

**A GREAT PLACE TO CALL HOME**



# **POWERS CIRCLE APARTMENTS**

**123, 163, 183 W. POWERS CIRCLE**

**LITTLETON, CO 80120**

**303-794-9608/303-991-5604**

**Email: [iconway@southmetrohousingoptions.org](mailto:iconway@southmetrohousingoptions.org)**

**Studio \* 1 Bedroom \* 2 Bedroom \* 3 Bedroom**

**Heat Paid \* Newly Renovated \* Spacious Rooms**

**INCOME RESTRICTED**  
**LOW INCOME HOUSING TAX CREDIT**

**Pick up application TODAY at  
South Metro Housing Options**

**[www.southmetrohousingoptions.org](http://www.southmetrohousingoptions.org)**

**5745 So Bannock Street, Littleton, Colorado 80120**





## **POWERS CIRCLE APARTMENTS**

**Powers Circle Apartments is an income restricted property to people who earn no more than 60% of area median income.**

**Applicants will be required to provide items listed below in order to determine eligibility and total household income.**

- 1. Complete Rental Application for all household members.**
- 2. Complete Certification Questionnaire for all household members.**
- 3. Valid Colorado Driver's License or I.D. for all applicants 18 years of age or older.**
- 4. Verify Social Security number for household members 18 years of age and older.**
- 5. Proof of Income (i.e. Social Security, SSI, Pension, Employment) If employed, provide 3 consecutive months of pay stubs or provide statement from employer verifying hourly wage and average hours worked per week. Federal Income Tax return for prior year may be considered.**
- 6. Proof of Assets (i.e. checking, savings, pensions, stocks and/or bonds) Provide six months of statements for each account. If you own real estate property; provide a current appraisal or document showing current value of property.**
- 7. Proof of Student Status (full or part-time) from educational institute.**
- 8. Application Fee of \$30.00 required for each household member 18 year of age and older.**

**You will be required to pay Security Deposit and first month's rent at time of lease signing. Money Order or Check accepted. (We do not accept cash.)**

**SOUTH METRO HOUSING OPTIONS**

5745 S. Bannock St Littleton, CO 80120  
 Phone 303-794-9608 Fax 303-794-0806

**PRELIMINARY APPLICATION**

**Programs Applying For:**

\_\_\_\_\_ Powers Circle Apartments (not subsidized)

Name of Head of Household: \_\_\_\_\_

Head of Household Social Security Number: \_\_\_\_\_  
First M.I. Last

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Mailing address (if different):**

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Message Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**LIST ALL PERSONS WHO WILL BE LIVING IN THE HOME:**

First Name	MI	Last Name	Social Security Number	Relationship to Head of Household	Date of Birth	Age	Sex	Birthplace (State / Country)	US Citizen	
									Yes	No

Please attach additional pages, if necessary.

Does anyone in the household require an accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_ (please check below)  
 \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Wheelchair \_\_\_\_\_ Physical \_\_\_\_\_ Interpreter \_\_\_\_\_ Other: Specify: \_\_\_\_\_

PET INFORMATION: # of Cats \_\_\_\_\_ # of Dogs \_\_\_\_\_ # of other Pets \_\_\_\_\_ Comments: \_\_\_\_\_

**STUDENT INFORMATION:**

Is the Head of Household or Spouse a full-time or part-time student? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please list Household member: \_\_\_\_\_



South Metro Housing Options does not discriminate based on race or color, religion, sex, national origin, familial status or disability

**LANDLORD INFORMATION:** (For previous 5 years, please attach additional pages, if necessary.)

Current Landlord Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Lived there from: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ # of bedrooms: \_\_\_\_\_ Rent \$: \_\_\_\_\_

Reason for moving: \_\_\_\_\_ Homeless \_\_\_\_\_ Displaced \_\_\_\_\_ About to be or without housing \_\_\_\_\_ Sub-standard Housing  
 \_\_\_\_\_ Other: Specify: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Lived there from: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ # of bedrooms: \_\_\_\_\_ Rent \$: \_\_\_\_\_

Have you ever participated in a Housing Authority rental assistance program? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 (Example: Public Housing, Section 8 Voucher or Certificate or other Housing Program)

Name of Housing Authority: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Lived there from: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Do you owe money to another Housing Authority: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been evicted? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, When? Where? \_\_\_\_\_

**PROGRAM INTEGRITY:**

Has anyone in your household been arrested or convicted for the use, sale, manufacture or distribution of controlled substances (drugs)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, Who? When? For What? \_\_\_\_\_

Does anyone in your household currently use a controlled or illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, Who? When? For What? \_\_\_\_\_

Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, Who? When? For What? \_\_\_\_\_

Does anyone outside of your household pay for any of your bills or expenses? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, Who? When? For What? \_\_\_\_\_

**PREFERENCE INFORMATION:**

Please answer the following:	YES	NO
Is the Head of Household or spouse elderly (62 years of age or older), or disabled, or handicapped?		

