



Please list the properties you wish to apply for:

ADD-ON \_\_\_\_\_ RA \_\_\_\_\_  
Revision 9/09

\_\_\_\_\_ APARTMENT NAME \_\_\_\_\_

\_\_\_\_\_ CITY \_\_\_\_\_

**APPLICATION FOR OCCUPANCY**



Please complete application and mail or fax to the address at the bottom of this page. Complete applications are placed in order of date and time received. **INCOMPLETE APPLICATIONS WILL BE RETURNED.** LIFE STYLE, INC. is an Equal Housing Opportunity provider, in compliance with 504 and Fair Housing Regulations. LIFE STYLE, INC. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. We will assist any applicant needing help completing this application. **PLEASE USE BLUE OR BLACK INK.** If faxing application, please mail original.

APPLICANT NAME: \_\_\_\_\_  
First Middle Last

CO-APPLICANT NAME: \_\_\_\_\_  
First Middle Last

STREET ADDRESS: \_\_\_\_\_ APT. #: \_\_\_\_\_ P.O. BOX # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_  
CELL #: (\_\_\_\_) \_\_\_\_\_

**APPLICANT'S EMPLOYER**

Name/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_  
Fax #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

**CO-APPLICANT'S EMPLOYER**

Name/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_  
Fax #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

**Date of occupancy desired:** \_\_\_\_\_ **Size of unit desired:** \_\_\_\_\_

How did you hear of this housing development? \_\_\_\_\_

Are you living or have you ever lived in a government-subsidized unit? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

If yes, list name & address: \_\_\_\_\_

Have you ever rented with Life Style, Inc. before? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Has your housing assistance ever been terminated for fraud, non-payment of rent or any other reason? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain circumstances: \_\_\_\_\_

Have you ever lived in any other state(s) within the past 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_ which ones? \_\_\_\_\_

**LIST NAMES, ADDRESSES & PHONE NUMBERS OF PERSONS WHO GENERALLY KNOW HOW TO CONTACT YOU:**

Name: \_\_\_\_\_ In case of emergency: Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Cell #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS- ONLY THOSE LISTED BELOW WILL BE ALLOWED TO OCCUPY THE UNIT.** List applicant as Head and all other members who will be living in the assisted unit. Give the relationship of each family member to the head of the household.

FIRST	MIDDLE	LAST	RELATIONSHIP TO HEAD	BIRTHDATE	AGE	SEX	SOCIAL SECURITY#
1			HEAD				
2							
3							
4							
5							
6							
7							
8							
9							

**CHILDCARE EXPENSES**

Do you pay for childcare, which enables you or another family member to work or go to school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, amount paid monthly: \$ \_\_\_\_\_ Does the county help pay your daycare expenses? Yes \_\_\_\_\_ No \_\_\_\_\_

**Name and address of childcare provider:** Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**STUDENT STATUS INFORMATION**

Is there anyone in the household, **18 or older**, a full time student or expecting to become a student? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete the following:

Name of Student: \_\_\_\_\_ Date enrolled: \_\_\_\_\_ Complete name and address of school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 1. Are you married and did you file a joint federal income tax return with your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Will any adult who is not a full time student live in the apartment? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. Are you a single parent with children who are not claimed as dependents on another's tax return? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. Are you receiving MFIP or welfare from the county? Yes \_\_\_\_\_ No \_\_\_\_\_
- 5. Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act or funded by a State or Local government agency? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6. Are you claimed as a dependant by your parents or guardians pursuant to IRS regulations? Yes \_\_\_\_\_ No \_\_\_\_\_
- 7. Are you a Veteran or a current member of the armed services? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE COMPLETE ALL OF THE FOLLOWING QUESTIONS:**

Have you or anyone listed used any other name than the one provided on this application? Please include any maiden names: \_\_\_\_\_

Is anyone living with you now that is not listed on this application? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain \_\_\_\_\_

Is a change in your family composition expected within the next 12 months (birth of a child, custody changes, adding other family members)?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Change \_\_\_\_\_ When? \_\_\_\_\_

Do you have full custody of your children? Yes \_\_\_\_\_ No \_\_\_\_\_ if no, explain custody arrangements: \_\_\_\_\_

- Do you or a member of your family have needs that might be better served by a wheelchair accessible apt? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you qualify for housing assistance because of a disability? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you receive Medicare? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you receive medical assistance? County received from? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you have any other type of medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you have any outstanding medical bills that you are paying monthly? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you expect to have any medical expenses during the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you pay for a care attendant or for any equipment for a handicapped member of the family? Yes \_\_\_\_\_ No \_\_\_\_\_

- Do you currently use any tobacco products? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are you a current illegal user of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you ever been convicted of the illegal use of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you ever been convicted of the illegal manufacture or distribution of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_
- If you answered yes to any of the three previous questions, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you ever been evicted or had an unlawful detainer or an eviction filed against you? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you ever been convicted or plead guilty of a crime including a felony, gross misdemeanor or misdemeanor anywhere in the United States? Which state(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**CURRENT HOUSING STATUS – ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY**

Monthly rent paid \$ \_\_\_\_\_ Monthly utility cost \$ \_\_\_\_\_ Number of bedrooms \_\_\_\_\_ Number of occupants \_\_\_\_\_  
Are you currently using a Section 8 or a Housing Voucher? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, will you be transferring this voucher to your new residence? Yes \_\_\_\_\_ No \_\_\_\_\_ Who provides you the voucher? \_\_\_\_\_  
Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_ Will this animal accompany you to your new residence? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you need this animal for medical reasons? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you own a car? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Color \_\_\_\_\_ Make \_\_\_\_\_ License \_\_\_\_\_ Driver's License \_\_\_\_\_

