

Dear Applicant,

Thank you for considering a CAHEC Management property for your home. Our team strives to make your future housing decision as easy as possible.

Returning your application in person is preferred so it can be reviewed with you to ensure that it is complete. However, you may also return your application using one of the following methods:

•	Our office drop box at:			
	•	(property name)		
•	USPS mail to:			
	(street address)		(city, state, zip code)	
•	Email to:			
		Note: If you	choose to email or fax, please retain th	e original for a
•	Fax to:	possible futur	re move-in, depending on eligibility & u	nit availability.

All members of the household, including minors, must be listed on the application. If you have any further questions or comments, please feel free to contact us.

Please provide the following:

Application- every question must be answered or indicated N/A (not applicable) and submitted with a \$ _____ application fee in check or money order dropped through the office drop box or submitted by USPS mail. No cash accepted. Applications submitted without the application fee will be returned.

Social Security card for each household member- *our office can make copies

Birth Certificate for each household member- *our office can make copies

* Please do not put any original copies of social security cards or birth certificates in the mail or through the drop box. We cannot be responsible for your original documents.

Upon receipt of the application and the above items, we will process and evaluate your application through our acceptance criteria which are designed to be a fair and reasonable way to provide equality to all applicants. Part of this process includes verifying your income and assets in compliance with federal and state program regulations governing this property. This specific information is found in our Resident Selection Plan which will be provided to you as requested. Again, thank you for your consideration of our community.

Apartments

Office address :	(street address)		(city, state, zipcode)	
Office hours:				
Phone:	Fax:	Email:		
CAHEC Management's	Corporate Office Phone: 803-7	/88-3800		
2	"This institution is Nation	<i>an equal opportuni</i> wide TTY Relay #: 711	ty provider."	



11 Helpful Tips for Completing your Application

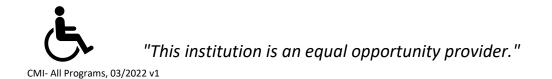
Helpful Tips An incomplete application will cause a delay in processing.

- 1. Use only black or blue ink.
- 2. Any mistakes you make, put a line through it and initial it- do not use white-out.
- 3. All fields/questions must be answered- if it does not apply to you enter N/A.
- 4. Answer all Yes or No questions either Yes or No– N/A does not apply to those questions.
- 5. Where it asks for "Additional Household Members", do not list yourself, only additional members.
- 6. Residency History (where you have lived before), we need at least 2 years.
 - a. If you need more space, please list other addresses on an additional sheet of paper.
 - b. If you were at your current address for more than 2 years, this is all you need to list.
- 7. Assets for Minors in the "Minors" section, this applies to any assets in the minor's name, not yours.
- 8. You will need to provide proof of birth dates, such as a birth certificate, for age requirements and, social security cards or other proof of citizenship for each household member.
- 9. Without an application fee we cannot process your application and it will be returned to you.
- 10. Complete the attached Release and Consent form- sign & print first, middle and last name(s).
- 11. Complete the attached Certification Questionnaire- answer Yes or No to all questions for each adult and for minors, if applicable.

We understand that this application is detailed but we need this information to see if you qualify under the program requirements for this property. Please do not hesitate to contact the property manager if you have any questions regarding the application. Again, complete the application in its entirety and do not leave anything unanswered, including signatures by all adult applicants.

Thank you for your interest in our property. We look forward to working with you to complete this process.

