

RESIDENT QUALIFYING CRITERIA

Applicant will be considered regardless of race, color, religion, sex, national origin, age, military background or service, marital or family status or handicap.

We will rent to all people that meet our Community Standards as outlined below:

INCOME:

Section 42 Applicants:

Household income two (2) times the monthly rent amount.

Conventional:

Household income two (2) times the monthly rent amount.

EMPLOYMENT:

One member of the household's responsible parties must have six (6) months of continuous employment.

Responsible Parties:

All persons in the household 18 and older must fill out an application, upon approval sign the lease as a responsible party.

CREDIT HISTORY:

No open bankruptcies are permitted. A discharged bankruptcy and one year of good credit will require an additional deposit. Delinquent accounts, collections, judgments, and public records totaling over \$1,000 will result in an additional deposit.

EVICCTIONS:

No member of the household can have a history of eviction.

CRIMINAL HISTORY:

No conviction for any felony including for the use, manufacture distribution of controlled substances, fraud, theft, drugs, assault and battery, violent crimes or any misdemeanors within the last two (2) years.

REFERENCES:

Current and previous landlords are called and asked the following questions:

Current Landlord

Do they pay their rent on time?
Do they take care of the apartment?
Did they give proper notice?
Any rules violations or illegal activity?
Would you rent to them again?

Previous Landlord

Do they pay their rent on time?
Do they take care of the apartment?
Did they give proper notice?
Any rules violations or illegal activity?
Would you rent to them again?
Did they leave the apartment clean?

Signature: _____

Date: _____

COWBOY PROPERTIES
SECTION 42 APPLICANT QUESTIONNAIRE

Date of Application _____

PROPERTY NAME

Number of Bedrooms Requested _____

Requested Move In Date: _____

Apartment Number: _____

Household Information

Complete the following information for each household member that will occupy the unit at move-in.

Name	Relationship to Head of Household	Social Security Number	Full Time Student? Student?	M/F	Birth Date mm/dd/yy

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____

How did you hear about this community? _____

If referred, by whom? _____

Housing References

Please include city, state, and zip code.

Current Address	From	To	Own/Rent	Landlord Name and Phone Number
City: _____ State: _____ Zip: _____				

Previous Address	From	To	Own/Rent	Landlord Name and Phone Number
City: _____ State: _____ Zip: _____				

Previous Address	From	To	Own/Rent	Landlord Name and Phone Number
City: _____ State: _____ Zip: _____				

Please check **Yes** or **No** to the following questions:

- | | | |
|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Do you expect any additions to the household within the next 12 months? If yes, please list name and relationship:
_____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Is there anyone living with you now who won't be living with you at this property? If yes, please list name and relationship:
_____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Do you have full custody of your children? Please explain custody arrangements:
_____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Are there any absent household members who under normal conditions would live with you? Ex. <i>A spouse in the military</i> .
If yes, please list name and relationship:
_____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Have you or anyone else named on this application ever been convicted of a felony? Explanation:
_____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Will you or anyone in your household require a live-in care attendant?
Name of attendant: _____ Relationship, if any: _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. Have you ever been evicted from a rental unit of any type? Explanation:
_____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8. Have you or anyone else named on this application filed for bankruptcy? If yes, list the date the bankruptcy was discharged:
_____ |

Equal Housing Opportunity

Employment and/or other income

Please list all sources of income for each household member.

Household Member	Name of Employer	Phone Number	Fax Number	Annual Income

How long have you been with your current employer? _____

Personal References

Please list a personal reference other than a relative:

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years known: _____

Vehicle Identification

Please list information for all vehicles owned by any household member.

1. License #: _____ State Issued: _____ Make/Model/Year: _____

2. License #: _____ State Issued: _____ Make/Model/Year: _____

Pets

Do you or anyone in the household own a pet? Yes No (please circle one)

If yes, indicate type and breed.

Is this animal a service/companion animal? Yes No (please circle one)

Emergency Contact

Name and address - if possible, list someone in the area not already listed on this application.

Name: _____

Address: _____

Phone: _____ Relationship: _____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Affordable Housing Program requirements

All ADULT household members must sign and date below.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Equal Housing Opportunity

COWBOY PROPERTIES

STATEMENT OF INCOME AND ASSETS

PROPERTY NAME _____

INCOME

Please include all anticipated income for the next twelve months. Include the annual gross dollar amount in the space provided. Please contact a member of the office staff with any questions.

