



Briarwick Apartments
APPLICANT QUESTIONNAIRE



No. of Bedrooms _____

APPLICANT NAME(S) _____
 Current Address: _____
 City, State, Zip: _____
 Work Phone _____ Fax No _____
 Email Address _____

Home Phone _____
 Date of Birth _____
 Social Security No. _____
 Drivers License or State ID _____
 Marital Status _____

Present Address Is (circle one) **APARTMENT LEASED OWN HOME OTHER**
 Present Landlord/Mortgage Co.(Contact) _____
 Address _____
 City, State, Zip: _____

Monthly Amt \$ _____
 Occupancy Dates _____
 Reason for moving _____

CO-APPLICANT NAME(S) _____
 Current Address: _____
 City, State, Zip: _____
 Work Phone _____ Fax No _____

Home Phone _____
 Date of Birth _____
 Social Security No. _____
 Drivers License or State ID _____
 Marital Status _____

Present Address Is (circle one) **APARTMENT LEASED OWN HOME OTHER**
 Present Landlord/Mortgage Co.(Contact) _____
 Address _____
 City, State, Zip: _____

Monthly Amt \$ _____
 Occupancy Dates _____
 Reason for moving _____

EMERGENCY CONTACT

Name _____ Phone _____

ADDITIONAL INFORMATION

List All Others Who Will Be Occupying Apartments?

	Name	Social Security No	Date of Birth	Relationship To Head
1				
2				
3				
4				

ALL QUESTIONS MUST BE ANSWERED.....DO NOT LEAVE ANY BLANKS

Answer all questions 'YES or NO' by placing an "X" in the appropriate box. Please make sure you have answered every question completely. If you answer YES, include the dollar amount indicated. If the question does not apply, answer NO.

	YES	NO	If yes, explain/agency
Have you or anyone on this application been evicted from assisted housing last (3) years?			
Do you or anyone on this application have an alcohol substance abuse that interfere with others health, safety, and right to peaceful enjoyment?			
Are you a current drug user?			
Is there anyone living with you now that will not be on the property?			
Do you expect any additions to your household in the next 12 months?			
Are there any absent household members who would normally live with you?			
Does an adult on this application have custody of every child listed?			
Will you have any pets other than service animals?			
Have you or anyone else on this application filed bankruptcy?			
Have you or anyone on this application been convicted of a felony?			
Have you or anyone else broken a rental agreement or lease contract?			
Have you or anyone else ever been convicted of dealing or manufacturing illegal drugs?			
Have you or anyone else on this application been sued for property damage?			
Are you or anyone else on this application a registered lifetime sex offender in any state?			
List all state(s) all person on this application have lived. 1) _____ 2) _____ 3) _____ 4) _____ 5) _____			

INCOME INFORMATION

Include All Income Received or Anticipated For the Upcoming 12 Months

EMPLOYMENT

YES NO

	TYPE	FREQUENCY	AMOUNT
Wages	\$ _____	Company _____	_____
Overtime	\$ _____	Contact _____	_____
Bonus	\$ _____	Address _____	_____
Tips	\$ _____	City, State, Zip _____	_____
Commissions	\$ _____	Phone _____	_____
		Fax _____	_____
Length of Time on Job _____ Yrs. _____ Mos.		Occupation _____	

For Office Use Only

Sent	Rec'd	Amount

employer emprior
nonemp seasonal

YES NO

Are you presently employed at more than one job (Not Self-Employed)?

Wages	\$ _____	Company _____	_____
Overtime	\$ _____	Contact _____	_____
Bonus	\$ _____	Address _____	_____
Tips	\$ _____	City, State, Zip _____	_____
Commissions	\$ _____	Phone _____	_____
		Fax _____	_____
Length of Time on Job _____ Yrs. _____ Mos.		Occupation _____	

Sent	Rec'd	Amount

employer
seasonal

YES NO

Are you self employed? Business Type _____ *selfemp
Annual Net Income \$ _____ How Long in Business _____ 2 Yrs Tax Returns

YES NO

Do you receive income from the Armed Forces including the reserves, or do you receive any special pay or allowances?

Regular	\$ _____	Branch/Contact _____	_____
Special	\$ _____	Address _____	_____
Allowances	\$ _____	Phone _____	_____

Sent	Rec'd	Amount

militver

YES NO

Do you receive or have you applied for Unemployment Benefits, Severance Pay, Workers Compensation? (circle)

Unemployment	\$ _____	Branch/Contact _____	_____
Workers Comp	\$ _____	Address _____	_____
Severance	\$ _____	Phone _____	_____

Sent	Rec'd	Amount

unemp
other

CHILD SUPPORT / ALIMONY

Amount

YES NO

Do you have a court order or private agreement for receiving Child or Spousal Support?