, Manager of	Apartments
, Phone & Fax	
@boyd-mail.com, Er	nail





Property Name					CATT	EC	CMI Staff to C	heck Approp	oriate Designation:		
Property Address					UAH	EL	Program T		Property Type		
City, State, Zip					Manageme	nt, Inc.	USDA RD TCC- 9%		AMILY IFOP- HEAD OF HOUS	THOLD 55	
Phone/Fax		/		RENTAL			HUD-Requ	ires No E	ELDERLY- 62+ AND/OR DISABLED		
Email Address							Application				
Applications will be ref • Completed on-line				APPI	LICATI	ON			OWED AT THIS PROP		
All fields are compl	lete or mark	ked "N/A"; no ł	blanks	Smalling	Doctriation	Annl-	approved as a r		ort animal is NOT a per ecommodation.	n or is allowed	a when
No whiteout! (error	rs are one-li		,		Restrictions		-				
]	HEAD	OF HOU	SEHOLD	(HOH)	INFORMA	ATION			
First Name	Mi	iddle Name		Last Name			Social Security	y#	Birth	Date	
Current Marital Stat	tus (chec	ck only one)		Never Marri	ed N	1arried	Divorc	ed	Separated	Widowe	d
	· · ·	, ,	u Have Us	sed In The Past	cu i		Cell Phone	cu	-	ernate Phone	
List Dgi	4 <i>y</i> 7 my 0 u			jou in The Tust			continone		1101110,1111		•
Current Mailing Add	dress										
Email Address, if Av	vailable							Are you a	Full Time Studen	t YES	NO
Date You Want to M	Aove In			Total # c	of Persons in Ho	usehold		Size of De	esired Apartment		
F q''{ qwCurrently H	old a Hous	sing Voucher	YI	ES NO	If YES, Name o	f Housing A	Agency		-		
		_								Curren	t
List All Addit	i <mark>tional</mark> Hou	usehold Memb	pers, Not	the HOH	SocialSe	curity#	Birth Date	Relations	ship to Applicant	Full Time S	
										YES	NO
										YES	NO
										YES	NO
										YES	NO
											NO
										YES	NO
	STU	DENT IN	FOR	MATION-	APPLIES	TO AL	L HOUSE	HOLD	MEMBERS		
1. Is/Was any me	ember of v	our househo	ld a full	time or part tir	ne student, thi	s includes	K-12 & highe	er, within t	he current Jan-De	c calendar	vear?
•	•	5, please list a		-						e eureriaar	jeur.
Name		71	1		nool/Location						
Name				Scl	hool/Location						
Name				Scl	hool/Location						
2. Do you or any	househo	ld member w	vho lives	with you and	is not current	lv a stude	nt intend to be	come a ful	l time or part time	e student d	uring
the next 12 mc						•	YES NO		please list all that		-
Name of household	mombor									11 5	
Date expected to be		dent									
Name & location of											
Name of household		1									
Date expected to bec		dent									
Name & location of											
Name of household	member										
Date expected to be	come a stu	dent									
Name & location of	school										
	I		NEED	ANY AC	соммог	DATIO	NS? SEE	BELOW	V:		
Both the owner and persons with disab when they may be n Please check the follo	bilities. In necessary to	accordance o afford perso	with out ons with c	ir statutory re lisabilities an e	esponsibilities equal opportunit	and mana	gement policie	s, we will	l make reasonabl		
	requesting			-		of our hou	sehold based on	a disability	and I/we understar	nd this	
		a unit with ac	cessible (handicap) featu	res						
		u unit with de	(nunureap) reatu	100.						
		For Office Us	se Only:					Ann E-	Paid		
		Date Rec'd:	5-	Time:		SM Initials	:	App. Fee Batch #:		HOUSING	
CMI- All Programs- COV	VID, 03/2022								OPPO	RTUNITY	
	,				TTY Relay	+. /11					

GENERAL INFORMATION

A. Utilities may be the residents' responsibility, and if so, arrangements must be made with the appropriate utility company/companies prior to movein. If a deposit is required by the utility company, the amount could vary widely, as there are no strict regulations on what service providers can charge.

B. I/We understand that a security deposit for the apartment must be paid prior to move in, and this will hold the selected unit for a two week period. This deposit becomes non-refundable after a 72 hour waiting period. If you do not move in within a two week period after the deposit is received and when management advises unit is ready for occupancy, your security deposit will be forfeited. The selected unit will go back on the market and offered to the next eligible applicant.

C. I/We understand that a credit, criminal and residency history verification will be performed on all adult household members to process the application.

