

Canton Overlook  
Application for Housing

**Please complete one application per household**

Unit Size Requested? \_\_\_\_\_

When would you like to move in? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

OFFICE USE ONLY, DATE & TIME RECEIVED:	
HHID: _____	Initials: _____

**FILL IN ALL SECTIONS AND FIELDS; IF NOT APPLICABLE, INSERT 'N/A.' INCOMPLETE APPLICATIONS WON'T BE PROCESSED.**

**Contact Information**

**Primary Mailing Address:**

_____			_____			_____		
<i>Street Address</i>			<i>Apt #</i>			<i>Primary Email Address</i>		
_____			_____			_____		
<i>City</i>			<i>State</i>			<i>Primary Phone Number</i>		
_____			_____			_____		
<i>Zip</i>			_____			<i>Secondary Phone Number</i>		
_____			_____			_____		
_____			_____			<b>Cell Home Work</b>		
_____			_____			<i>Circle One</i>		
_____			_____			<b>Cell Home Work</b>		
_____			_____			<i>Circle One</i>		

**Household Composition**

Please refer to the Program Eligibility Income Requirement section of the Resident Selection Criteria and list all persons who will live in the unit, and those who will be counted for determining income limits who are not living in the unit.

Name	Relationship to head	Marital Status	Birth Date MM/DD/YYYY	Age	Social Security number	Student Y/N
	Head of Household					Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N

Use the following codes for marital status:

**NM** – Single and Never Married    **M** – Married    **D** – Divorced    **L** – Legally Separated    **E** – Estranged    **W** - Widowed

**No one else can join the household without prior management approval**

Is this the entire household to occupy the unit?  Yes  No

**If no**, please explain: \_\_\_\_\_

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Do you plan to have anyone living with you in the future who is not listed above (*pregnancies, etc.*)?  Yes  No

**If yes**, please explain: \_\_\_\_\_

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Do you anticipate any other changes to your household in the next 12 months?  Yes  No

**If yes**, please explain: \_\_\_\_\_

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Do you have full custody of your child(ren)?  N/A  Yes  No

**If no**, please explain: \_\_\_\_\_

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Are any household members foster children or foster adults?  Yes  No

**If yes**, who? \_\_\_\_\_

Are any household members temporarily absent? (Examples: temporary, out-of-state work assignment; in hospital or rehab facility for limited or fixed duration; in a correctional facility)  Yes  No

If yes, who? \_\_\_\_\_ For how long? \_\_\_\_\_

Are any household members permanently confined to a hospital or nursing home?  Yes  No

If yes, who? \_\_\_\_\_

Will anyone in your household require a live-in care attendant?  Yes  No

If yes, who? \_\_\_\_\_

Does anyone in the household need any specific features or unit designs such as wheelchair accessibility, visual aids (Braille) or Apparatus for hearing assistance?  Yes  No

If yes, describe: \_\_\_\_\_

Does anyone in your household above resided in another State?  Yes  No

If yes, please list all states where they have ever lived and HH Member # describe: \_\_\_\_\_

Do you or a household member above possess a current Section 8 Voucher/certificate, or is receiving Housing assistance from HUD or a PHA?  Yes  No

If yes, is the Voucher/Certificate Transferable?  Yes  No

Please provide the name & address of your County or City Housing Authority:  
 Name: \_\_\_\_\_ Phone:( ) - \_\_\_\_\_ Voucher size: \_\_\_\_\_  
 Which household member(s) possess the Voucher/Certificate: #(s) \_\_\_\_\_  
 Street address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

**Full-time Student Information**

This apartment is governed by Federal and State Housing Program (s) that restrict full-time students. We must determine your household's student status prior to eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.)

**If unsure of full-time status, inquire with management for determination of "Full-Time" prior to completing the following**

Are you or any household member above (including Minors) Currently a Full-time Student?  YES  No Do you or any household member (including minors) anticipated becoming a Full-Time Student?  YES  No

**If Yes to the above two questions, complete the following:**

Are any Full-Time Student(s) married and filling a joint Tax return?  YES  No Are any of the Full-time Student(s) enrolled in Job Training Program receiving assistance under the Job Training Partnership Act?  YES  No

Any Full-Time Student(s) a single parent living w/his/her minor child who is not claimed on another's tax return?  YES  No Are any of the Full-time Student(s) a TANF or Title IV recipients?  YES  No

Would any household members benefit from or require a reasonable accommodation or modification?  Yes  No

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Income**

To be clear about program definitions, we will now go over a checklist of household income. Program rules require you to disclose the following income:

- ✓ All income for the head of household, co-head, or spouse, regardless of age

- ✓ Earned (employment) income of household members age 18 and older
- ✓ Unearned income (Social Security, etc.) for everyone in the household, regardless of age
- ✓ The first \$480 of annual earned income for full-time students age 18 and older

Report all income and management will determine whether it should be counted for certification purposes.

