

Windsor Meadows  
Affordable Housing Application

**DETERMINATION OF TENANT HOUSEHOLD COMPOSITION & INCOME**

Please read the questions and instructions carefully. An improper or incomplete applications will be returned to you.

OCCUPANT NAME: \_\_\_\_\_  
 CURRENT ADDRESS: \_\_\_\_\_ APT. #: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 HOME PHONE#: \_\_\_\_\_ WORK PHONE 1: \_\_\_\_\_ WORK PHONE 2: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

**HOUSEHOLD COMPOSITION CHARACTERISTICS**

List the Head of Household and all other members who will be living in the assisted unit. Give the relationship of each family member to the Head.

MEMBER #	MEMBER'S FULL NAME	RELATIONSHIP	BIRTH DATE	AGE	SEX	SOCIAL SECURITY #
1		Head of Household				
2						
3						
4						
5						
6						

Are you currently paying rent?  Yes  No  
 If yes, how much do you pay for rent each month? \_\_\_\_\_  
 Does your household receive Section 8 Rental Assistance?  Yes  No  
 Is the Head of Household (optional):  
 White - Not of Hispanic Origin  Black - Not of Hispanic Origin  Asian or Pacific Islander  
 American Indian or Alaskan Native  Hispanic  Age 62 & over  Handicapped/Disabled  
 Does any member of your family have special needs which require a home with special features?  Yes  No  
 If yes, what features are required? \_\_\_\_\_

Every household member 18 years of age or over who will live in the affordable unit and receive income is required to provide income documentation. This includes income received by adults on behalf of minor children for their benefit. Household members 18 years of age or over not receiving income must produce documentation of current status.

Income includes, but is not limited to, wages, salaries, tips, commissions, alimony, regularly scheduled overtime, pension payment, social security benefits, unemployment compensation, AFDC, verified regular child support, disability benefits, income from business or real estate, and income from assets such as savings, CDs, money market, mutual funds, stocks and bonds and imputed income from non-income producing assets such as equity in real estate. For each type of income your household receives, give the source of income and amount that can be expected from the source the next 12 months.

**EMPLOYMENT INFORMATION:**

Please name each household member who receives income from employment and is 18 years of age or over:

1.

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Name

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Employer Firm Name Name of Supervisor

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Employer Address  
( )

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Employer Telephone Number Years at Job

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Job Title

2.

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Name

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Employer Firm Name Name of Supervisor

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Employer Address  
( )

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Employer Telephone Number Years at Job

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Job Title

3.

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Name

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Employer Firm Name Name of Supervisor

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Employer Address  
( )

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Employer Telephone Number Years at Job

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Job Title

**IF ADDITIONAL HOUSEHOLD MEMBERS ARE EMPLOYED,  
PLEASE ATTACH ANOTHER SHEET AND PROVIDE EMPLOYMENT INFORMATION**

**INCOME INFORMATION**

**BEFORE PROCEEDING WITH THIS PAGE, PLEASE READ THE FOLLOWING:**

Before completing this form, please make additional clean copies of pages three and four for every household member who is 18 years of age or over and receives income of any kind.

Calculate all GROSS INCOME on an ANNUAL BASIS. Monthly income should be multiplied by 12, bi-monthly by 24, weekly by 52, and bi-weekly pay by 26 for a total Gross Annual figure. Income verification must be attached to the Application and available for review in your project file. Please refer to "Enclosure Checklist" on page 7.

Please transfer starred (\*) totals below to page 5 - Income Calculation Sheet.

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Name of Household Member \_\_\_\_\_ Social Security Number \_\_\_\_\_

**A. Please state the amount of income received from each applicable source:**

<b>Gross Salary or Wages:</b>	\$ _____	\$ _____	\$ _____	\$ _____:	\$ _____
	weekly	bi-weekly	monthly	bi-monthly	<b>ANNUALLY</b>
<b>Pension:</b>	\$ _____	\$ _____:		\$ _____	
	bi-weekly	monthly		<b>ANNUALLY</b>	
<b>Social Security:</b>	\$ _____	\$ _____:		\$ _____	
	bi-weekly	monthly		<b>ANNUALLY</b>	
<b>Unemployment Compensation:</b>	\$ _____:			\$ _____	
	bi-weekly			<b>ANNUALLY</b>	
<b>Disability Payment:</b>		\$ _____:		\$ _____	
		monthly		<b>ANNUALLY</b>	
<b>Welfare:</b>		\$ _____:		\$ _____	
		monthly		<b>ANNUALLY</b>	
<b>Child Support:</b>	\$ _____	\$ _____	\$ _____	\$ _____:	\$ _____
	weekly	bi-weekly	monthly	bi-monthly	<b>ANNUALLY</b>