D. I/We understand that the SS# and verification of citizenship or eligible immigration status must be provided for each household member.

E. I/We understand that the management company, acting on behalf of the owner, is required to verify your income and assets in compliance with program regulations governing this property. Information contained on this application may be used, as well as, verification of information from third party sources. You, and all adult members, are required to complete and sign the release form attached to this application. After verifications are received, if the household income exceeds the program qualifying income limit or other eligibility requirements are not met, this application will be denied. Changes in household composition, income, assets, and/or student status changes during this verification period, you should immediately report to the manager and your application may need updating. Approved applicants that remain on the waiting list for a period that exceeds 120 days must have all eligibility requirements re-verified upon notification. Should the re-verification process deem a previously approved applicant now ineligible, the applicant will be denied.

F. By signing this application, you are stating that should you move into this complex, this unit will become your primary place of residence and you will not maintain a separate place of residence, whether subsidized or not.

HEAD OF HOUSEHOLD (HOH) INFORMATION

RESIDENCY H (Must Show a Minir	IISTO num of	RY Last 2 Years	of Residency, C	omplete A	All 3 Resider	ncy Secti	ons Only	if Needed f	or 2 Years o	f History)
		Current Re	sidence		Previous R	esidence		ł	Previous Resi	dence
Street Address										
City, State, Zip										
Check Which Applies	Own	n Rent	Other	Owr	n Rei	nt	Other	Own	Rent	Other
If "Other", Explain										
Owner/Landlord Name				1						
Owner/Landlord Phone #										
Reason for Leaving				1						
Dates of Residency	From:		То:	From:		- То:		From:		То:
WAGES		Incon	ne from Emplo	vment		Income	from 2nd	Employmen	t/Seasonal Jo	ob, if Applicable
Current Employer										
Complete Address										
Employers Phone & FAX	r									
Name of Supervisor										
Gross Pay- before taxes	s \$					\$				
Pay Frequency	wkly	every other	wk twice mthly	mthly	other:	wkly	every oth	er wk twic	e mthly mth	nly other:
Date you were Hired	mm/d	d/yyyy:				mm/dd	l/yyyy:			
BENEFITS &	OTHE	R INCOM							rom Operation of mily/Friends, TA	f a Business, Child NF, Etc.)
Answer each section >		Income Se	ource	Addition	nal Income So	ource, if A	pplicable	Additional l	Income Source	e, if Applicable
Source of Income				<u> </u>						
Complete Address										
Phone Number				-						
Gross Amount	\$			\$	<u></u>			\$		_
Frequency	wkly	mthly	other:	wkly	mthly	other		wkly	mthly	other:
Is it Court Ordered?		YES	NO	<u> </u>	YES	N	Ю	(check one)	YES	NO
ASSETS (This in	icludes any	thing of cash valu	ue you have access to. A	Anything not	mentioned below	v, like 401K	, stocks, bond	ls, CD's, money	markets, list und	er "Other Assets".)
		Answer All	If YES, N	lame of Ba	nk/Card/Asset		Last	4 Digits of A	Account Numb	ber
Savings Account		YES N	Ю				XXXXX_			
Checking Account		YES N	0				XXXXX_			
Prepaid or Payroll Cards		YES N	10				XXXXX_			
Any Other Assets?		YES N	O If YES, explain:							
Real Estate		YES N	O If YES, what type	e? Land	d Home	Mobile	Home	Other :		
If YES, List Real Estate A	Address									
Life Insurance Policy		YES N	IO O							