**Contributions from Friends & Relatives** | Please keep these answers in mind when completing the income checklist.

Do friends, relatives or other outside sources other than government entities:

Give anyone in the household money on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Make payments or pay bills on behalf of anyone in the household on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Give anyone in the household necessities ( <b>excluding food</b> ), and other regularly consumed items? <i>(Such as clothing, diapers, household products, alcohol, cigarettes, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Various types of income are listed on the following page. If anyone in the household receives a type of income listed below, please check yes and provide an estimated amount and frequency for each member who receives that type of income. Specify household members by labeling the top of each column. Use one column per member. If more than five household members, it is acceptable to list two household members with no income together in a column.

**Do not leave any of the income types blank.**

**By checking no, you are certifying that no one in the household receives that type of income.**

Household Member:							
Contributions from Friends/Relatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Social Security Disability Ins. (SSDI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Unemployment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
TANF/Public Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Pension/Annuity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Workman's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Veterans Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Military Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Net Income from Business	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Other Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Education Grants or Scholarships*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$

\* Do not include Student Loans

## Assets

If anyone in the household owns an asset listed below, please check yes and provide the name of the member(s) who own the asset(s) and the name of the bank or financial institution the asset is with. **Do not leave any of the asset types blank.**

	HH Member(s):	Financial Institution:
Checking Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No		
Money Market Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No		
Certificates of Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No		
Retirement Accounts: 401K, IRA, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stocks <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bonds <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No		
Trust Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No		
Whole or Universal Life Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		

Does anyone in the household own and/or receive benefits or wages on prepaid debit cards?  Yes  No

If yes, please indicate, if any, which benefits (*TANF, Social Security*) or wages are paid through debit cards:

Does anyone in the household own a house, condo or other form of real estate?  Yes  No

If yes, please explain:

If yes, does anyone in the household receive rental income from real estate?  Yes  No

Has anyone in the household sold or disposed of any real estate in the last 2 years?  Yes  No  
*\*Do not include foreclosures, short sales or bankruptcies.*

If yes, please explain:

Has anyone in your household disposed of any other assets in the last 2 years? (*Examples: Given away money to relatives, irrevocable trust account*). *\*Do not include normal sale of items for market value*  Yes  No

If yes, please explain:

Excluding necessary personal property such as cars, furniture, clothing, etc., does anyone in your household have any other assets (items of value held as an investment that may be turned into cash) not listed above?  Yes  No

If yes, please list:

## Residential History & Verification References

A verification of residency must be available for all addresses lived in by all adult applicants for 36 months prior to the application date. Please use the additional address spaces to provide information on previous addresses within the past 36 months or for separate addresses of other adults.

**Current Address**

Are any household members currently residing in subsidized housing?  Yes  No

Who resided at this address:

Name of Housing Complex or Specify if Privately Owned/Rented:	Month/Year Tenancy Began:
Street Address:	Apt #: Landlord's Name:

City: State: Zip: Landlord's Phone & Fax Number:

**Additional Address**

Who resided at this address:

Name of Housing Complex or Specify if Privately Owned/Rented: Month/Year Tenancy Began: Month/Year Tenancy Ended:

Street Address: Apt #: Landlord's Name:

City: State: Zip: Landlord's Phone & Fax Number:

**Additional Address**

Who resided at this address:

Name of Housing Complex or Specify if Privately Owned/Rented: Month/Year Tenancy Began: Month/Year Tenancy Ended:

Street Address: Apt #: Landlord's Name:

City: State: Zip: Landlord's Phone & Fax Number:

**Additional Address**

Who resided at this address:

Name of Housing Complex or Specify if Privately Owned/Rented: Month/Year Tenancy Began: Month/Year Tenancy Ended:

Street Address: Apt #: Landlord's Name:

City: State: Zip: Landlord's Phone & Fax Number:

To facilitate verification of the various factors of eligibility please provide the contact information for any employers, sources of contributions or informal support, pension/annuity providers, child care providers, and sources of medical expenses.

If any household members are disabled please provide contact information for a physician, psychologist, clinical social worker, other licensed health care provider or the Veterans Administration who can verify disability status (we will only verify the individual meets the program definition of disabled, we do not verify the nature or extent of the disability.)