How did you hear about LHA? \_\_\_\_\_ Friend \_\_\_\_\_ Website \_\_\_\_\_ Phone \_\_\_\_\_ Housing Guide \_\_\_\_\_ Other



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**INCOME:** List income for ALL household members 18 years of age and older

**Sources of Income:** Employment, Food Stamps, AND, TANF, Social Security, SSI, Pensions, Disability compensation, unemployment, interest, babysitting, alimony, child support, annuities, dividends, income from rental property, Armed Force Reserves, scholarships, and/or grants, etc.

Household Member Name	Type of Income	Name, Address and Phone Number of Source of Income	Total Monthly Income (gross)

Please attach additional pages, if necessary.

**ASSETS:** (Bank Accounts (checking / savings), real estate, stocks, bonds, cd's, IRA's etc.)

Household Member Name	Type of Account	Name of Bank or Institution	Current Cash Value	Annual Income

Have you disposed of any assets in the last two years at less than market value?  Yes  No

Please attach additional pages, if necessary.

The following information is required for statistical purposes so the Department of HUD may determine the degree to which its programs are utilized by minority families (Please mark ALL that apply):

<b>RACE:</b> <input type="checkbox"/> White <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian/Pacific Islander <b>ETHNICITY:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
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*Title 18 Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony. I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.*

I/we do hereby certify that the above information is true, accurate, and complete to the best of my/our knowledge.

Applicant Signature _____	Date _____	Co-Applicant Signature _____	Date _____
Other member over 18 _____	Date _____	Other member over 18 _____	Date _____



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**SOUTH METRO HOUSING OPTIONS**  
5745 S. Bannock St Littleton, CO 80120  
Phone 303-794-9608 Fax 303-794-0806

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### Applicant/Resident Consent

The undersigned applicant(s) hereby consent(s) to allow South Metro Housing Options (SMHO), itself and through designated agents or employees, to obtain a consumer report and a criminal background investigation on each household member 18 years of age or older. SMHO will obtain and verify each household member(s) credit and employment information for the purpose of determining whether to lease an apartment and/or house to me/us. I/we also agree and understand that SMHO and/or its agents may obtain additional consumer reports, criminal background investigations and landlord verifications in regard to rental history on each household member.

All household member 18 years of age or older must sign below.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Co-Applicant Signature Date

\_\_\_\_\_  
Other member over 18 Date

\_\_\_\_\_  
Other member over 18 Date



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**ADMISSION DENIAL OR REMOVAL FROM THE LEASE**

**Applicants may be denied or removed from the lease (evicted) for serious or violent criminal activity including, but not limited to, the following reasons:**

- Physical assault or the threat of physical assault to any person whatsoever;
- Illegal use of, or the threat to use, a firearm or other weapon;
- Illegal manufacture, sale distribution, use or possession with intent to manufacture, sell, distribute or use a controlled substance unless prescribed by a doctor; and
- Sexual molestation, prostitution, and other similar or related serious misconduct.

**Applicants may be denied or evicted for other grounds including, but not limited to, the following reasons:**

- Applicants who are required to register under state or federal sexual predator laws will be denied.
- Clients who initiate threats or behave in a manner indicating intent to assault employees or applicants/residents of South Metro Housing Options (SMHO) or others will be denied or evicted.
- Applicants who have been labeled habitual career criminals will be denied.
- Applicants who have outstanding charges on services and rent or non-payment of local utility bills causing the utilities to be turned off in previously rented property will be denied.
- Applicants/clients who have a pattern of alcohol related behaviors that could constitute or have constituted lease violations will be denied.
- Applicants who have a repetitive history of writing bad checks will be denied.
- Applicants will be denied if previous landlords report late or non-payment of rent, late or non-payment of utilities.
- Applicants who intentionally falsify (commit fraud) on an application for leasing, including giving false information regarding family income, size, or other requested information, or utilization of an alias on the application for housing, will be denied or evicted upon discovery of fraud.
- South Metro Housing Options (SMHO) will deny admission if past criminal activity or information confirms violation of the foregoing standards that indicates the resident's conduct would adversely affect the development.
- Applicants/clients who have a record of serious disturbances, for example, unsupervised children, unauthorized persons (persons not on the lease) staying in the unit, excessive police calls and/or a history of not keeping rental unit and common areas (like yards) in an acceptable condition will be denied or evicted.
- Applicants who have been evicted from housing assisted under the United States Housing Act because of drug-related criminal activity by any member of the applicant family will be denied.
- Applicants may be denied for bad credit.
- Applicants who commit fraud will be denied or evicted after discovery.

