

Date Received: _____ / _____ / _____ Time Received: _____ AM / PM
 Apartment Type: _____



Royal American Management, Inc.
Housing Tax Credit Program



RENTAL APPLICATION



ALL QUESTIONS MUST BE ANSWERED COMPLETELY IN ORDER FOR YOUR APPLICATION TO BE PROCESSED. DO NOT LEAVE ANY QUESTION UNANSWERED. * A separate application is required for each unmarried individual age 18 years and over.

***IDENTIFICATION IS REQUIRED TO COMPLETE APPLICATION. DO NOT USE WHITEOUT ON THIS APPLICATION.

Do you require a handicap unit? Yes No

Household Information:

DATE: _____

Complete the following information for each household member that will occupy the apartment at time of move-in:

Name First, M.I., Last	Relationship to Head of Household	M/F	Social Security Number	Birthdate (Mo. / Day / Yr)	Marital Status	Full-time Student?

CURRENT ADDRESS: _____ Street Address, P.O. Box Number, Apartment Number, etc.

City _____ State _____ Zip Code _____
 () Daytime Telephone # () Evening Telephone # Length of Time: _____

CHECK ONE: Rent Own

Income Information:

Include all gross annual income anticipated for the next 12 months. Include the dollar (\$) amount in the space provided.
 Do YOU or ANYONE in your household receive OR expect to receive income from:

YES NO

1. GROSS Employment wages or salaries?
 (Include all overtime, tips, bonuses, commissions earned and any payments received in cash.)

Household Member's Name _____
 Gross Amount Earned \$ _____ Week Month Year _____ How Long? _____
 Employer _____

Employer Address (Street/City/State) _____
 Position _____ Employer Telephone # _____

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2. Self-employment?
 Source _____ Household Member _____ Amount / Frequency \$ _____

- 3. Unemployment benefits or workmens' compensation?
Source _____ Household Member _____ Amount / Frequency \$ _____
- 4. Public Assistance (such as AFDC), Child Support or Alimony?
Source _____ Household Member _____ Amount / Frequency \$ _____
- 5. Social Security, SSI, Veterans benefits, pension, retirement benefits, annuities, disability, death benefits or life insurance dividends?
Source _____ Household Member _____ Amount / Frequency \$ _____
- 6. Any other income from any other source whatsoever (ex.: rental property, recurring gifts, etc.)?
Source _____ Household Member _____ Amount / Frequency \$ _____

Asset Information:

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

Include ALL assets held by ALL household members including minors.

Do YOU or ANYONE in your household hold?

YES NO

- 1. Checking (average six-month balance) or savings accounts (current balance)?

Type of Account _____ Location of Account _____ Amount in Account _____
Household Member _____ Amount in Account _____
Account # _____ Interest Rate _____

- 2. CDs, money market accounts, mutual funds, treasury bills, stocks, bonds, securities, trust fund?

Type of Account _____ Location of Account _____
Household Member _____ Amount in Account _____
Account # _____ Interest Rate _____

- 3. Pensions, IRAs, KEOGH or other retirement accounts?

Type of Account _____ Location of Account _____ Amount in Account _____
Household Member _____ Amount in Account _____
Account # _____ Interest Rate _____

- 4. Cash on hand (excluding any amounts listed above)?

Household Member _____ Amount \$ _____
Household Member _____ Amount \$ _____

- 5. Real estate, rental property, land, contract for deeds or other real estate holdings or personal property as an investment?

(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or Commercial property.)

Type _____ Household Member _____ Value \$ _____
Type _____ Household Member _____ Value \$ _____
Type _____ Household Member _____ Value \$ _____

- 6. Have you or any household member disposed of, given away or sold any asset(s) for LESS than fair market value within the past 2 years?

Household Member _____ Amount \$ _____
Explanation _____

TOTAL DOLLAR AMOUNT OF ALL ASSETS COMBINED: \$ _____

TOTAL ANNUAL INCOME EARNED FROM COMBINED ASSETS: \$ _____

Zero Income Verification:

Are YOU or is ANY OTHER ADULT member of your household?

YES NO

- 1. Claiming zero income (Unemployed)? if so, who? _____

Rental History:

List the past THREE (3) years of rental / housing references:

Landlord's Name _____

Landlord's Address _____

Your Address _____

Own Rent Amount \$ _____ Dates _____ to _____
Phone () _____

Landlord's Name _____

Landlord's Address _____

Your Address _____

Own Rent Amount \$ _____ Dates _____ to _____
Phone () _____

Landlord's Name _____

Landlord's Address _____

Your Address _____

Own Rent Amount \$ _____ Dates _____ to _____
Phone () _____

YES NO

Have you ever been evicted from an apartment for any reason or had foreclosure actions taken?

If "YES", please provide explanation of circumstances: _____

Personal References:

List two (2) personal references other than a relative.

1. Name of Reference _____

Address of Reference _____

Phone () _____ Relationship _____ Years Known _____

2. Name of Reference _____

Address of Reference _____

Phone () _____ Relationship _____ Years Known _____

OTHER INFORMATION:

YES NO Answer either "YES" or "NO" to each question.

1. Have you ever filed for bankruptcy or had credit problems?
If "YES", please explain the circumstances: _____

2. Have you ever been convicted of a felony?
If "YES", please explain the circumstances of the conviction: _____

Vehicle Identification:

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

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

Emergency Contact:

Name (If possible, please list someone in the local area that is not listed on the application.) _____

Address _____

Phone () _____ Relationship _____