

## Robinson Place II

### Multi-Family Application

The information collected below will be used to determine whether you qualify as a tenant. It will not be disclosed without your consent except to your employers for verification of income and employment and to financial institutions for verification of assets, and as required and permitted by law, you do not have to provide the information. However, if you do not, your tenant application may be delayed or rejected.

<b>Applicant's Name</b>				<b>Home Phone</b>
<b>Present Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b># of years at present address</b>
<b>Former Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b># of years at former address</b>
<b>Names of other persons in household</b>				

<b>Co-Applicant's Name</b>				<b>Home Phone</b>
<b>Present Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b># of years at present address</b>
<b>Former Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b># of years at former address</b>

**HOUSEHOLD COMPOSITION**

	Full Name	Relationship	DOB	AGE	Social Security #	F/T= Full Time P/T= Part Time	Receiving any source of Income?
Head of HH						Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2						Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3						Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4						Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5						Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
6						Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
7						Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
8						Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are any household members listed above foster children?  Yes  No. If yes, who? \_\_\_\_\_

Are any household members listed above live-in attendants?  Yes  No. If yes, who? \_\_\_\_\_

Are any household members planning to attend school full-time?  Yes  No. If yes, who? \_\_\_\_\_

**CURRENT EMPLOYMENT INFORMATION**

Applicant's Name		Occupation			Work Phone
Name and Address of Employer		City	State	Zip Code	
Date Hired	Salary\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Yearly	<input type="checkbox"/> Weekly <input type="checkbox"/> Other	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month	<input type="checkbox"/> Monthly <input type="checkbox"/> Work Fax

Co-applicant's Name		Occupation			Work Phone
Name and Address of Employer		City	State	Zip Code	
Date Hired	Salary\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Yearly	<input type="checkbox"/> Weekly <input type="checkbox"/> Other	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month	<input type="checkbox"/> Monthly <input type="checkbox"/> Work Fax

Additional Household Member's Name		Occupation			Work Phone
Name and Address of Employer		City	State	Zip Code	
Date Hired	Salary\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Yearly	<input type="checkbox"/> Weekly <input type="checkbox"/> Other	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month	<input type="checkbox"/> Monthly <input type="checkbox"/> Work Fax

Additional Household Member's Name		Occupation			Work Phone
Name and Address of Employer		City	State	Zip Code	
Date Hired	Salary\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Yearly	<input type="checkbox"/> Weekly <input type="checkbox"/> Other	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month	<input type="checkbox"/> Monthly <input type="checkbox"/> Work Fax

**OTHER SOURCES OF INCOME**

Does anyone in your household receive income from any of the following? Please mark "yes" or "no" for each source of income.

Source	Check one	Source-Benefit/Pensions	Check one	Source Other	Check one
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recurring Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commissions/fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	AFDC/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overtime Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security/SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" marked above, please complete the following:

Household Member Name	Amount Received	Source
	\$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	\$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	\$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	\$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	\$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	

**HOUSEHOLD ASSETS**

Does anyone in your household have any of the following types of assets? Please mark "yes" or "no" for each type of asset.

Type of Asset	Check one	Type of Asset	Check One	Type of Asset	Check one
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA/Keogh Account*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revocable trust fund	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement/Pension Fund*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage/Note Held	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mutual Funds/Stock*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate of Deposit*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate/Land*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Property Held as Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No

For Each "Yes" marked above, please complete the following:

Household Member Name	Type of Asset	Cash value (see note)	\$ Asset will earn in next 12 months

**Note: \* When listing the cash value of any of the items that have an asterick, remember penalties for withdrawl, or any fees deducted to convert the asset to cash. E.g., if you owned a home and sold it, how much cash would you have after you paid off the mortgage, the realtor, etc? That is the amount to be listed in the "cash value" column.**

Have you sold any property for less than its worth within the past two years? (If sale due to bankruptcy, foreclosure, divorce, answer no)  Yes  No

If Yes, Explain: \_\_\_\_\_

The information provided above is true and complete to the best of my knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date