State the amount of any additional income (monthly):

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Tips	Overtime	Alimony	Commissions	Other	<b>ANNUALLY</b>

**TOTAL ANNUAL INCOME FROM WAGES, SALARY AND OTHER SOURCES:** \$ \_\_\_\_\_\*

### ASSETS INFORMATION

ASSETS are defined as:

1. Cash held in savings and checking account, safety deposit boxes, homes, etc.
2. Trusts in which applicant/resident is a beneficiary.
3. Equity in rental property or other capital investments.
4. Stocks, Bonds, Treasury Bills, Certificates of Deposit, Money Market Funds.
5. Individual Retirement Accounts (IRA) and Keogh Accounts.
6. Retirement and pension funds.
7. Lump sum receipts, including inheritances, capital gains, one-time lottery winnings, settlements on insurance and other claims.
8. Personal property held as an investment, including gems, jewelry, coin collections, and antique cars.
9. Assets disposed of within two years before the date of certification/recertification.

Please list all checking and savings accounts including Certificates of Deposit, Money Market Funds, Mutual Funds, IRA's Keogh accounts and other assets held by financial institutions:

Name and Address of Financial Institution	Account Number	Current Value	Annual Income
<b>Total Annual Income:</b>			<b>(A)</b>

Please list Stocks, Bonds and other directly held assets:

Name of Asset	Number of Shares	Current Value	Annual Dividend
<b>Total Annual Income:</b>			<b>(B)</b>

Do you own a business or other income-producing real estate?     Yes     No

Do you receive income (rent/receipts) from this asset?     Yes     No

If "yes", how much is this Net Income monthly?

\$ \_\_\_\_\_ X 12 = Total Annual Income: \$ \_\_\_\_\_ (C)

**TOTAL ANNUAL INCOME FROM ASSETS,  
RENTS, AND BUSINESS RECEIPTS**

\$ \_\_\_\_\_ \*\*  
**(A+B+C)**

Have you sold or given away real property or other assets in the past two years? [ ] Yes [ ] No

If yes, what was the market value of the assets? \_\_\_\_\_ What amount did you receive? \_\_\_\_\_

**APPLICANT CERTIFICATION**

I/We certify that the statements made on this form are true and complete to the best of my/our knowledge and belief. I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law.

Signature of Head:	Date:
Signature of Spouse:	Date:
Other Adult Member:	Date:
Other Adult Member:	Date:

**REQUIRED DOCUMENTATION FOR APPLICANTS AND ALL HOUSEHOLD MEMBERS AGE 18 AND OVER**

Please provide the following documentation so that we may determine your eligibility for affordable housing. Any pertinent information that is omitted could result in ineligibility for participation:

1. A signed copy of regular IRS Form 1040 (Tax computation form), 1040A or 1040EZ as applicable and state income tax returns filed for each of the three years prior to the date of interview or notarized tax waiver letter for respective tax year(s);
2. Copies of the four consecutive most recent pay stubs including overtime, bonuses, or tips (showing year-to-date, if possible) dated within 120 days of interview date or a letter from employer stating present annual income figures as projected annually;
3. A letter, year end 1099 form or appropriate reporting form verifying benefits such as Social Security, Unemployment, Welfare, Disability or Pension income (monthly or annually). Documentation of temporary benefits such as unemployment and disability are to include the start and ending date as well as the benefit amount;
4. A letter or appropriate reporting form verifying any other sources of income claimed such as alimony and child support. This includes separation agreement or divorce papers signed by the presiding judge;
5. Reports that verify income from assets to be submitted by banks or other financial institutions managing trust funds, money market accounts, certificate of deposit, stocks or bonds. Examples include copies of all interest and dividend statements for savings accounts, checking accounts, and investments;
6. Documentation of Income from delayed earnings (IRA, 401K, annuities). This is for verification purposes only. Income is not calculated until received;
7. Evidence or reports that verify assets such as real estate or businesses owned by any household member;
8. Evidence or reports that verify assets that do not earn regular income such as non-producing real estate or savings that do not earn interest and;
9. If applicable, a notarized statement of explanation of current status of any household member(s) 18 years of age or over not receiving income.