**RENTAL REFERENCES – PLEASE INCLUDE COMPLETE NAMES, ADDRESSES AND PHONE NUMBERS OF YOUR LANDLORD, MANAGEMENT COMPANY OR MORTGAGEES FOR THE LAST FIVE YEARS. IF YOU HAVE NOT RENTED BEFORE PLEASE LIST YOUR PLACES OF RESIDENCE FOR THE LAST FIVE YEARS.**

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 How long have you lived here? From: \_\_\_\_\_ To: present Rented \_\_\_\_\_ Owned \_\_\_\_\_ Family \_\_\_\_\_ Friend \_\_\_\_\_  
 Landlord/Mortgagee name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Cell #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 How long have you lived here? From: \_\_\_\_\_ To: \_\_\_\_\_ Rented \_\_\_\_\_ Owned \_\_\_\_\_ Family \_\_\_\_\_ Friend \_\_\_\_\_  
 Landlord/Mortgagee name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Cell #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 How long have you lived here? From: \_\_\_\_\_ To: \_\_\_\_\_ Rented \_\_\_\_\_ Owned \_\_\_\_\_ Family \_\_\_\_\_ Friend \_\_\_\_\_  
 Landlord/Mortgagee name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Cell #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 How long have you lived here? From: \_\_\_\_\_ To: \_\_\_\_\_ Rented \_\_\_\_\_ Owned \_\_\_\_\_ Family \_\_\_\_\_ Friend \_\_\_\_\_  
 Landlord/Mortgagee name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Cell #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**INCOME INFORMATION – ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY**

Please answer all of the following questions for all household members. For each “yes” answer, please provide the “**Monthly Gross Amount**” received. This is the amount before taxes and any other deductions. **HOUSEHOLD MUST SHOW A SOURCE OF INCOME TO BE ELIGIBLE FOR HOUSING.**

Wages or salaries? (include overtime, shift differentials, tips, bonuses & commissions) Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Self employment income? (Mary Kay, Avon, Tupperware or any other personal business) Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Cash payments for odd jobs? Name of provider: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Unemployment benefits or severance pay? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Regular pay for a member of the armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Social Security, SSI, SSDI, RSDI? SSN# received under: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Disability benefits or Workman’s Compensation? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Pensions? (PERA, Railroad, etc.) Company name: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Retirement benefits? Company name: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Veterans Administration benefits? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Welfare (MFIP, MSA, GA)? County name: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Child Support or Alimony? County name: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Death benefits? SSN# benefit received under: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Education grants, scholarships or VA student benefits? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Annuities or life insurance dividends? Company name: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Lump sum payments, inheritances, insurance settlements, lottery winnings? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Regular cash contributions, gifts or financial support from individuals not living in the unit? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_  
 Name & address of person providing support: \_\_\_\_\_

**ASSET INFORMATION – ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY**

Please answer each question, including all household members. If yes, provide balance and complete name of banking institution.

Table with columns for account types (Checking Account, Savings Accounts, etc.), Yes/No checkboxes, and Balance fields.

Bank Name, Address, City, State, Zip, Phone #: ( ) , Fax #: ( ) , Name on Account

Do you hold a contract for deed? Do you own a home, farm or other real estate? Do you receive rental income from a home, farm or property? Do you have any collections (coin, cars, gems, stamps)? Do you have any items held as an investment? Do you have any other assets not listed above? Have you given away property or other assets in the past 2 years? What assets are held jointly with another person? Asset: With:

**APPLICANT CERTIFICATION**

- A. Please note that this is an application and give you no lease or rent rights. Additional information will be required at a later date to complete processing of information for subsidized units. At the time of acceptance of a unit, you must contact the Management Agent within 48 hours to accept the unit and submit a security deposit. You will then have seven (7) additional days to cancel the tenancy and receive the security deposit back. The deposit will be held according to the terms of the lease. The Management will refund deposits of any applicants who are not approved. No deposit is required at this time with this application.
B. This application will also be used to establish our waiting list for future occupancy. You are required to contact the project office every six (6) months if you wish to be kept on our waiting list. If you do not contact us, your application will be removed from our waiting list.
C. If you application is accepted, once occupancy is attained: I/We certify that this is/will be my/our permanent residence. I/We further certify that I/we do/will not maintain a separate subsidized rental unit in a different location.

I/We certify that if I/we move into this development, 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. I/We do hereby authorize LIFE STYLE, INC. and its staff or authorized representatives to contact previous or current landlords, local police departments, offices, groups or organizations, rental research agencies or other sources for credit and verification which may be released to appropriate Federal, State or local agencies. 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 my eligibility for housing will be based on Rural Development, LIHTC or Section 8 income limits and by LIFE STYLE, INC.'s tenant selection criteria. 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.

Signature of Applicant: Date:

Signature of Co-Applicant: Date:

Signature of all other adults: Date:

**HOUSEHOLD NATIONALITY** Please list the race & national origin of each household member as they are numbered on page 1.

"The following information is requested by the Federal Government in order to monitor compliance with the Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname."

Ethnicity: Hispanic or Latino, Not Hispanic or Latino, Gender: Male, Female, Race: (Mark one or more) White, Black or African American, American Indian/Alaska Native, Asian, Native Hawaiian other Pacific Islander