

CHAF Properties, LLC
2675 50th Ave N
St Petersburg, FL 33714
727-522-1504

FOR OFFICE USE ONLY: Date Received: _____ By: _____

The information you provide below will assist us in determining your eligibility. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law. **Please answer all questions. Write "None" if a particular question is not applicable. Do not leave any questions blank or unanswered.**

Please use BLUE INK

APPLICATION FOR RESIDENCY
ONE ADULT PER FORM

APPLICANT INFORMATION: APPLICATION REQUIRED FOR ALL OCCUPANTS 18 AND OVER

You are applying for a property that has been built with Affordable Housing Funds. In order to qualify you must meet the criteria written in our **Statement of Qualifications**. Have you been provided a copy of these documents before proceeding to this application process?

Please circle one: YES or NO

If no, please ask the leasing agent to provide this document to you before continuing.

Full Name: _____
(exactly as it appears on your Government Issued ID)

Former Name (if applicable): _____

Birthdate: _____ **Social Security Number:** _____

Driver's License #: _____ **State Issuing:** _____

Government ID Number: _____ **Type of ID:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email: _____ **2nd Email:** _____

Marital Status: *Please circle one* Single Married Widowed Divorced Separated

Date of Marriage: _____ (Please provide marriage certificate)

Date of Separation or Divorce: _____ (You will need to provide documentation)

I. Co – Applicant Adults 18 and over Must fill out a separate application	Age	Date of Birth	Social Security Number	Phone Number	Email Address

II. VEHICLE INFORMATION

List all cars, trucks, motorcycles, etc. that will reside on property

Year: ____ Make: _____ Model: _____ Color: ____ License Plate: _____ State: ____

Year: ____ Make: _____ Model: _____ Color: ____ License Plate: _____ State: ____

Year: ____ Make: _____ Model: _____ Color: ____ License Plate: _____ State: ____

(List any additional vehicles on back of this form)

III. RENTAL/CRIMINAL HISTORY:

Have any of the proposed Occupants? **(Please circle all that apply)**

- Been evicted or asked to move out
- Moved out of a dwelling before the end of a lease term
- Declared bankruptcy
- Been sued for rent
- Been sued for property damage
- Been convicted (or received an alternate form of adjunction equivalent to a conviction of a felony, misdemeanor involving controlled substance, violence to another person or destruction of property?)
- Been convicted or received an alternate form of adjunction equivalent to a conviction of a felony, misdemeanor involving a sex crime?

If yes to any of the above, please list the year and type of felony, acquittal or situation. We may need to discuss these before making our final decision on your residency. If none are marked above, **YOU ARE REPRESENTING** the answer is **NO** to any item not checked above.

IV. REFERRAL INFORMATION:

- Resident Referral Name: _____
- On-Line Search Which website: _____
- Social Media Which one: _____
- Print Ad Which one: _____
- Agency Which one: _____
- Other? Please list: _____

V. Current Residence:

Landlord: _____ Current Rent: _____

Address: _____ City /State / Zip: _____

Date Moved In: _____ Phone: _____ Fax: _____ Email: _____

Why are you leaving your current home? _____

VI. Previous Residence:

Landlord: _____ Current Rent: _____

Address: _____ City /State / Zip: _____

Date Moved In: _____ Phone: _____ Fax: _____ Email: _____

VII. HOUSEHOLD COMPOSITION AND STATUS:

List the Head of Household (applicant) and all other persons who will be living in your unit. State the relationship of each family member to the Head of Household. Choose only one member to be Head of Household. List all members you anticipate to live with you **at least 50% of the time in the next 12 months** including anyone who is not currently a household member but is anticipated to become one in the next 12 months. Include any temporarily absent family members.

Household Member's Full Name (first and last)	Relationship to Head of Household S=Spouse O=Other Adult C=Minor Child F=Foster Adult or Child U=Unborn child L=Live-In Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed	Social Security Number	Student Y or N	Student Status If a student please mark Part-time (PT) or Full-time (FT)*
	Head of Household					

*A household member should be considered a full-time (FT) or part-time (PT) student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. **Please include all school-age children, even if home-schooled as FT students.**

1. If anyone is marked **YES**, in Section VIII above, as a full-time student, please complete the section below: (If none please mark **NONE** in the space below)

VIII. Household Member's Full Name (first and last)	Educational Institution	Full-Time or Part-Time	Grade Level	Expected Graduation Date

2. Do you expect any changes in the household in the next 12 months? Yes or No
 If yes, please describe: _____
 When will this occur? _____

3. Are any household members under the age of 18 claiming emancipation? Yes or No
 If yes, please provide documentation to validate emancipation.