**APPLICANT/TENANT  
CERTIFICATION OF CONSENT**

**Windsor Meadows  
Affordable Housing**

**GIVING TRUE AND COMPLETE INFORMATION**

I/we certify that all the information provided on household composition, Social Security numbers, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge and belief. I have reviewed the application or recertification and certify that the information shown is true and correct.

**REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION**

I know I am required to report immediately in writing any changes in income. I know I must report any changes in household size as soon as a person moves in or out of the unit.

**NO DUPLICATE RESIDENCE**

I certify that the affordable housing unit will be my principal residence and that I will use it solely as a residence. I will not sublease my assisted residence.

**COOPERATION**

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes supplying necessary information promptly, allowing rental unit inspections by the Windsor Meadows Management Company, and completing and signing the necessary forms.

**FINANCIAL PRIVACY ACT NOTICE**

As a result of the Council on Affordable Housing regulations, Windsor Meadows will have a right of access to financial records held by the Affordable Housing Consultant in connection with the consideration and/or administration of assistance to the property you currently rent or are applying to rent. Also, Housing Services Inc., who is responsible for administrative, financial and/or fiscal matters associated with the Windsor Meadows Affordable Housing units, will have a right of access to these financial records. Pursuant to these rights of access, financial records involving this transaction will be available to these authorized officials without further notice or authorization from you. However, your financial records and information as contained therein will not be disclosed or released to any other persons, government agency or department without your prior written consent, except as may be permitted and/or required by law.

**I HAVE READ THE ABOVE AND UNDERSTAND MY RESPONSIBILITIES. I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER ACKNOWLEDGE AND ACCEPT THE TERMS AND CONDITIONS SET FORTH THEREIN.**

_____ Signature	_____ Print Name	_____ Date

## CERTIFICATION

I have reviewed the application and all supporting documents supplied to my office by Oakwood Homes, Inc. for Windsor Meadows and proposed renter. I hereby certify that this application complies with COAH rules governing the rental of affordable units.

Name(s) of Applicant(s):

Number of Household Members:

Applicant Qualifies within COAH Income Limit: \_\_\_\_\_ Low      \_\_\_\_\_ Mod      \_\_\_\_\_ Ineligible

Applicant Income as a Percent of Median Income: \_\_\_\_\_

Recommended Bedroom Size (circle one):

1-2 bedrooms              2-3 bedrooms              3 bedrooms

Certifying Agency:      Oakwood Homes, Inc.

Certifying Officer:

Signature of Certifying Officer \_\_\_\_\_

Date:

# TENANCY APPLICATION

PULL SECURITY AND FIRST MONTHS RENT MUST BE PAID NO LATER THAN 15 DAYS PRIOR TO DATE OF OCCUPANCY.

NO WASHING MACHINES, PETS OR WATER BEDS PERMITTED.

PAY BY CHECK OR MONEY ORDER TO: \_\_\_\_\_ (NO CASH ACCEPTED)

PLEASE PRINT (ALL QUESTIONS MUST BE ANSWERED)

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR LEASE OF APARTMENT

NAME #1: \_\_\_\_\_ AGE: \_\_\_\_\_ MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ OTHER \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL. # \_\_\_\_\_

NAME #2 \_\_\_\_\_ AGE: \_\_\_\_\_ NAME #1 S.S.#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ NAME #2 S.S.#: \_\_\_\_\_

CHILDREN'S NAMES AND AGES \_\_\_\_\_

OTHER DEPENDENTS \_\_\_\_\_

TOTAL NUMBER OF PERSONS WHO WILL OCCUPY THIS APARTMENT \_\_\_\_\_

EMPLOYED BY: NAME \_\_\_\_\_ SALARY \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

HOW LONG EMPLOYED: \_\_\_\_\_ PRESENT POSITION: \_\_\_\_\_

(IF LESS THAN FIVE YEARS BY ABOVE COMPANY, GIVE PREVIOUS POSITION)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

IF WIFE IS EMPLOYED, BY WHOM? NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