	(CO-TH	ENANT (Co	o-HOH	I) INFO	ORN	MATIO	DN					
First Name	Middle Name		Last Name	Cell Phone				Al	ternate P	hone			
Current Marital Status	(abaak anly ana)	N	Never Married		Married		Г	oivorced		eparated	W	idowed	
List Other Names You Ha		Г	Nevel Maineu			Email		, if Availab		eparateu	vv	luoweu	
RESIDENCY						Eman	11441055	, 11 / 1 / unuo	10				
(Must Show a Min	imum of Last 2 Y	ears of	Residency, Co	omplete	All 3 Re	sider	ncy Sect	ions Only	if Ne	eded for 2	2 Years	of Histo	ry)
	Current	Residen	nce		Previou	is Res	sidence			Previe	ous Resid	lence	
Street Address													
City, State, Zip													
Check Which Applies	Own	Rent	Other	(Own	R	lent	Other		Own	Rent		Other
If "Other", Explain													
Owner/Landlord Name													
Owner/Landlord Phone #	1												
Reason for Leaving													
Dates of Residency	From:	- To:		From:			To:		From	:	- 7	Го:	
WAGES	Inc	ome fr	om Employ	ment		Ι	ncome f	rom 2nd E	Employ	vment/Sea	sonal Jo	b, if Apr	olicable
Current Employer									1 .	,		··/ · ·	
Complete Address													
Employers Phone & FAX	K						-						
Name of Supervisor							-						
Gross Pay- before taxe	s \$						\$						
Pay Frequency	wkly every of	her wk	twice mthly	mthly	other:		wkly	every othe	er wk	twice mth	ly mt	hly oth	er:
Date you were Hired	mm/dd/yyyy:						mm/dd	/уууу:					
BENEFITS &		OME	(This includes Child Suppo					SI, Disability, Recurring Mo					
Answer each section >	Incom	e Source	e	Addition	nal Income	e Sour	rce, if Ap	plicable	Addit	ional Incon	ne Source	, if Appli	cable
Source of Income													
Complete Address													
Phone Number													
Gross Amount	\$			\$					\$			-	
Frequency	wkly mth	ly o	other:	wkly		hly	other:		wk	•	nthly	other:	
Is it Court Ordered?	YES		NO		YE	S	N	0		Y	ES	NO	
ASSETS (This i	ncludes anything of cash	n value yo	u have access to. A	nything not	t mentioned	below,	, like 401K	, stocks, bond	ls, CD's,	money mark	ets, list und	ler "Other	Assets".)
	Answer	All	If YES, N	ame of B	ank/Card/	Asset		La	ast 4 of	f Account N	Number		
Savings Account	YES	NO						xxxxx_					
Checking Account	YES	NO						XXXXX_					
Prepaid or Payroll Cards	S YES	NO						XXXXX					
Any Other Assets?	YES		If YES, explain										
Real Estate	YES	NO I	f YES, what type?	2 Lan	id Hor	ne	Mobile I	Home C	Other:				
If YES, List Real Estate	Address:												
Life Insurance Policy	YES	NO											