**Contact Information for Verification of:**

Name of Business, Professional or Individual:	Street Address:	Phone Number:
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Relevant Household Member:	City:	State:	Zip:	Fax Number:
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**Contact Information for Verification of:**

Name of Business, Professional or Individual:	Street Address:	Phone Number:
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Relevant Household Member:	City:	State:	Zip:	Fax Number:
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**Contact Information for Verification of:**

<i>Name of Business, Professional or Individual:</i>	<i>Street Address:</i>	<i>Phone Number:</i>
<i>Relevant Household Member:</i>	<i>City:</i> <i>State:</i> <i>Zip:</i>	<i>Fax Number:</i>

**Contact Information for Verification of:**

<i>Name of Business, Professional or Individual:</i>	<i>Street Address:</i>	<i>Phone Number:</i>
<i>Relevant Household Member:</i>	<i>City:</i> <i>State:</i> <i>Zip:</i>	<i>Fax Number:</i>

**Contact Information for Verification of:**

<i>Name of Business, Professional or Individual:</i>	<i>Street Address:</i>	<i>Phone Number:</i>
<i>Relevant Household Member:</i>	<i>City:</i> <i>State:</i> <i>Zip:</i>	<i>Fax Number:</i>

**Contact Information for Verification of:**

<i>Name of Business, Professional or Individual:</i>	<i>Street Address:</i>	<i>Phone Number:</i>
<i>Relevant Household Member:</i>	<i>City:</i> <i>State:</i> <i>Zip:</i>	<i>Fax Number:</i>

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<i>Name of Business, Professional or Individual:</i>	<i>Street Address:</i>	<i>Phone Number:</i>
<i>Relevant Household Member:</i>	<i>City:</i> <i>State:</i> <i>Zip:</i>	<i>Fax Number:</i>

**Contact Information for Verification of:**

<i>Name of Business, Professional or Individual:</i>	<i>Street Address:</i>	<i>Phone Number:</i>
<i>Relevant Household Member:</i>	<i>City:</i> <i>State:</i> <i>Zip:</i>	<i>Fax Number:</i>

**Miscellaneous**

Are any members of the household subject to a Lifetime Sex Offender Registration in any state?  Yes  No

Please list all states where any members of the household have resided:

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**Vehicle & Pet Information**

Please provide the following information for vehicles owned or operated by household members:

<b>Year</b>	<b>Vehicle Make</b>	<b>Model</b>	<b>Color</b>	<b>License Plate</b>
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Does anyone in the household own a pet?

Yes  No

If yes, please describe:

### Prospective Resident Consumer Report Authorization

I hereby affirm that my answers on this application to lease are true and correct and that I have not knowingly withheld any fact or circumstance, which would, if disclosed, affect my application unfavorably. I authorize you to secure from **Real Page**, a consumer reporting agency, an investigative consumer report. This report may contain but would not be limited to a consumer credit report, a criminal history records investigation, and verification of my residences, employments and income.

I authorize **Real Page** to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living, and I release all concerned from liability, in right, under the federal Fair Credit Reporting Act (FCRA), Section 606(B) to make written request of you and **Real Page**, within a reasonable time, for a complete and accurate receipt of the summary of consumer rights required by Section 609 of the FCRA, entitled, A Summary of Your Rights Under the Fair Credit Reporting Act.

### Certification

**Certification by Applicant(s):** I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on the funding program and housing agency's eligibility criteria and this community's resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on the applicant screening criteria listed in the Resident Selection Criteria.

I/We have understood and answered all questions on this rental application. I/We certify that all answers are true to the best of My/Our knowledge and that any misrepresentations of information or any omission of any significant information or false statements are punishable under Federal Law and could be grounds for cancellation of this application or termination of residency after occupancy.

_____ <i>Head of Household's Signature</i>	_____ <i>Date</i>	_____ <i>Other Adult Member's Signature</i>	_____ <i>Date</i>
_____ <i>Spouse or Co-head's Signature</i>	_____ <i>Date</i>	_____ <i>Other Adult Member's Signature</i>	_____ <i>Date</i>
_____ <i>Other Adult Member's Signature</i>	_____ <i>Date</i>	_____ <i>Other Adult Member's Signature</i>	_____ <i>Date</i>
		_____ <i>Community Manager's Signature</i>	_____ <i>Date</i>



This community and its Owner Agent 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 do business in accordance with the Federal Fair Housing Law

