



Thank you for Choosing Milner Commons as your New Home!!!

PLEASE read and complete all the information required in this application before returning. Do Not Leave Any Blanks. If you do not have rental history a recommendation letter must be turned in with your application. (RECOMMENDATION LETTERS CANNOT BE COMPLETED OR WRITTEN BY A FAMILY MEMBER).

ORIGINAL SSC AND PICTURE IDS ARE REQUIRED FOR EVERY ADULT APPLICANT.

Dear Applicant:

Date: _____

We are pleased that you have chosen Milner Commons as the place you would like to call home. As part of our **55+ Senior Living Affordable Housing**, this first step in your journey involves completing the attached application. This will allow us to determine your eligibility and ensure that you are provided with all the benefits for which you qualify.

Please note that Milner Commons is Income-Restricted. The attached documents must be completed for all members of your household. As you fill out these forms, you may discover that additional verification forms are required. Household members the age of 18 and over must complete an application.

You will also need the following additional information along with your application.

Required Documents:

- Social Security cards for all household members
- Picture ID for all household members 18 years and older
- Documentation of all fixed household income
- Contact details (phone number, full address, and fax number) for all employers and landlords
- Last six (6) consecutive pay stubs, PLUS the first pay stub received in 2024
- \$35.00 application fee per adult (paid via Money Order or Cashier's Check)

It is important to return complete information in a timely manner. Completed documents will be date- and time-stamped on the day we receive them. If your application is not complete it will not be considered for eligibility.

If you have any questions or need to provide additional information during the application process, please contact us via email at **milnermgr@pratumco.com**.

We look forward to welcoming you to your new home!

It is the policy of this community to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin, disability, or any other Federal, State, or Local protected individuals. This property does not discriminate on the basis of disability status in the admission or access to, or treatment of employment in its federally assisted programs or activities.



RENTAL APPLICATION

Office Use Only:

Date Rec'd: _____ Time: _____ am/pm

By (initials): _____

Development Name: _____

Email: _____

Phone Number: _____

Address: _____

of Bedrooms Desired: Eff 1 Br 2 Br 3 Br 4 Br 5 Br

The following is to be completed in its entirety by household members ages 18 and older.
Please answer ALL questions. Do not leave any blank spaces. Write NONE or N/A where appropriate. Please print.

PART 1 – HEAD OF HOUSEHOLD DATA:

Head of Household Name:	Phone #:
Mailing Address:	
City/State/Zip:	Email:
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name:	

<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult	
Name:	Phone #:
Mailing Address:	
City/State/Zip:	Email:
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name:	

Directions to Member: Please complete the table below listing each member of the household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% or more of the time during the next 12 months. (A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive).

PART 2 – HOUSEHOLD COMPOSITION:

	HOUSEHOLD MEMBER NAME(S)	RELATIONSHIP TO HEAD	DATE OF BIRTH	FULL TIME STUDENT (Y/N)	INCOME (Y/N)	SSN NUMBER
1.		Head				
2.						
3.						
4.						
5.						
6.						
7.						

Anticipated changes in household size within the next 12 months? Yes No If Yes, explain: _____

Are there any absent household members who normally reside in the household? Yes No If Yes, explain: _____

Anticipated change in number of students within the next 12 months? Yes No If Yes, explain: _____



PART 3 – HOUSEHOLD INFORMATION:

RENTAL HISTORY (must show most recent 2-year rental history)			
Household Member Name:			
	Current Residence	Previous Residence	Previous Residence
Street Address:			
City, State, Zip:			
Select One:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
If other, explain:			
Owner/Landlord Name:			
Owner/Landlord #			
Reason for Leaving			
Dates of Residency mm/yy	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____

RENTAL HISTORY (must show most recent 2-year rental history)			
Household Member Name:			
	Current Residence	Previous Residence	Previous Residence
Street Address:			
City, State, Zip:			
Select One:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
If other, explain:			
Owner/Landlord Name:			
Owner/Landlord #			
Reason for Leaving			
Dates of Residency mm/yy	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____

Have you or any member(s) of the household ever had your lease terminated or been evicted? Yes No

Are you or any member(s) of your household receiving rental assistance (voucher, public housing, etc.) Yes No

Are you or any member(s) of your household currently fleeing from an abusive situation? Yes No

Are there any animals in the household? Yes No

Would you or any member(s) of the household benefit from the features of an accessible unit? Yes No

Do you or any member(s) of the household require any accommodations and/or modifications to the unit for any disability? Yes No

If yes to any question(s) above, please explain: _____

EMERGENCY CONTACT INFORMATION		
Name:		
Relationship:	Phone #:	Email:



PART 4 – HOUSEHOLD ASSETS:

Have you disposed of any assets for less than Fair Market Value within the last two years? Yes No

Do you or anyone in the household have any of the following assets? Please mark “yes” or “No” for each source of income.