ADDITIONAL ADULT INFORMATION										
First Name	Middle N	lame	Last Name		Cell Phone				Alternate Pho	ne
Current Marital Status (c	heck only o	ne) >>>	Never Marrie	d	Married		Divorced	Separate	ed W	idowed
List Any Other Names Yo	2	· · · · · · · · · · · · · · · · · · ·		4	1	Email Ac	ddress, if Available		-u VV	140 1104
RESIDENCY I					-					
(Must Show a Mini	imum of	Last 2 Years	of Residency; C	omplete	All 3 Re	sidency	y Sections Only	if Needed fo	or 2 Years of	History)
		Current Resid	ence		Previo	us Resid	lence	Pr	evious Reside	nce
Street Address										
City, State, Zip										
Check Which Applies	Owr	n Rent	Other	0	wn	Rent	Other	Own	Rent	Other
If "Other", Explain										
Owner/Landlord Name										
Owner/Landlord Phone #										
Reason for Leaving										
Dates of Residency	From:		То:	From:		– T	`o:	From:	- Te):
WAGES Income from Employment Income from 2nd Employment/Seasonal Job, if Applicable										
Current Employer										
Complete Address										
Employers Phone & FAX										
Name of Supervisor										
Gross Pay- before taxes	\$					\$				
Pay Frequency	wkly	every other wk	twice mthly	mthly	other:		wkly every othe	er wk twice	mthly mthly	other:
Date you were Hired	mm/dd	/уууу:	· · · · · · · · · · · · · · · · · · ·			n	nm/dd/yyyy:			
BENEFITS &	OTHE	R INCOM					ion, SSI, Disability, N Recurring Monetary G			
Answer each section'>		Income Sou	rce	Additio	nal Incom	e Source	e, if Applicable	Additional In	ncome Source,	if Applicable
Source of Income										
Complete Address										
Phone Number										
	\$	<u></u>		\$			-	\$		
Frequency	wkly	mthly	other:	wkly	mtl	2	other:	wkly	· ·	ther:
Is it Court Ordered?		YES	NO		YE	S	NO		YES	NO
ASSETS (This in	cludes anyt	hing of cash value	you have access to. An	nything no	mentioned	pelow, like	e 401K, stocks, bonds	s, CD's, money m	arkets, list under	"Other Assets".)
		Answer All	If YES, Na	me of Ba	nk/Card/A	sset	Last	4 Digits of A	ccount Numbe	er
Savings Account		YES NO					XXXXX			
Checking Account		YES NO					XXXXX			
Prepaid/Payroll Cards		YES NO					XXXXX			
Any Other Assets?			If YES, explain:	-						
Real Estate		YES NO	If YES, what type?	' La	nd l	Iome	Mobile Home	Other:		
If YES, Address of Real I	Estate:									
Life Insurance Policy		YES NO								