Office Use only
 Tape for employment
 (Section X)

IX. Current Employer (If not employed – Please mark NONE): You will need to provide 2 months of Pay Stubs	
Company Name: _____	Title / Position: _____
Address: _____	City/State/Zip: _____
Date of Hire: _____ Estimated Monthly Gross Wage: \$ _____	Are you Self-Employed (1099 employee)? Yes No <i>(If YES, please Provide 2 Years of Tax Returns or Profit/Loss statements sent directly from your Bookkeeper/ CPA)</i>
Do you receive tip income not included on your paycheck? Yes or No	
If yes, Average Monthly Tip Amount \$ _____ (complete Tip Affidavit Form)	
Supervisor's Name: _____ Phone: _____ Fax: _____	

X. OTHER INCOME INFORMATION:		
Identify each source of income currently received or anticipated to be received in the next 12 months.	Circle Yes or No for each item listed	Monthly Gross Income (Enter none if not applicable)
1. Adoption Assistance (Form 1)	Yes or No	\$ _____
2. Lottery Winnings Paid Periodically (Form 2)	Yes or No	\$ _____
3.. Military Pay (Form 3)	Yes or No	\$ _____
4. Pension/Annuity (Form 4)	Yes or No	\$ _____
5. Educational Financial Assistance (Form 5)	Yes or No	\$ _____
6. Recurring Gift/Contribution (Form 6) If Yes, From Whom: _____	Yes or No	\$ _____
7. Child Support/Alimony/Family Maintenance (Form 7) Child's Name: _____ Child's Name: _____ Child's Name: _____ Child's Name: _____	Yes or No Yes or No Yes or No Yes or No	Total Monthly Amount Received \$ _____ Are any of the amount(s) Court Ordered: Yes or No
8. Rental Income (Form 8)	Yes or No	\$ _____
9. 1099 Employee (Self Employed or Subcontractor) (Form 9A or B)	Yes or No	\$ _____
10. Zero Income (No income from any source) (Form 10 – 2 pages)	Yes or No	None
11.. Unemployment Compensation (Please provide letter dated within 120 days of application)	Yes or No	\$ _____
12. Social Security (Please provide letter dated within 120 days of application)	Yes or No	\$ _____

13. Social Security Disability (Please provide Letter dated within 120 days of application)	Yes or No	\$ _____
14. RSDI (Retirement, Survivors Disability Insurance) – Please provide letter dated within 120 days of application)	Yes or No	\$ _____
15. Worker’s Compensation/Severance Pay/Disability Insurance (Form 11)	Yes or No	\$ _____
16. Trust Income (Form 12)	Yes or No	\$ _____
17. VA Benefits – Please provide letter dated within 120 days of application	Yes or No	\$ _____
18. Food Stamps (these are not counted toward your income)	Yes or No	\$ _____
19.. Public CASH Assistance (AFDC/TANF/W-2) / Welfare - Please provide letter dated within 120 days of application	Yes or No	\$ _____
20. Any minor child income from a part/full time job? (Please provide 2 months of paystubs or Employment Verification) If yes, Child’s name _____ Child’s name _____	Yes or No	\$ _____
19. Any other income not listed above	Yes or No	\$ _____

XI. ASSET INFORMATION: Please list ALL assets owned by YOU – Any assets held jointly with another person – please mark JOINT ACCOUNT, the person’s name and your % of ownership

Name of Financial Institution(s)		Circle One	Amount and interest %
1. 401K - Provide current Statement dated within 120 days of application	_____	Yes or No	\$ _____ % \$ _____ %
2. Bonds – Provide current statement dated within 120 days of application	_____	Yes or No	\$ _____ % \$ _____ %
3. CD/Money Markets - Provide current statement dated within 120 days of application	_____	Yes or No	\$ _____ % \$ _____ %
4. Treasury Bill – Provide current statement dated within 120 days of application	_____	Yes or No	\$ _____ % \$ _____ %
5. Checking (please include children’s accounts) Use Banking Verification Form 13 or 6 months of statements	_____	Yes or No	\$ _____ % \$ _____ %
6. Savings (please include children’s accounts) Use banking Verification Form 13 or Current Savings Statement	_____	Yes or No	\$ _____ % \$ _____ %
7. Direct Pay/Direct Debit Card? Print out of transaction balance for last 30 days	_____	Yes or No	\$ _____ \$ _____
8. IRA/KEOGH - Provide Current Statement dated within 120 days of application	_____	Yes or No	\$ _____ % \$ _____ %
9. Cash on Hand (Form 14)		Yes or No	\$ _____
10. Lottery Winnings (Form 15) (Lump Sum or monthly payments)	_____	Yes or No	\$ _____ % \$ _____ %
11.. Pension/Annuity (Form 16 or current statement dated within 120 days of application)	_____	Yes or No	\$ _____ % \$ _____ %
12. Real Estate (Form 17)	_____	Yes or No	\$ _____ \$ _____
13. Safety Deposit Box (form 14)	_____	Yes or No	\$ _____ \$ _____
14. Personal Property Held as an Investment (Form 14)	_____	Yes or No	\$ _____ \$ _____
15. Stocks/Mutual Funds (Form 18)	_____	Yes or No	\$ _____ % \$ _____ %
16. Trusts (Form 12)	_____	Yes or No	\$ _____ %

