



**B. INCOME:** LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:  
FIRST APPLICANT / SECOND APPLICANT

Social Security	Monthly Income \$ _____	\$ _____
Pension	Monthly Income \$ _____	\$ _____
Veterans Benefits	Monthly Income \$ _____	\$ _____
SSI Benefits	Monthly Income \$ _____	\$ _____
Unemployment Compensation	Monthly Income \$ _____	\$ _____
EAEDC or TAFDC	Monthly Income \$ _____	\$ _____
Wages (Gross)	Monthly Income \$ _____	\$ _____

**FIRST APPLICANT**

Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Position Held \_\_\_\_\_ How Long Employed \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Position Held \_\_\_\_\_ How Long Employed \_\_\_\_\_

**SECOND APPLICANT**

Employer \_\_\_\_\_  
 Position Held \_\_\_\_\_ How Long Employed \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Position Held \_\_\_\_\_ How Long Employed \_\_\_\_\_

Full Time Student	Monthly Income \$ _____	
Alimony	Monthly Income \$ _____	Source _____
Child Support	Monthly Income \$ _____	Source _____
Interest Income	Monthly Income \$ _____	Source _____
Other Income	Monthly Income \$ _____	Source _____

**TOTAL GROSS ANNUAL INCOME FOR BOTH APPLICANTS (Base this on the monthly amounts listed above and multiply x 12) \$ \_\_\_\_\_**

**Do you anticipate any changes in this income in the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_**  
**If Yes, Explain: \_\_\_\_\_**

**C. ASSETS:**

**FIRST APPLICANT**

**SECOND APPLICANT**

**Checking Account (s)**

Bank _____	Balance \$ _____	Bank _____	Balance \$ _____
Bank _____	Balance \$ _____	Bank _____	Balance \$ _____

**Savings Account (s)**

Bank _____	Balance \$ _____	Bank _____	Balance \$ _____
Bank _____	Balance \$ _____	Bank _____	Balance \$ _____

**Trust Accounts and/or Certificates**

Bank _____	Balance \$ _____	Bank _____	Balance \$ _____
Bank _____	Balance \$ _____	Bank _____	Balance \$ _____

**Credit Union**

Bank _____	Balance \$ _____	Bank _____	Balance \$ _____
Bank _____	Balance \$ _____	Bank _____	Balance \$ _____

**Savings Bond(s)**

Maturity Date \_\_\_\_\_ Balance \$ \_\_\_\_\_ Maturity Date \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Maturity Date \_\_\_\_\_ Balance \$ \_\_\_\_\_ Maturity Date \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Whole Life Insurance Policy # \_\_\_\_\_ Face Value \$ \_\_\_\_\_  
Cash Value of life insurance policy \_\_\_\_\_ \$ \_\_\_\_\_

**BOTH APPLICANTS**

**Real Estate Property:** Do you own any property? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, type of property \_\_\_\_\_  
Locations \_\_\_\_\_  
Appraised market value \$ \_\_\_\_\_  
Mortgage or outstanding loan balance due \$ \_\_\_\_\_  
Amount of Annual Insurance Premium \$ \_\_\_\_\_  
Amount of Most Recent Tax Bill \$ \_\_\_\_\_

Have you sold/dispensed of any property in the last 2 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, type of property \_\_\_\_\_  
Market value when sold./dispensed \$ \_\_\_\_\_  
Amount sold/dispensed \$ \_\_\_\_\_  
Date of transaction \_\_\_\_\_

1. Have you disposed of any other assets in the last 2 years (Example: Given any money to relatives, set up irrevocable Trust Accounts)? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, describe assets \_\_\_\_\_  
Date of disposition \_\_\_\_\_ Amount disposed \$ \_\_\_\_\_

2. Do you have any other assets not listed above (Excluding personal property)?

Yes \_\_\_\_\_ No \_\_\_\_\_  
If **yes**, list \_\_\_\_\_  
\_\_\_\_\_

**D. MEDICAL / CHILD CARE / HANDICAP ASSISTANCE EXPENSES:**

**Medical Cost:** Complete this part **ONLY** if 62 or older, disabled or handicapped:

1. Medicare premiums Monthly Amount \$ \_\_\_\_\_
2. Medical insurance coverage  
Name of insurance company \_\_\_\_\_  
Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Monthly Amount \$ \_\_\_\_\_
3. Anticipated medical / drug / prescription / non-prescription cost **NOT** covered by insurance **OR** reimbursed Monthly Amount \$ \_\_\_\_\_
4. Medical bills or outstanding cost you are making monthly payments for:  
Balance Due \$ \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_ Payable To \_\_\_\_\_
5. Medical related travel costs \$ \_\_\_\_\_
6. Are you seeing a physician regularly? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name \_\_\_\_\_

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Address \_\_\_\_\_  
Street City State Zip

Projected costs **NOT** covered by insurance **OR** Reimbursed for the next 12 months \$ \_\_\_\_\_

7. Any other medical expenses: List type and amount: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Childcare Costs:** Complete **ONLY** for children 12 and younger:

8. Name (s) of children cared for \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

9. Name and address of person or agency caring for children

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip

10. Weekly cost for childcare due to employment \$ \_\_\_\_\_

11. Weekly cost for childcare due to education \$ \_\_\_\_\_

**Handicapped Assistance Expenses:** Attendant care and / or apparatus expenses that enables handicapped applicants to work. Complete **ONLY** if handicap expenses allow you to work.