Child Support	\$ _____	Court Branch/Payee _____	_____
Spousal Support	\$ _____	Address _____	_____
		Phone _____	_____

Sent	Rec'd	Amount

childsup childnon

Copies of all court orders must be attached. Support will be counted whether or not it is received, unless legal action has been taken to remedy.
Support that is not ordered by the courts but received from a private party is also counted.

PUBLIC AID

YES NO

Are you receiving AFDC (Aid for Dependent Children) or other public assistance?

Public Aid	\$ _____	Caseworker _____	_____
		Address _____	_____

Sent	Rec'd	Amount

publicver

SOCIAL SECURITY

YES NO

Are you receiving Social Security Income?

SSA	\$ _____	_____
SSI	\$ _____	_____
SSD	\$ _____	_____

Sent	Rec'd	Amount

socsecver

VETERANS, PENSION, RETIREMENT or ANNUITY BENEFITS

Do you receive any retirement benefits?

YES NO

Type _____ \$

Rec'd From _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

vetver other

OTHER INCOME

Do you receive any of the following types of income & from whom?

YES NO

Regular payments or gifts from anyone outside your household?

\$ _____

Rec'd From _____

Regular payments from any type of settlement?

\$ _____

Address _____

Regular payments-inheritances, lottery winnings or trust funds?

\$ _____

City, State, Zip _____

Regular payments from rental property or other real estate?

\$ _____

Are you receiving any other form of periodic income?

\$ _____

Sent	Rec'd	Amount

other

ASSET INFORMATION

Include All Assets Held by You or Minor Children & Income Derived

Please circle the type of account

YES NO

Checking, Savings Account or Prepaid Debit Card?

Cash Value

\$ _____

Account # _____

Bank Name: _____

CD's, Money Markets, Mutual Funds or Treasury Bills?

Cash Value

\$ _____

Account # _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

bankver

Stocks, Bonds or Securities?

\$ _____

Rec'd From _____

YES NO

Pensions, IRAs, Keogh, 401K or other retirement accounts?

\$ _____

Address _____

YES NO

Trust Funds, Life Insurance or other funds?

\$ _____

City, State, Zip _____

YES NO

Sent	Rec'd	Amount

assetver

Please circle the type of account

YES NO

Real Estate, rental property, land contract for deed or other real estate buildings?

Cash Value

\$ _____

Rec'd From _____

Address or Legal Description:

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

realestatever

Personal property held as an investment?

YES NO

This includes paints, coin or stamp collections, artwork, collector or show cars, antiques. Do not include personal items such as cars, furniture, etc.

Description:

\$ _____

Rec'd From _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

assetver

YES NO

Have you disposed of or given away any asset for Less than its fair market value within the past 2 years?

Explain:

Fair Market Value \$ _____

Given To _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

Disposal of Asset

YES NO

Have you received any lump sum payments in the past 2 years, or anticipate any in the next year?

Where is it now?

\$ _____

Rec'd From _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

lumpsumcer

YES NO

OTHER ASSETS: Specify _____

\$ _____

STUDENT STATUS

Do you receive any of the following types of income & from whom?

YES NO

Are you currently a part or full-time student, have been one during five calendar months of this year or expect to be one in the next 12 months?

If YES, please continue.

YES NO

Are you a single parent with minor children who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?

YES NO

Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act, or other federal, state & local laws?

YES NO

Are you married, filing a joint tax return with your spouse?

YES NO

Do you receive TANF, AFDC (Aid for Dependent Children) or title IV recipient?

YES NO

Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?

Please provide the name of the educational instituon where you are or will be a student.

YES NO

Date Graduated or left school: _____

I understand that the owner is relying on this information in filing its federal tax returns and that a state agency and the Internal Revenue Service may further review this information to determine my eligibility to reside in housing provided under the Section 8 & Low Income Housing Tax Credit (LIHTC) Program. Further, I understand that it is a criminal offense to willfully make a false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction and that if any material representation is made, I could be subject to prosecution and/or that my application will be denied and/or my tenancy be terminated. And falsification or misrepresentation of information will be considered a material breach of the Lease Agreement. I hereby swear that to the best of my knowledge, the above information is true, correct, and complete.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I agree to provide all necessary information, including source names, addresses and account numbers whenever applicable. I understand that my occupancy is contingent upon meeting management's Resident Selection Criteria and the LIHTC Program requirements. I further certify that I do not expect any changes in the information provided or on the attached Application. I will notify management should any information change unexpectedly. Failure to do so may result in the cancellation of my application for occupancy.

I / We certify that answers given herein are true and complete to the best of my/our knowledge. I / We authorize verification or investigation of all statements contained herein via consumer, credit reports, rental and / or criminal history reports and any other means. Failure to answer any of the inquiries shall be cause for rejecting this application. False information will lead to rejection of this application and we retain the right to forfeit all deposits as liquidated damages for our processing time and expense.

_____ Applicant Signature	_____ Date	_____ Applicant Signature	_____ Date
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Date Received _____

Time Received _____

Received by: _____