Do you currently receive or expect to receive income from:

(Check either YES or NO for each question)

YES	NO	INCOME SOURCE	AMOUNT
<input type="radio"/>	<input type="radio"/>	Employment, wages, or salaries	\$ _____
<input type="radio"/>	<input type="radio"/>	Self-employment	\$ _____
<input type="radio"/>	<input type="radio"/>	Social Security	\$ _____
<input type="radio"/>	<input type="radio"/>	SSI	\$ _____
<input type="radio"/>	<input type="radio"/>	Pension, Retirement, or Annuities	\$ _____
<input type="radio"/>	<input type="radio"/>	Regular payments from a severance package	\$ _____
<input type="radio"/>	<input type="radio"/>	Veterans Benefits or Disability	\$ _____
<input type="radio"/>	<input type="radio"/>	Unemployment Benefits	\$ _____
<input type="radio"/>	<input type="radio"/>	Workman's Compensation	\$ _____
<input type="radio"/>	<input type="radio"/>	AFDC / TANF Grant or Public Assistance	\$ _____
<input type="radio"/>	<input type="radio"/>	Are you entitled to receive Alimony?	\$ _____
<input type="radio"/>	<input type="radio"/>	Do you receive Alimony?	\$ _____
<input type="radio"/>	<input type="radio"/>	Are you entitled to receive Child Support?	\$ _____
<input type="radio"/>	<input type="radio"/>	Do you receive Child Support?	\$ _____

How is the support received? (Check all that apply)

(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer.)

- Child Support Enforcement Agency (Name of Agency) _____
- Court of Law (Name of Court) _____
- Directly from Individual (Name of Person) _____
- Other (Explain) _____

- Armed Forces/Military Pay \$ _____
- Net Income from Business \$ _____
- Contributions from Friends or Relatives \$ _____
- Regular payments from any type of a settlement? \$ _____
- Regular payments from lottery winnings or inheritance? \$ _____
- Regular payments from rental property or real estate? \$ _____
- Are there other wage earners residing in the household? \$ _____
- Any Income from Assets? \$ _____
- Any Income from sources not mentioned above? \$ _____

- Do you expect any changes to your household income in the next 12 months?
- Are all household members (adults and minors) full-time students?
- Will all members of the household be full-time students within the next 12 months?

ASSETS

Do you have the following assets, and if so what is the value?

YES	NO	ASSET TYPE	ASSET VALUE
<input type="radio"/>	<input type="radio"/>	Checking Accounts (six month average balance)	\$ _____
<input type="radio"/>	<input type="radio"/>	Savings Accounts	\$ _____
<input type="radio"/>	<input type="radio"/>	Certificate of Deposit, Money Market, or Treasury Bills	\$ _____
<input type="radio"/>	<input type="radio"/>	Stocks, Bonds, or Securities	\$ _____
<input type="radio"/>	<input type="radio"/>	IRA's or Other Retirement Funds	\$ _____
<input type="radio"/>	<input type="radio"/>	Mutual Funds	\$ _____
<input type="radio"/>	<input type="radio"/>	Trust Accounts	\$ _____
<input type="radio"/>	<input type="radio"/>	Whole Life Insurance	\$ _____
<input type="radio"/>	<input type="radio"/>	Safe Deposit Box	\$ _____
<input type="radio"/>	<input type="radio"/>	Personal Property Held as Investment	\$ _____
<input type="radio"/>	<input type="radio"/>	Real Estate, Rental Property, or Land Contracts	\$ _____
<input type="radio"/>	<input type="radio"/>	If yes to Real Estate, is it:	
<input type="radio"/>	<input type="radio"/>	For Sale?	\$ _____
<input type="radio"/>	<input type="radio"/>	Rented?	\$ _____
			Continued on following page.
<input type="radio"/>	<input type="radio"/>	Other Current Assets	\$ _____
<input type="radio"/>	<input type="radio"/>	Any other assets that you owned in the previous 2 years	\$ _____
<input type="radio"/>	<input type="radio"/>	If yes, what is the current market value of the asset?	\$ _____

List all of your asset accounts for all household members, including amounts disposed of during the past two years. List the name of your bank, account number, current balance, interest rate, and how much interest you expect to earn during the next twelve months for all accounts, including checking and savings accounts.

Bank/Financial Institution	Account Number	Balance	Interest Rate	Expected Annual Income from Assets

Yes	No	1. Are you or any other ADULT household members claiming zero income?
_____	_____	Household member: _____ Explain: _____
_____	_____	2. Will your household be receiving Section 8 rental assistance at time of move-in?
_____	_____	Name of Agency: _____ Contact Person: _____
_____	_____	3. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next twelve months?
_____	_____	Expected Date: _____ Name of Agency: _____ Contact Person: _____

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statement of misrepresentation to any Department or Agency of the US as to any matter within its jurisdiction.

I hereby certify that the above statements are true and correct and I understand I must report any changes to management as soon as they occur.

Certification by Applicant(s)

I certify that all questions on this interview checklist have been asked of me at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on this checklist. I certify that all answers are true to the best of my knowledge and that my misrepresentation of information will lead to cancellation/rejection of my application

ALL ADULT HOUSEHOLD MEMBERS OR MEMBERS WHO WILL TURN 18 DURING THE NEXT TWELVE MONTHS MUST SIGN BELOW.

_____	_____
Applicant	Date
_____	_____
Applicant	Date
_____	_____
Applicant	Date
_____	_____
Applicant	Date