

Do you anticipate any additions to the household in the next twelve months? Yes No

If yes, explain _____

Check if you or any member of your household has a disability: Mobility Visual Hearing

Describe any special accommodation needed in your residence if you or any member of your household is disabled _____

Have ALL of the household members (both adults and children) been full-time students during five months or more of calendar year 2013 or will they be in calendar year 2014? Yes No **If Yes, answer the following questions:**

(1) Is the household comprised of a single parent and children, none of whom are dependents on the tax return of someone outside the household? Yes No; (2) Are all adult members of the household married and have they filed a joint tax return for the most recent tax year? Yes No; (3) Does any member of the household receive AFDC or TANF? Yes No; (4) Is any member of the household enrolled in a Federal, State or local job training program? Yes No

SECTION C. INCOME

List below ALL current sources of income for ALL HOUSEHOLD MEMBERS, including yourself, listed in Section B. "Household Composition".

EMPLOYMENT INCOME

Include all full-time, part-time and self-employment income. (*Business income must reflect the amount that would be reported on IRS Form 1040, Line 12 and Schedule C, line 31)

Household Member Name	Name & Address of Employer	How Long Employed (From/To)	Status F=Full-Time P=Part-Time S=Self-Employed	Gross Annual Earnings
1.				\$
2.				\$
3.				\$
4.				\$
Total Gross Annual Employment Income =				\$

OTHER INCOME

Include gross periodic payments from: public assistance (including housing allowance), AFDC, TANF, unemployment, disability, veteran's, social security, SSI, alimony, child support, annuities, pensions, retirement funds, insurance policies, and other regular income. Also, include interest, dividends, net rental income and other income from assets listed in Section D. "Assets".

Household Member Name	Source of Income	Gross Amount		Period Received Weekly, Bi-weekly, Semi-monthly, Monthly, Quarterly	Annual Gross Amount
		\$	per		\$
		\$	per		\$
		\$	per		\$
		\$	per		\$
Total Gross Annual "Other Income" =					\$
TOTAL GROSS ANNUAL INCOME: ("Employment" PLUS "Other Income")					\$

Do you or any household member anticipate any changes in income in the next 12 months? Yes No

If yes, explain: _____

SECTION E. ADDITIONAL INFORMATION

RESIDENCE HISTORY (FIVE YEARS)

Starting with your current address, list in order all addresses where you have lived for the past five years.

Address	Dates (From/To)	Name* & Address of Landlord

Current monthly rent or mortgage payment amount: \$ _____ Your contribution: \$ _____

Check utilities paid by you: Heat Electricity Gas Other (specify) _____

Are you presently receiving a tenant-based Section 8 Housing Voucher or Certificate? Yes No

Are you or any member of your household currently using an illegal substance? Yes No

Have you or any member of your household ever been convicted of a felony? Yes No If Yes, when? _____

Have you or any member of your household ever been evicted from housing? Yes No If Yes, when? _____

Have you or any member of your household ever filed for bankruptcy? Yes No If Yes, when? _____

Do you or any household member have any pets? Yes No If Yes, type? _____

If yes to any questions above, explain _____

PLEASE CHECK THE GROUP(S) WHICH BEST DESCRIBES THE HEAD OF HOUSEHOLD:

- | | |
|--|--|
| <input type="checkbox"/> White (Non-Hispanic origin) | <input type="checkbox"/> American Indian or Alaskan native |
| <input type="checkbox"/> Black or African American (Non-Hispanic origin) | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Hispanic or Latino origin | <input type="checkbox"/> Other |

(This information is used only for statistical purposes and is optional.)

CERTIFICATION

I/We certify that this will be my/our primary residence. I/We understand that eligibility for housing will be based on applicable income limits and management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, that I/We have revealed all income and assets, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. Misleading or incomplete information is also grounds for rejection of an application.

In addition, I/We authorize a credit investigation firm retained by the owner of 43-25 Hunter Street Apartments to conduct inquiries concerning my/our income, credit history, residence, banking relationships, household composition, character and reputation to determine and verify my/our eligibility for an apartment pursuant to this application. My/Our signature here is consent to obtain such verification.

SIGNATURE(S): All adult applicants, 18 or older, must sign application.

(Signature of Tenant)	Date	(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date	(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date	(Signature of Co-Tenant)	Date