MINORS IN THE HOUSEHOLD										
MINOR MEMBER INFO:		Minor HH M	lember #1	Ν	Minor HH N	Member #2		Minor HH Me	ember #3	
Name of Minor										
Gender	MALE	FEMALE	DECLINE T REPORT	TO MALE	FEMALE	DECLINE TO REPORT	MALE	FEMALE	DECLINE TO REPORT	
Do you receive Child Support?	1	YES	NO		YES	NO		YES	NO	
Or, have you ever filed for it?		YES	NO		YES	NO		YES	NO	
	Childcare Ex	xpenses are consid		properties, only- 1		inor Household Member i	individually (i i		
Do you pay for childcare yourself?	J	YES	NO		YES	NO	ļ	YES	NO	
Paid To/ Name of Childcare	j									
PhoneNumber	J									
Street Address	I						ļ			
City, State, Zip										
MINOR MEMBER INFO:	J	Minor HH M	ember #4	1	Minor HH N	Member #5		Minor HH M	ember #6	
Name of Minor			DECLINE T	<u>n</u>		DECLINE TO			DECLINE TO	
Gender	MALE	FEMALE	REPORT	MALE	FEMALE	REPORT NO	MALE	FEMALE	REPORT	
Do you receive Child Support? Or, have you ever filed for it?	I	YES YES	NO NO		YES YES	NO NO		YES YES	NO NO	
CHILDCARE INFO:	Childcare F		dered for RD/HU	D properties, only-	list for each M	Ainor Household Member	r individually			
Do you pay for childcare yourself?		YES	NO		YES	NO		YES	NO	
Paid To/ Name of Childcare	I						l			
PhoneNumber	1									
Street Address	l									
City, State, Zip	I									
ASSETS for the MIN	NORS i	n the HOU?	SEHOLD							
		Answer All		me of Bank/Asset		Account Holder Nar	me	Last 4 Digits o	f Account Number	
Savings Account		YES NO	11 1 1 20,	III OI Duine		10000	ne	XXXXX		
		1			AAAAA					
Checking Account		YES NO								
Checking Account Other Assets? (please expla		YES NO YES NO								
	ain)	YES NO	IONS FO	OR THE EN	TIRE H	IOUSEHOLD)***			
	ain) Y	YES NO)***			
Other Assets? (please expla A. Are you and all membe	ain) Y * ers of the l	YES NO	Inited States ci	itizen?	YES	S NO		 XXXXX	lities.	
Other Assets? (please expla	ain) * * ers of the l nded prop	YES NO *** QUEST household a Un perties, there ar	Inited States ci re certain bene	itizen? efits for those w	YES	S NO		 XXXXX	lities.	
 Other Assets? (please explained of the system) A. Are you and all members B. In specific federally fur To determine if any me * 1. is at least 62 years 	ain) * ers of the l nded prop ember of th years old	YES NO ***QUEST household a Un perties, there ar the household c	Inited States ci re certain bene qualifies, answ	itizen? efits for those w wer the followin	YES tho meet the ng: YES	S NO e definition of elderl		 XXXXX	lities.	
 Other Assets? (please explained) A. Are you and all members B. In specific federally fur To determine if any memory 	ain) * ers of the l nded prop ember of th years old	YES NO ***QUEST household a Un perties, there ar the household c	Inited States ci re certain bene qualifies, answ	itizen? efits for those w wer the followin	YES tho meet the ng: YES	S NO e definition of elderl S NO		 XXXXX	lities.	
 Other Assets? (please explained of the system) A. Are you and all members B. In specific federally fur To determine if any metail the system of the system of	ain) * ers of the l nded prop ember of th years old nition of p	YES NO ***QUEST household a Un perties, there ar the household c persons with di nds pets are c	Inited States ci re certain bene qualifies, answ isabilities only allowed	itizen? efits for those w wer the followin for qualified h	ho meet the ng: YES YES	S NO e definition of elderl S NO S NO with prior written	ly or perso approval	xxxxx ons with disabi	Pet Regulations/	
 Other Assets? (please explained of the system) A. Are you and all members B. In specific federally fur To determine if any meters with the system of the syst	ain) * ers of the l nded prop ember of th /ears old nition of p : understan t Elderly/I	YES NO ***QUEST household a Un perties, there ar the household c persons with di nds pets are c Disabled, Hous	Inited States ci re certain bene qualifies, answ isabilities only allowed sing for Older	itizen? efits for those waver the followin for qualified h r Persons (55+)	ho meet the ng: YES YES	S NO e definition of elderl S NO S NO	ly or perso approval	xxxxx ons with disabi	Pet Regulations/	
 Other Assets? (please explained of the system) A. Are you and all members B. In specific federally fur To determine if any metermine if any metermine	ain) * ers of the l inded prop ember of the rears old nition of p t understant t Elderly/E deposit m	YES NO ***QUEST household a Un perties, there ar the household of persons with di nds pets are of Disabled, House hay be required	Inited States ci re certain bene qualifies, answ isabilities only allowed sing for Older d and/or pet fe	itizen? efits for those w wer the followin for qualified h r Persons (55+) ees may apply.	ho meet the ng: YES YES nouseholds and Elderly	S NO e definition of elderl S NO S NO with prior written y (all members of h	ly or perso approval household	xxxxx ons with disabi and a signed are 62+) desig	Pet Regulations/ gnated properties,	
 Other Assets? (please explained of the system) A. Are you and all members B. In specific federally fur To determine if any metermine if any metermine	ain) * ers of the l inded prop ember of the rears old nition of p understant t Elderly/E deposit m pur "fami	YES NO ***QUEST household a Un perties, there ar the household of persons with di nds pets are of Disabled, House hay be required ily" propertie	Inited States ci re certain bene qualifies, answ isabilities, answ only allowed sing for Older d and/or pet fe es have a no	itizen? efits for those w wer the followin for qualified h r Persons (55+) ees may apply. pet policy! As	YEs tho meet the ng: YEs nouseholds and Elderly	S NO e definition of elderl S NO S NO with prior written y (all members of P nimals are not co	ly or perso approval household nsidered	xxxxx ons with disabi and a signed are 62+) desig pets and, upo	Pet Regulations/ gnated properties, on an approved	
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QUESTIONS FOR THE ENTIRE HOUSEHOLD, continued

