



**OLIVER
MANAGEMENT
SERVICES, INC.**

**Rental Application
Subsidized Housing**

Initial _____
Date Rec'd: ____/____/____
Time Rec'd ____:____ A.M. / P.M.

PROJECT NAME APPLYING FOR: _____
PROJECT ADDRESS: _____ **# OF BEDROOMS** _____

ALL APPLICANTS, AGE 18 OR OLDER, OTHER THAN CO-HEAD OR SPOUSE, ARE REQUIRED TO COMPLETE A SEPARATE APPLICATION

Any applicant, who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during the interview may be rejected for housing.

HOUSEHOLD COMPOSITION

Complete in your own handwriting. List the Head of Household and all other persons who will be living in the unit on a full or part-time basis. Give the relationship of each family member to the head. *Each household member age 18 years or older must sign this application.*

Member's full name	Relationship	Date of birth	Social Security #
	Head		

Applicant's home telephone # _____ Applicant's work telephone # _____
Applicant's cell telephone # _____

Are you a Non-citizen Student? Yes No Are you a student of higher education? Yes No
Are you a United States Citizen? Yes No If no, are you a Non-Citizen with eligible alien status? Yes No
(Citizenship or Eligible Alien Status must be verified by an acceptable document recognized by the Federal government)

CURRENT & PAST HOUSING STATUS

Have you or any member of your household lived in any other state? YES NO
If yes, please indicate all states lived in: _____

List all the places where you have lived:

Present Address: _____ City: _____ State/Zip: _____
Move in date: _____ Rent amount paid per month: _____ Currently receiving subsidized housing? _____
Present Landlord: _____ Phone # _____ Fax # _____
Present Landlord's address: _____

1. Previous address: _____ City: _____ State/Zip _____
Previous Landlord: _____ Phone # _____ Fax # _____
Previous Landlord's address: _____
Move in Date: _____ Move out Date: _____ Rent Paid: _____

(ATTACH ADDITIONAL SHEET IF NECESSARY)

Have you ever been evicted? Yes No If Yes, please explain below:

HOUSEHOLD INCOME INFORMATION
(Information is used to see if under income guidelines)

For each household member age 18 or older (including family members temporarily absent), list current and anticipated income for twelve-month period commencing on anticipated date of occupancy. Include all full time, part time and seasonal. If a household member has more than one source of income use a separate line for each source.

DO YOU RECEIVE OR EXPECT TO RECEIVE:

	YES	NO	GROSS MONTHLY AMOUNT
1. Wages, salaries, (includes overtime, tips, bonuses, commissions, self-employment)?			\$ _____
2. Does any member work for someone who pays them in cash?			\$ _____
3. Regular pay for a member of the armed forces?			\$ _____
4. Welfare or disability benefits such as MFIP, SSI, MSA, or GA?			\$ _____
5. Worker's compensation?			\$ _____
6. Unemployment benefits, or severance pay?			\$ _____
7. Child support? (If court ordered, include even if it is not being received)			\$ _____
8. Alimony?			\$ _____
9. Social security payments (include unearned income of minor children)?			\$ _____
10. Pensions (PERA, railroad, etc.)?			\$ _____
11. Retirement benefits?			\$ _____
12. Death benefits?			\$ _____
13. Annuities or life insurance dividends?			\$ _____
14. Lump sum payment(s) (i.e. inheritance, ins. settlements, lottery winnings, capital gains)?			\$ _____
15. Net income from rental property?			\$ _____
16. Regular cash contribution or gifts from individuals not living in the unit?			\$ _____
17. Other (list)? _____			\$ _____
18. Other (list)? _____			\$ _____
Does any adult household member have zero income? _____ If yes, name(s) _____			\$ _____

HOUSEHOLD ASSETS
(All information will be verified)

DO YOU HAVE MONEY HELD IN:	YES	NO	CURRENT BALANCE	HELD JOINTLY (CHECK IF YES)
1. CHECKING ACCOUNTS (6 month average)			\$ _____	
2. SAVINGS ACCOUNTS			\$ _____	
3. STOCKS			\$ _____	
4. CAPITAL INVESTMENTS			\$ _____	
5. BONDS			\$ _____	
6. TRUSTS*			\$ _____	
7. SECURITIES			\$ _____	
8. INSURANCE SETTLEMENTS			\$ _____	
9. 401K*			\$ _____	
10. IRA/KEOGH ACCOUNTS			\$ _____	
11. CERTIFICATION OF DEPOSITS			\$ _____	
12. PENSION/RETIREMENT FUNDS			\$ _____	
13. MONEY MARKET FUNDS			\$ _____	
14. TREASURY BILLS			\$ _____	
15. SAFETY DEPOSIT BOX			\$ _____	
16. OTHER List: _____			\$ _____	

*INCLUDE TRUSTS, 401K, ETC., ONLY IF THE ACCOUNTS ARE ACCESSIBLE TO THE HOUSEHOLD PRIOR TO TERMINATION OF EMPLOYMENT, RETIREMENT, OR DEATH

	YES	NO	VALUE
17. DO YOU NOW OWN REAL ESTATE OR AN INTEREST IN REAL ESTATE? IF YES, LIST ADDRESS (ES), EXPENSES PAID AND INCOME RECEIVED: _____			\$ _____
18. DO YOU HOLD A CONTRACT FOR DEED? _____			\$ _____
19. DO YOU HAVE ANY COIN COLLECTIONS, ANTIQUE CARS, GEMS/JEWELRY, STAMPS OR ANY OTHER ITEMS HELD AS AN INVESTMENT? (WEDDING RINGS AND PERSONAL JEWELRY DO NOT COUNT)			\$ _____