17. Universal Life Insurance (you have the ability to borrow cash from policy) – (Form 20)	_____	Yes or No	\$ _____ % \$ _____ %
18. Whole Life Insurance (you receive a monthly payment or can cash out of policy) (Form 20)	_____	Yes or No	\$ _____ % \$ _____ %
19. Other Assets not listed above (Form 21)	_____	Yes or No	\$ _____ % \$ _____ %

1. In the past two (2) years, have you sold or given away any assets listed in the chart above, for more than \$1,000 less than Fair Market Value? Yes or No

If yes, please complete the following and note if the disposal of this asset was due to (circle as appropriate):

Asset Disposed: _____ Bankruptcy Yes No
Date Disposed: _____ Foreclosure Yes No
Amount Disposed: _____ Marital
Separation Yes No
Divorce Yes No

2. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Yes or No

Gifted To: _____ Date Gifted: _____ Amount Gifted: _____

XII. ANIMAL INFORMATION
<i>List all animal(s) you plan to have in your apartment (Please use the back of the form for additional animals)</i>
Type of Pet: _____ <i>All animals including Cats, Dogs, Hamsters, Bunnies, Fish tank, etc.</i>
Animal's Name _____ Breed: _____ Weight: _____ lbs. Color: _____
Vet's Name: _____ Address: _____ Phone Number: _____

I. Emergency Contact:
Name: _____ Relationship: _____
Address: _____ City /State / Zip: _____
Work#: _____ Cell# / Home#: _____ Email: _____

DISCLOSURES

- _____ **(Initial) Application Fee:** (Non-Refundable). You agree to pay our representative the non-refundable application fee in the amount of 50.00 per person. Payment of the application fee does not guarantee that your application will be accepted. The application fee partially defrays the cost of administrative paperwork and the fees associated with running the credit and criminal screening.
- _____ **(Initial) Application Deposit:** (may not be refundable). In addition to any application fee(s), you agree to pay our representative an application deposit of \$150.00. The application deposit is NOT a security deposit. The application deposit will be credited toward the required security deposit when the lease contract is signed by all parties OR will be refunded to you if your application is denied OR will be retained by us as liquated damages if you fail to sign or withdraw your application for any reason.
- _____ **(Initial) Notice to or from Co-Applicants:** Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from all co-applicants.
- _____ **(Initial) Fees Due:** Your application will not be processed until we received your completed application (co-applicants and/or guarantor application, if applicable) and the following fees are paid:
 - Application Fee \$50.00 per person Non-Refundable.
 - Application Deposit: \$150.00 may not be Refundable
- _____ **(Initial) Approved Application:** Your application will not be considered APPROVED until we receive:
 - Completed Application(s)
 - All Fees paid per #4 above
 - All verifications requested from the leasing office to ensure the approval of your file
 - Approved Status from CONTEMPORARY HOUSING ALTERNATIVES OF FLORIDA's Compliance Department.

6. _____ **(Initial) COMPLIANCE REQUIREMENTS:** Applicants understand that occupancy in this affordable housing community requires annual recertification of all income and assets. Additional documents such as tax returns, divorce decrees and other family composition requirements may be needed. Should management discover at any time that the resident no longer meets the requirement, fails to recertify as requested, or has an unauthorized occupant(s) living in the unit, CHAF will consider this material violation of our lease agreement resulting in immediate termination and may result in eviction. This would be regardless of the intent by the resident.

7. _____ **(Initial) NON-SUFFICIENT FUNDS and DISHONORED PAYMENTS** If payment from an applicant is returned to us by a bank or other entity for any reason, by no fault of our own:
 1. Applicant shall pay to us the NSF Charge; and
 2. We reserve the right to refer the matter for criminal prosecution

GENERAL RELEASE & CERTIFICATION OF ACCURACY AND COMPLETENESS

I certify that all information provided in this rental application is true and complete to the best of my knowledge and I understand that this information will be used to verify income eligibility for this program under which I applied. I further understand and agree that the **CONTEMPORARY HOUSING ALTERNATIVES OF FLORIDA MANAGEMENT, LLC, as Agent for Owner** will use this information to investigate my credit worthiness through credit bureau, criminal checks, landlord verification and to obtain 3rd party verifications.

I further understand that any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I understand that we may be subject to eviction or punishable by law.

I understand that I will not be APPROVED to move in until all fees are paid, income qualifications complete, and I am fully approved by CONTEMPORARY HOUSING ALTERNATIVES OF FLORIDA’S Compliance Department.

Under penalty of perjury, I swear that I have read the above statement and I grant my consent for the release of information to all necessary third parties as needed for verification purposes.

Applicant Signature	Date
CONTEMPORARY HOUSING ALTERNATIVES OF FLORIDA, INC.	
Management Representative	Date