C. Are you or any member of the household registered as a sex offender?	YES	NO						
D . 1 . Do you or any member of the household have a pending criminal charge?	YES	NO						
2. Have you or any member of the household been convicted of a crime?	YES	NO						
If YES to either question above, please explain:								
E. Certify/answer if any members of the household:								
1. are a current illegal user of a controlled substance	YES	NO						
2. have a previous conviction for illegal use of controlled substances	YES	NO						
3. have been convicted of the illegal manufacturing or distribution of a controlled substance	YES	NO						
> If you answered YES to <u>any</u> of the above 3 statements, please answer the statements below:								
4. have successfully completed a controlled substance abuse recovery program & provided proof	YES	NO						
5. are presently enrolled in a controlled substance abuse program & provided proof	YES	NO						

SIGNATURES/ACKNOWLEDGEMENT- Must be signed and dated by all members of the household age 18 & older:

TENANT AND ALL ADULT HOUSEHOLD MEMBERS CERTIFY THAT ALL INFORMATION ABOVE IS TRUE AND CORRECT AND UNDERSTAND THAT PROVIDING FALSE STATEMENTS OR INFORMATION IS PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY.

Signature	D	Date	
Signature	Γ	Date	
Signature Signature	Γ	Date	
Signature	Ι	Date	

Self-Identify Information:

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, sexual orientation, reprisal, and disability 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 in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname."

Applicant	Co-Applicant	Ethnicity:	Applicant	Co-Applicant
		A. Hispanic or Latino		
		B. NotHispanic or Latino		
		Gender:	Applicant	Co-Applicant
		Male		
		Female		
			A. Hispanic or Latino B. Not Hispanic or Latino Gender: Male	Image: An or

STOP

If this is your first time submitting this application, please stop, do not go any further. You have already given your signature and acknowledgment when you signed above. The section below is for updates only.

THE SECTION BELOW IS FOR <u>UPDATED</u> APPLICATIONS THAT ARE OVER 120 DAYS OLD, ONLY!

UPDATED SIGNATURE/ACKNOWLEDGMENT FOR UPDATED APPLICATIONS, ONLY- Must be signed and dated by all adult applicants.

APPLICANT AND ALL ADULT HOUSEHOLD MEMBERS CERTIFY THAT ALL INFORMATION ON THIS APPLICATION HAS BEEN UPDATED TO BE TRUE AND CORRECT AND UNDERSTAND THAT PROVIDING FALSE STATEMENTS OR INFORMATION IS PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY.

Updated Signature	Updated on	
Updated Signature	Updated on	
Updated Signature	Updated on	
Updated Signature	Updated on	