All household members 18 years of age or older must initial: \_\_\_\_\_



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# certification questionnaire

## for applicants and recertifying residents

Head of Household Name	Unit Number
------------------------	-------------

The information on this form is needed to certify/recertify your household. Please complete this entire form and leave no blanks. If there are any questions that you do not understand, please call the apartment manager. Thank you for your cooperation.

### part 1 household composition

# member	full name	relationship to head of household (HoH)	date of birth	student? (include grades K-12)	if a student, full time (FT) or part time (PT)?
1		HoH		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT

Do you expect any additions to the household within the next 12 months? (check one) If yes, please explain:

Yes  No

### part 2 tenant income

does your household have income assistance, or benefits from the sources listed below?	income assistance amount	by member #
<input type="checkbox"/> Yes <input type="checkbox"/> No Self employment ( <i>list nature of self employment</i> )	( <i>use net income from business</i> ) \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Employment with a third-party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. <i>If yes, list the information in Part 3 below.</i>	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Cash contributions or gifts (including rent or utility payments) received on an ongoing basis from persons not living with you (exclude food stamps, groceries, and/or day care costs when the day care center is paid directly by the gift-giver)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Unemployment benefits	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Veteran's Administration, GI Bill, or National Guard/military benefits/income	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Educational assistance (for full and part time students) in the forms of grants, scholarships, or fellowships ( <i>exclude student loan awards which must be repaid</i> )	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Retirement benefits from Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Unearned income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Disability or death benefits other than Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance:	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No I/we receive public assistance income (example: TANF)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Child support payments. If yes, for how many children do you receive support?	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No I am entitled to receive child support payments and am currently making efforts to collect child support owed to us. Describe efforts being made to collect child support:	Anticipated Amount: \$	



<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony/spousal support payments	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings. If yes, list sources: 1. 2.	\$ \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from real or personal property	(use net earned income) \$	

**part 3 current employment information** (please attach a separate form for additional employment, if needed)

Resident Name			Occupation/Title			
Employer Name			Contact Person			
Employer Address						
City			State	Zip Code		
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

Resident Name			Occupation/Title			
Employer Name			Contact Person			
Employer Address						
City			State	Zip Code		
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

Resident Name			Occupation/Title			
Employer Name			Contact Person			
Employer Address						
City			State	Zip Code		
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

part 4 previous employment information (not required for retired persons)

Resident Name		Occupation/Title				
Employer Name		Contact Person				
Employer Address						
City			State		Zip Code	
Date Hired	Ending Salary/ Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Termination Date	Work Phone	Work Fax

Resident Name		Occupation/Title				
Employer Name		Contact Person				
Employer Address						
City			State		Zip Code	
Date Hired	Ending Salary/ Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Termination Date	Work Phone	Work Fax

part 5 student status certification

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

section 1 please mark the box below if it correctly describes your individual status

- I am not currently a full time student, and I have not been, and will not be a full time student for five months or more out of the current calendar year (months need not be consecutive).

section 2 please choose one option below that best describes your household

<input type="checkbox"/>	The household contains no occupants who are students (full time or part time).
<input type="checkbox"/>	The household contains at least one occupant who is not a student and has not been and will not be a student for five months or more out of the current calendar year (months need not be consecutive). Please list the names of the occupants who are not students:
<input type="checkbox"/>	The household contains all students, but is qualified because at least one occupant is a part time student. Verification of part time student status is required. Please list the names of all part time students:
<input type="checkbox"/>	The household contains all full time students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). Please answer all five questions below.

Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student a single parent with child(ren), and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than the parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>

part 6 asset information certification questionnaire

do you have assets as listed below?	amt	account # (s)	interest rate	cash value
<input type="checkbox"/> Yes <input type="checkbox"/> No Checking account(s). If yes, list bank(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No Savings account(s). If yes, list bank(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No Revocable trust(s). If yes, list bank or trustee name. 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No I/we own real estate (or hold a mortgage or Deed of Trust). If yes, provide description.				\$
<input type="checkbox"/> Yes <input type="checkbox"/> No Personal property that is being held as an investment. If yes, describe:			%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No Stocks, bonds, or Treasury bills. If yes, list sources/bank name(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No Certificate(s) of Deposit (CD) or Money Market account(s). If yes, list source(s)/bank name(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No IRA/Lump Sum Pension/Keogh Account/401k. If yes, list bank(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No I/we have a life insurance policy (exclude term policies). If yes, list company. 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No I/we have cash on hand or cash in a safe deposit box.			%	\$

do you have assets as listed below?		th mbr s	account #s	interest rate	cash value
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have disposed of assets (i.e., gave away money/assets) for less than the fair market value in the past two years. If yes, list items and date disposed.				\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have income from assets or sources other than those listed above. If yes, list type below.			%	\$

### signatures

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

Print Name of Resident \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Resident \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Other Adult Household Member \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Other Adult Household Member \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by (Signature of Owner/Representative) \_\_\_\_\_ Date \_\_\_\_\_

All household members ages 18 or over must sign and date.



# resident statement of assets

Instructions: Please complete both Sections 1 and 2. All adults, except married couples, must complete separate forms. Include any assets you own or co-own. Assets include, but are not limited to, checking or savings accounts, real estate, stocks, bonds, and retirement accounts.

Resident Name	Unit Number
---------------	-------------

## section 1 please choose one of the following

- I/We do not have any assets at this time.
- I/We have assets. My/our assets are listed below. [Please note: Certain funds (e.g., retirement, pensions, trusts) may or may not be fully accessible to you. Include only those amounts which are accessible.]

source	(a) cash value*	(b) interest rate	(a x b) annual income	source	(a) cash value*	(b) interest rate	(a x b) annual income
Savings Account	\$	%	\$	Checking Account	\$	%	\$
Cash On Hand	\$	%	\$	Safety Deposit Box	\$	%	\$
Certificates of Deposit	\$	%	\$	Money Market Funds	\$	%	\$
Stocks	\$	%	\$	Bonds	\$	%	\$
IRA Accounts	\$	%	\$	401k Accounts	\$	%	\$
Keogh Accounts	\$	%	\$	Trust Funds	\$	%	\$
Equity in Real Estate	\$	%	\$	Land Contracts	\$	%	\$
Lump Sum Receipts	\$	%	\$	Capital Investments	\$	%	\$

Value of Life Insurance Policies (excluding Term Life)*	\$
Additional Retirement/Pension Funds (not named above)*	\$
Value of Personal Property Held for Investment	\$
Other Assets (not included above)	\$

\* Cash value is defined as market value less the cost of converting the asset to cash. Costs may include broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\* Personal property held for investment purposes may include, but is not limited to, gem or coin collections, art, or antique cars. Do not include items such as household furniture, daily-use autos, clothing, active business assets, or special equipment for use by the disabled.

## section 2 you must choose one of the following

- Within the past two years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). These assets are included above and are equal to a total of \$ \_\_\_\_\_ (the value to include for each asset equals the difference between FMV and the amount actually received for the asset).
- I/We have not sold or given away assets (including cash, real estate, etc.) for less than the fair market value during the past two years.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_



# certification of student status

Resident Name	Unit Number
---------------	-------------

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

## section 1 please mark the box below if it correctly describes your individual status

- I am not currently a **full time** student, and I have not been, and will not be a **full time** student for five months or more out of the current calendar year (months need not be consecutive).

## section 2 please choose **one** option below that best describes your household

<input type="checkbox"/>	The household contains <b>no</b> occupants who are students (full time or part time).
<input type="checkbox"/>	The household contains at <b>least one</b> occupant who is <b>not a student</b> and has not been and will not be a student for five months or more out of the current calendar year (months need not be consecutive). Please list the names of the occupants who are not students:
<input type="checkbox"/>	The household contains <b>all students</b> , but is qualified because at least one occupant is a <b>part time</b> student. Verification of part time student status is required. Please list the names of all <b>part time</b> students:
<input type="checkbox"/>	The household contains <b>all full time students</b> for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). Please answer all five questions below.

	yes	no
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student a single parent with child(ren), <b>and</b> this parent is not a dependent of someone else, <b>and</b> the child(ren) is/are not dependent(s) of someone other than the parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>

## signatures

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

A separate form must be signed by each household member age 18 or older.

Resident Signature

Date