Date & Time Stamp
Office Use Only

columbus
PROPERTY MANAGEMENT

Application for Housing – District 1

Si usted no comprende lo que está escrito a continuación, por favor solicite nuestros servicios de tradución

(If you do not understand what is written below, please ask for our translation services)

APPLICANT NAME: _____
ADDRESS: _____
CITY, STATE ZIP _____
HOME PHONE:_____
CELL PHONE: _____
EMAIL ADDRESS: _____

CO-APPLICANT: _____
ADDRESS: _____
CITY, STATE ZIP _____
HOME PHONE: _____
CELL PHONE: _____
EMAIL ADDRESS: _____

What size apartment are you applying for? Studio - 1 – 2 – 3 – 4 – 5 (circle one)

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

List the Head of Household and all other members who will be living in the unit within the next 12 months. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons away from home that have a spouse or dependent living in the home. Please give the relations of each family member to the Head of Household. Note that columns with a * below indicate optional fields.

HHD #	MEMBER'S FULL NAME	RELA-TION	BIRTH DATE	AGE	SEX *	RACE *	MARTIAL STATUS	HISP. Y/N/D *	F/T STUD Y/N	SOCIAL SECURITY NO.
1		Head								
2										
3										
4										
5										

Race of Head of Household: indicate in box above (For statistical purposes only).

1	American Indian/Alaskan Native	5	Asian	9	Black/African American
2	Native Hawaiian/Other Pacific Islander	6	White	10	American Indian/Alaskan Native & White
3	Black/African American & White	7	Asian & White	11	Decline to answer
4	Other Multi-Racial	8	American Indian/Alaskan	12	Native & Black/African American

1. Do you expect a change in household composition in the next 12 months? □ Yes □ No
   Explain if you answered yes to question:_____
2. Does anyone live with you that is not listed above? □ Yes □ No
   Explain if you answered yes to question:_____
3. Is the Head of Household a veteran? □ Yes □ No
4. Are all household members U.S. citizens? □ Yes □ No
5. List all of the **states** where all household members have ever lived: _____

RENTAL HISTORY:

Have you or anyone else name on this application filed for bankruptcy? □ Yes □ No

Have you or anyone else name on this application been convicted of a drug related or other crime? □ Yes □ No

Have you or anyone else name on this application been subject to the lifetime registration requirement under a state sex offender registration program? Please explain _____ □ Yes □ No

Have you or anyone else name on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer? Please explain _____ □ Yes □ No

Are you now living in a subsidized unit? □ Yes □ No

Name of Complex:_____

Name of Manager:_____ Managers Telephone Number:_____

Name and Address of Head's Present Landlord:

_____ Telephone No._____

_____ How long have you lived there?_____

_____ Reason for leaving:_____

Name and Address of Head's Former Landlord:

_____ Telephone No._____

_____ How long did you live there?_____

_____ Reason for leaving:_____

Name and Address of Spouse/Co-Applicant's Present Landlord:

_____ Telephone No._____

_____ How long have you lived there?_____

_____ Reason for leaving:_____

Name and Address of Spouse/Co-Applicant's Former Landlord:

_____ Telephone No._____

_____ How long have you lived there?_____

_____ Reason for leaving

Applicant's Automobile License Plate Number:

_____

Make:_____Model:_____Year:_____

Driver's License Number:

_____

Co Applicants Automobile License Plate Number:

_____

Make:_____Model:_____Year:_____

Driver's License Number:

_____

STUDENT ELIGIBILITY QUESTIONS:

1. **Are any household members students or anticipate becoming a student within the next 12 months?**
□ Yes □ No

If yes to question 1, list the member's names: _____

A. **Do any of these household members expect to be a student for 5 months or more in the current or upcoming calendar year? (Months need not be consecutive)** **□ Yes □ No**

B. **If <u>all</u> household members are students, do any of the following <u>exceptions</u> apply?**

i.	Is any member receiving TANF/ TCA assistance?	□ Yes	□ No
ii.	Is any member a participant in a job training program?	□ Yes	□ No
iii.	Does your household qualify as a single parent with a dependent child?	□ Yes	□ No
iv.	Are you married and filing a joint tax return?	□ Yes	□ No
v.	Has anyone in your household been a participant in the Foster Care program?	□ Yes	□ No

INCOME INFORMATION:

Please answer each of the following questions. For each "yes," provide details in the box below.
Does <u>any</u> member of your household:

YES	NO		
□ Yes	□ No	1.	Work full-time, part-time or seasonally?
□ Yes	□ No	2.	Work as self-employed, independent contractor or contracted employee?
□ Yes	□ No	3.	Expect to work for any period during the next 12 months?
□ Yes	□ No	4.	Work for someone who pays them cash?
□ Yes	□ No	5.	Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
□ Yes	□ No	6.	Now receive or expect to receive unemployment benefits?
□ Yes	□ No	7.	Now receive or expect to receive child support/alimony (Circle one)?
□ Yes	□ No	8.	Entitled to child support that he/she is not receiving?
□ Yes	□ No	9.	Have an entitlement to receive alimony that is not currently being received?
□ Yes	□ No	10.	Now receive or expect to receive public assistance (TANF)?
□ Yes	□ No	11.	Now receive or expect to receive Social Security or Disability benefits?
□ Yes	□ No	12.	Now receive or expect to receive income from a pension or annuity?
□ Yes	□ No	13.	Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?

MEMBER NO/ NAME	**SOURCE OF INCOME/TYPE OF INCOME (list each separately)**	**ANNUAL INCOME**
		TOTAL ANNUAL INCOME

EMPLOYMENT HISTORY INFORMATION:

Name and Address of Head's Present Employer

_____ Telephone No._____

_____ Supervisor's Name:_____

_____ Start Date of Employment:_____

Name and Address of Head's 2nd Employer:

_____ Telephone No._____

_____ Supervisor's Name:_____

_____ Start Date of Employment:_____

Name and Address of Other Adult's Employer:

_____ Telephone No._____

_____ Supervisor's Name:_____

_____ Start Date of Employment:_____

Name and Address of Other Adults 2nd Employer:

_____ Telephone No._____

_____ Supervisor's Name:_____

_____ Start Date of Employment:_____

ASSET INFORMATION:

1. List all assets (examples: checking account, savings accounts, real estate, stocks, bonds, pensions, life insurance, IRAs, Keogh accounts, 401K, and Certificates of Deposit) of all household members: ***(continue on separate page if necessary)***

MEMBER NO/ NAME	INSTITUTION	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List any assets disposed of for less than their fair market value during the past two years:
_____

EXPENSE INFORMATION: (for households subsidized by CPM or affiliate):

If Not Applicable, check this box and skip to the next section: NA □

□ Yes □ No Do you have expenses for child care of a child aged 12 or younger?
If yes, provide the name, address and telephone number of the primary care provider:
_____

□ Yes □ No Do you pay a care attendant for any equipment and/or for any disabled household member(s) necessary to permit that person or someone else in the household to work?
If you pay a care attendant, provide their name, address and telephone number:
_____

□ Yes □ No Do you have any medical insurance that you pay for out of pocket? If yes, provide the name and address of carrier: _____
What medical expenses do you expect to incur in the next 12 months? _____

Does at least one household member meet the following definition of disability □ Yes □ No

The definition of disabled is a person who has a physical or mental impairment that substantially limits one or more major life activity. (Information gathered for unit accessibility/ program purposes).

Please identify any accommodations your household has:_____

How did you hear about Columbus Property Management?

Please mark all that apply.

☐ columbuspm.org ☐ SocialServe.Com ☐ Drive-by
☐ Referral- CPM Employee ☐ Apartment Transfer ☐ Facebook
☐ Apartments.com ☐ Referral-Family Member
☐ Zillow/Trulia/HotPads ☐ Referral-CPM Resident
☐ Referral-Local Agency ☐AffordableHousing.com
☐Other: _____

HOUSEHOLD CERTIFICATION

I/we certify that my/our application is accepted, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for housing. I/we authorize the Agency to verify all information provided on this application and to order a consumer credit report and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State or local agencies.

By signing this application, I also grant the owner the right to screen and obtain all information needed to determine my eligibility in accordance with the owner's Resident Selection Criteria. Resident Selection Criteria may include but is not limited to criminal history checks including Life-Time Sex Offender Status, credit screening, prior eviction filings due to drug abuse and other criminal activity, landlord references, ability to pay rent, etc.

I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law. I/We understand this application may be rejected as the result of my/our misrepresentation or insufficient information.

Applicants denied or rejected for any reason may not reapply for ninety (90) days from the date of denial/rejection, but will be entitled to receive notice of the basis for denial or adverse action and have the right to receive a copy of any summary of information obtained from a third-party forming the basis for any such denial or adverse action. Applicants may challenge any adverse action or denial and may provide evidence of the inaccuracy of any information relied upon in the Application being denied.

Head of Household	Date	Spouse/Co-Applicant/Other Adult	Date
Spouse/Co-Applicant/Other Adult	Date	Manager/Owner/Agent	Date