12. List type of expenses, weekly amount, paid to whom:

**E. PROGRAM INFORMATION:**

1. Are you displaced? Yes \_\_\_\_\_ No \_\_\_\_\_

If **YES**, displacement agency \_\_\_\_\_

2. Is your current unit condemned / substandard? Yes \_\_\_\_\_ No \_\_\_\_\_

If **YES**, describe \_\_\_\_\_

3. Are you paying more than 50% of your gross income for rent and utilities?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Are you paying for status as an "Elderly Household", where the tenant or where you are 62 or older, handicapped, or disabled as defined by FmHA? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Would you benefit from a wheelchair or other handicapped accessible unit?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. If so, would you like to request an adapted unit? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Are you currently living in subsidized housing? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Have you ever resided in a project financed and / or subsidized by the government?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Name and address \_\_\_\_\_

9. Have you ever been evicted from public housing or any other Federal Housing Program?

Yes \_\_\_\_\_ No \_\_\_\_\_ If **Yes**, where \_\_\_\_\_

When \_\_\_\_\_ Describe reason \_\_\_\_\_

10. Have you ever been evicted from other housing? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Are you currently using illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Have you ever been convicted of sale, distribution, or possession of illegal drugs?

Yes \_\_\_\_\_ No \_\_\_\_\_

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14. Are you now or will you become a part time or full time student prior to move-in?

Yes \_\_\_\_\_ No \_\_\_\_\_

15. How did you hear about this housing? \_\_\_\_\_

16. Will you take a unit when one is available? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Briefly describe your reasons for applying \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F1. REFERENCE INFORMATION: FIRST APPLICANT**

Current Landlord: Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business \_\_\_\_\_

Previous Landlord: Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business \_\_\_\_\_

Previous Landlord: Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business \_\_\_\_\_

List any other states where you lived in the past 7 year's \_\_\_\_\_

**G1. CREDIT REFERENCES:**

1. Name \_\_\_\_\_ Address \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

**H1. PERSONAL NON-RELATED REFERENCES:**

1. Name \_\_\_\_\_ Address \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

**I1. OTHER REQUIRED INFORMATION:**

List any car, truck, or other vehicle owned:

Type of vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_

License Plate # \_\_\_\_\_ Driver's License \_\_\_\_\_

**F2. REFERENCE INFORMATION: SECOND APPLICANT**

Current Landlord: Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business \_\_\_\_\_

Previous Landlord: Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business \_\_\_\_\_

Previous Landlord: Name \_\_\_\_\_

Address \_\_\_\_\_

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Home Phone (\_\_\_\_) \_\_\_\_\_ Business \_\_\_\_\_

List any other states where you lived in the past 7 year's \_\_\_\_\_  
(continue on back of application as needed)

**G2. CREDIT REFERENCES:**

- 1. Name \_\_\_\_\_ Address \_\_\_\_\_
- 2. Name \_\_\_\_\_ Address \_\_\_\_\_
- 3. Name \_\_\_\_\_ Address \_\_\_\_\_

**H2. PERSONAL NON-RELATED REFERENCES:**

- 1. Name \_\_\_\_\_ Address \_\_\_\_\_
- 2. Name \_\_\_\_\_ Address \_\_\_\_\_
- 3. Name \_\_\_\_\_ Address \_\_\_\_\_

**I2. OTHER REQUIRED INFORMATION:**

List any car, truck, or other vehicle owned:

Type of vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_ Driver's License \_\_\_\_\_

**CONTINUED ON NEXT PAGE**

**J. CERTIFICATION / AUTHORIZATION**  
**FIRST APPLICANT**

**CERTIFICATION**

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this unit. I understand that my eligibility for housing will be based on Federal guidelines and Holcroft Park Homes Limited Partnership selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements of information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signature: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**AUTHORIZATION**

I do hereby authorize Holcroft Park Homes Limited Partnership and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing. I further authorize Holcroft Park Homes Limited Partnership to verify all information listed on this application.

Signature: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**J. CERTIFICATION / AUTHORIZATION**  
**SECOND APPLICANT**

**CERTIFICATION**

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this unit. I understand that my eligibility for housing will be based on Federal guidelines and Holcroft Park Homes Limited Partnership selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements of information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signature: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**AUTHORIZATION**

I do hereby authorize Holcroft Park Homes Limited Partnership and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing. I further authorize Holcroft Park Homes Limited Partnership to verify all information listed on this application.

Signature: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**FAMILY HOUSEHOLD COMPOSTION**

The information solicited on this application is requested by Holcroft Park Homes Limited Partnership in order to assure the Federal Government, acting through the Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national; origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you

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in any way,. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex on the individual applicants on the basis of visual observation or surname.

Race(s) \_\_\_\_\_ Ethnic Group(s) \_\_\_\_\_ Sex(s) \_\_\_\_\_