Type of Asset	HEAD OF HOUSEHOLD		CO-HEAD		ADDITIONAL HOUSEHOLD MEMBERS	
	Check One	Cash Value	Check One	Cash Value	Check One	Cash Value
Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Depository Debit Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Savings/Money Market Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Certificates of Deposits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Trust Funds (excluding irrevocable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Real Estate/Land	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mortgage or Deed of Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Cryptocurrency (Bitcoin, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Life Insurance (excluding Term)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
GoFundMe/Crowdsourcing	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mobile Payment Services (Venmo, CashApp, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Personal Property (Held as an investment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Have you received any lump sum payments such as the following:						
Inheritances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Lottery or other Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
VA Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Capital Gains	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

ASSET DETAILS (detail ALL assets for ALL household members marked yes above)

HOUSEHOLD MEMBER NAME	TYPE OF ASSET	BANK/FINANCIAL INSTITUTION NAME	# OF ACCOUNTS



PART 5 – SOURCES OF INCOME:

Is income received from any of the following sources? Please mark “yes” or “No” for each source of income.

Type of Income	HEAD OF HOUSEHOLD		CO-HEAD		ADDITIONAL HOUSEHOLD MEMBERS	
	Check One	Monthly \$	Check One	Monthly \$	Check One	Monthly \$
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Self-Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Gig Income (Ride Share, Food Delivery, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Regularly Recurring gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
SSI (Supplemental Security Income)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Retirement Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Disability or Death Benefits (not SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TANF or other Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Military Pay, including all allowances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuities Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Policies Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Scholarships/Grants/Work Study	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Long Term Care Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Training Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
List Other Income:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

INCOME DETAILS (detail ALL income for ALL household members marked yes above)

HOUSEHOLD MEMBER NAME	TYPE OF INCOME	COMPANY/PROVIDER NAME	CONTACT INFO



PART 6- SIGNATURES:

Must be signed and dated by all members of the household age 18 & older:

I/we understand that the above information is being collected to determine eligibility for residence.

I/we certify that all assets currently held or previously disposed of and all income sources have been listed on this application. I/we further certify that the statements made in this application are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

I/we authorize the owner/manager to verify information provided on this application and the signature(s) below are the consent to obtain such verification.

_____	_____	_____
Printed Name	Signature	Date

_____	_____	_____
Printed Name	Signature	Date

_____	_____	_____
Printed Name	Signature	Date

_____	_____	_____
Printed Name	Signature	Date



RENTAL HISTORY VERIFICATION

The individual named below is an applicant/resident of a housing program that requires verification of rental history. The information provided will remain confidential and used only to determine eligibility. Please complete and return promptly.

DATE: _____

DEVELOPMENT NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

DEVELOPMENT NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

RELEASE STATEMENT FOR APPLICANT/RESIDENT I hereby authorize the above-named management agent to make inquiries regarding release of information for the purpose of determining my eligibility for occupancy.

PRINTED NAME: _____

SIGNATURE: _____

The following is to be completed by company representative
Please fill in ALL blanks. Enter N/A if an item is not applicable to the above individual.
(Note: Information provided may require additional documentation)

Rental Address: _____ Rental Status? Current Previous

Property Type? House Apartment Room Other: _____

Rental Start Date: _____ Rental End Date: _____

Monthly Rental Rate: \$ _____ Was it paid on time? Yes No

Outstanding Monies Owed: Yes No If yes, amount: \$ _____

of Occupants: _____ Names: _____

Are you related to anyone listed in this household by blood/marriage? Yes No

Reason for Moving: _____ Proper Notice Given? Yes No

GENERAL QUESTIONS

Households care of rental unit? Good Fair Poor
Was the property left in rentable condition after move out? Yes No
Was the property damaged during occupancy? Yes No
Were there any complaints made against household? Yes No
Was household responsible for paying utilities? Yes No
Did the household have pets? Yes No Type: _____
Would you rent to anyone in this household again? Yes No

AUTHORIZED REPRESENTATIVE:

I certify that the above information is true and correct to the best of my knowledge.

Signature/Title: _____

Date: _____

Printed Name: _____

Direct Phone: _____

Company Name: _____

Email: _____



VIOLENCE AGAINST WOMEN ACT (VAWA)

APPLICANT ACKNOWLEDGEMENT

Property Name:

Applicant Name:

I have received a copy of the “**Notice of Occupancy Rights under VAWA (HUD Form 5380)**” and the “**Certification of Domestic Violence “HUD Form 5382)**”.

By signing below you agree that you have received this document and understand your rights under the Violence Against Women Act.

Applicant Signature

Date

