits)		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have a life insurance policy (exclude term policies). If yes, list company. 1. 2.		\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have cash on hand or cash in a safe deposit box.		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have disposed of assets (i.e., gave away money/assets) for less than the fair market value in the past two years. If yes, list items and date disposed.		\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have income from assets or sources other than those listed above. If yes, list type below.		\$

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

Print Name of Applicant	Signature	Date
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Print Name of Applicant	Signature	Date
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Print Name of Applicant	Signature	Date
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Print Name of Applicant	Signature	Date
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Reviewed by (Signature of Owner/Representative)	Date
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All household members ages 18 and over must sign and date.