TTY Relay #: 711



A CAHEC	(CERT	IFICAT	TION	QUEST	IONN	AIRE			
Management, Inc. HOUSE	HOUSEHOLD MEMBER'S NAME			RELATIONSHIP to HOH			DAT BIR	E OF TH STUE	DENT	
HEAD OF HOUSEHOLD (HOH):				Head of Household			YES	NO		
Select one: MARRIED NEVER MARRIED SEPA	RATED WIE	OWED	DIVORCED							
ADDITIONAL ADULT:									YES	NO
	RATED WIE	OWED	DIVORCED						115	110
ADDITIONAL ADULT:									YES	NO
Select one: MARRIED NEVER MARRIED SEPA	RATED WIE	OWED	DIVORCED							
ADDITIONAL ADULT:			-						YES	S NO
•	RATED WIE	OWED	DIVORCED						TEC	5 10
MINOR HH MEMBER:				MY/OUR	CHILD -OR-	I/WE HAV	E GUARDIANSHIP		YES	5 NO
MINOR HH MEMBER:					CHILD -OR-	I/WE HAV	E GUARDIANSHIP		YES	NO
MINOR HH MEMBER:					CHILD -OR-		E GUARDIANSHIP		YES	NO
MINOR HH MEMBER:					CHILD -OR-		E GUARDIANSHIP		YES	NO
Do you or any other household member ha	we any of th	o follor	uing? Cho	al VFS	or NO for			y and	for each ma	mhan
Do you or any other nousehold member ha	ave any of th	le lollov			or NO lor	each iter	n listed below	vanu	for each me	mber.
ASSETS:	Head of Ho	usehold	MINO	RS	Additiona	ıl Adult	Additional A	dult	Additional A	dult
Cash on hand, in wallet/purse/coin bank, etc	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Checking Account	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Savings Account	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Pay Card:	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Cash held in Safe Deposit	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Certificate of Deposits/Money Market Funds	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Stocks and Bonds	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
IRA/Keogh/401K/Co Retirement Accounts	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Severance Pay	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Family Trust Funds	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Life Insurance Policy(s)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
House/Real Estate/Land	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Rental Property(s)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Personal Property Held as an Investment	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Lottery or other Winnings/Lump Sum Receipts	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Insurance/Worker's Comp Settlements	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Social Security/VA Disability Settlements	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Other:	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Have you disposed of any assets for less than fair market value in the past 2 years?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
INCOME:	1120	NO	1123	NO	1125	NO	1125	NO	165	NO
Wages/Salary from Employment	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Do you expect any significant changes in 12 mths?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Unemployment Compensation	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Income from a Business or Profession	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Social Security (SS)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Supplemental Security Income (SSI)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
AFDC or Public Assistance (not food stamps)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Child Support	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Retirement/Pension/Annuities Income	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Disability/Death Benefits	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Alimony	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Reguarly Recurring Monetary Gifts	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Other:	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

I/WE CERTIFY THAT ALL INFORMATION IN THIS CERTIFICATION IS TRUE AND CORRECT AND UNDERSTAND THAT FALSIFYING ANSWERS IS PUNISHABLE BY LAW AND WILL LEAD TO DENIAL OF APPLICATION OR TERMINATION OF TENANCY.

CMI- All Programs, 03/2022 v1	"This institution is an equal opportunity provider."	
SIGNATURE:	(ADDITIONAL ADULT)	DATE:
SIGNATURE:	(ADDITIONAL ADULT)	DATE:
SIGNATURE:	(ADDITIONAL ADULT)	DATE:
SIGNATURE:	(APPLICANT/RESIDENT)	DATE:



Tgrgcug'('Eqpugpv

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release information required, without liability, to CAHEC Management Incorporated for the purpose of possible and/or continued occupancy.

I/We understand that previous and/or current information may be needed. I/We understand that this authorization cannot be used to obtain any information about applicants/household members that is not pertinent to household eligibility for possible and/or continued occupancy.

The groups or individuals that may be asked to release information include, but are not limited to the following:

Credit/Criminal Record Providers	Welfare/Unemployment Agencies	Life Insurance/Annuity Companies
Past/Present Employers	Retirement/Pension Income	Child Support Agencies/Providers
Previous/Current Landlords	Social Security/VA Administration	Alimony Providers
Banking/Financial Institutions	Child Care Providers	Tax Assessment Records
Utility Suppliers	Medical Providers/Suppliers	School/Educational Institutions

Eqpf kvkqpu

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand I/we have a right to review and correct any information received.

Signatures

(Must be signed by all applicants/household members age 18 and older.)

		XXX-XX-	
Print Full Name- (first, middle & last)	Applicant/Resident Full Signature	Last 4 of SS #	Date
Print Full Name- (first, middle & last)	Applicant/Resident Full Signature	$\frac{\text{xxx-xx-}}{\text{Last 4 of SS #}}$	Date
Print Full Name- (first, middle & last)	Applicant/Resident Full Signature	$\frac{\text{xxx-xx-}}{\text{Last 4 of SS #}}$	Date
	Applicant/Resident Full Signature	$\frac{\text{xxx-xx-}}{\text{Last 4 of SS #}}$	Date
Print Full Name- (first, middle & last)	Applicant/ResidentFullSignature	Last $\neq 01.55 \pi$	Date

Property Name:		
Phone #:	Fax #:	
Email Address:		



"This institution is an equal opportunity provider."