POSITION: \_\_\_\_\_ SALARY: \_\_\_\_\_

ADDITIONAL INCOME, IF ANY: \_\_\_\_\_

CHARACTER REFERENCES: NAME \_\_\_\_\_ ADDRESS: \_\_\_\_\_

(NOT RELATED) NAME \_\_\_\_\_ ADDRESS: \_\_\_\_\_

BUSINESS REFERENCES: NAME \_\_\_\_\_ ADDRESS: \_\_\_\_\_

IDENTIFY BANKS WHERE YOU HOLD ACCOUNTS: \_\_\_\_\_

SAVINGS ACCT. # \_\_\_\_\_ CHECK ACCT. # \_\_\_\_\_

NUMBER OF MOTOR VEHICLES IN YOUR HOUSEHOLD \_\_\_\_\_ LIC. # \_\_\_\_\_ MAKE: \_\_\_\_\_

NUMBER OF MOTOR VEHICLES IN YOUR HOUSEHOLD \_\_\_\_\_ LIC. # \_\_\_\_\_ MAKE: \_\_\_\_\_

DRIVERS LIC. # \_\_\_\_\_ DRIVERS LIC. # \_\_\_\_\_

NAMES OF NEAREST RELATIVES (IN CASE OF EMERGENCY):

1 \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_ RELATION \_\_\_\_\_

2 \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_ RELATION \_\_\_\_\_

PRESENT LANDLORD, NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TEL. # \_\_\_\_\_ HOW LONG AT THIS ADDRESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

PREVIOUS LANDLORD, NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ HOW LONG \_\_\_\_\_

HAVE YOU EVER BEEN EVICTED OR REQUESTED TO VACATE FROM ANY PREMISES RENTED OR LEASED TO YOU? \_\_\_\_\_ HAVE YOU EVER BEEN

REFUSED A RENEWAL LEASE? \_\_\_\_\_ DO YOU INTEND TO FURNISH YOUR OWN REFRIGERATOR? \_\_\_\_\_ HAVE YOU EVER BEEN ARRESTED

AS A DISORDERLY PERSON, OR FOR ANY OTHER SUCH CRIME OF A PERSONAL OR MORAL NATURE? \_\_\_\_\_

IT IS UNDERSTOOD THAT THE ABOVE STATEMENTS ARE TRUE AND THAT CONSENT IS GIVEN TO THE AGENT OR TO LANDLORD TO VERIFY THE ABOVE

FACTS, AND APPLICANT AGREES TO HOLD HARMLESS THE LANDLORD FROM ANY AND ALL CLAIMS AS A RESULT OF SUCH INQUIRIES. IT IS ALSO

UNDERSTOOD AND AGREED THAT MISREPRESENTATION, FALSIFICATION OR OMISSION OF FACTS CALLED FOR IS JUST CAUSE FOR THE LESSOR TO

VOID AS NULL ANY LEASE PENDING OR IN EFFECT AND REQUIRED SAID LESSEE TO VACATE SAID PREMISES ON DEMAND. IT IS ALSO UNDERSTOOD

THAT THIS APPLICATION IS MERELY FOR CONSIDERATION AND IS NOT TO BE CONSTRUED AS PERMISSION TO OCCUPY THE PREMISES. APPLICANT

MUST SIGN LEASE WITHIN ONE WEEK AFTER APPROVAL OR FORFEIT DEPOSIT.

I/WE UNDERSTAND THAT A SECURITY DEPOSIT OF \$ \_\_\_\_\_ IS REQUIRED, PAYABLE IN ADVANCE AND THAT A MONTHLY RENTAL IS TO BE

\$ \_\_\_\_\_ PAYABLE IN ADVANCE ON THE 1ST DAY OF EACH MONTH, AND THAT THE PERIOD OF TENANCY WILL BE \_\_\_\_\_ MONTHS

COMMENCING \_\_\_\_\_

IT IS UNDERSTOOD AND AGREED THAT ABSOLUTELY NO PETS, NO WINDOW AIR CONDITIONERS, NO WATER BEDS AND NO WASHING MACHINES

OF ANY TYPE ARE PERMITTED.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

WITNESS: \_\_\_\_\_ Applicant's signature \_\_\_\_\_

\_\_\_\_\_ Applicant's signature \_\_\_\_\_

\_\_\_\_\_ SUPERINTENDENT TO COMPLETE \_\_\_\_\_

APT. # \_\_\_\_\_

OCCUP. DATE \_\_\_\_\_ GARAGE # \_\_\_\_\_

APPLICATION APPROVED BY: \_\_\_\_\_

RENTED BY: \_\_\_\_\_