

MOUNTAINSIDE APARTMENTS
APPLICATION FOR HOUSING

Tax Credit Property

This is an application for housing at: MOUNTAINSIDE APARTMENTS
4109 E. PERSHING BLVD
CHEYENNE, WYOMING 82001
307-772-4800 Fax: 307-772-4802
Please complete and return this application to the above address.

Date: _____

Time: _____

Applications are placed in order of date received. An applicant may be interviewed only after the receipt of this resident application.

A. GENERAL INFORMATION

MARITAL STATUS (check one) Married Divorced Separated Single (Never Married) Widowed

Applicants Name(s):

	Name	Relationship to Head of House	Birth Date	Age (optional)	SS#	Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Head of Household Driver's License # _____ CO-tenant _____

Current Address: _____
Street City State Zip

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____

No. of Bedrooms in current home: _____ Do you RENT or OWN (check one)

Bedroom Size requested: _____ Amount of monthly rent or mortgage payment: \$ _____

Do you receive monthly rental income from property? Yes No If Yes, How much? \$ _____

Approximate monthly cost of utilities paid by you (excluding phone & cable TV) \$ _____

Have there been any changes in household composition in last 12 months? _____ If Yes, explain _____

Do you anticipate any changes in household composition in the next 12 months? _____ If Yes, explain _____

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?
Yes ____ No ____

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full-time student(s) a TANF or a title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her child who is not a Dependant on another's tax return?	Yes	No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write N/A

Source of Income	Household Members Name	Gross Monthly Amount
Employment		\$
Employment		\$
Self-Employment		\$
Social Security		\$
Social Security		\$
SSI Benefits		\$
SSI Benefits		\$
Pension (list source)		\$
Veteran's Benefits (list claim #)		\$
Unemployment Compensation		\$
Worker's Compensation		\$
Full-Time Student Income (18 & over)		\$
Interest Income (source)		\$
Interest Income (source)		\$
Recurring Gift		\$
Title IV/TANF		\$
Military Pay		\$
Housing Assistance		\$
1ST EMPLOYER:	Are you <i>legally entitled</i> to receive <u>child support</u> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
POSITION HELD:	If Yes, List the amount you are <i>entitled</i> to receive.	\$
HOW LONG EMPLOYED:	Do you receive <u>child support</u> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
EMPLOYMENT AMOUNT: \$	If Yes, list the amount you <i>receive</i> .	\$
2ND EMPLOYER	Are you <i>legally entitled</i> to receive <u>alimony</u> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
POSITION HELD	If Yes, List the amount you are <i>entitled</i> to receive.	\$
HOW LONG EMPLOYED:	Do you receive <u>alimony</u> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
EMPLOYMENT AMOUNT: \$	If Yes, list the amount you <i>receive</i>	\$

TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above X 12)	\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR	\$

Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is any member of the household likely to receive income or assistance from someone who is not a member of the household listed on page 1?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes to any of the above, explain:

Is the income received?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write N/A.

Checking Accounts	#	Bank:	Balance \$
Checking Accounts	#	Bank:	Balance \$
Savings Accounts	#	Bank:	Balance \$
Savings Accounts	#	Bank:	Balance \$
Trust Account	#	Bank:	Balance \$
Certificates (CD)	#	Bank:	Balance \$
Savings Bonds	#	Maturity Date:	Value \$
Investment Property	#	Appraised Value	\$
401K / IRA	#	Cash Value	\$
Whole Life Insurance	#	Cash Value	\$

Real Estate Property: <i>Do you own any property?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES, Type of Property	
Location of Property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of Annual Insurance Premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household listed on Page 1?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, Describe:	
Do they have access to the asset(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you sold/dispensed of any property in the last 2 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, Type of Property: _____ Date disposed: _____	
Market Value of Property: \$ _____ Amount sold/dispensed: _____	\$
Have you disposed of any other assets in the last 2 yrs? (Gave money to relatives, set up trust accounts)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, Type of Asset: _____ Date disposed: _____	
Amount Disposed	\$
Do you have any other assets not listed above excluding personal property)? If Yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any member of your family ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, describe:	
Have you or any member of your family ever been evicted from any housing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, Describe:	
	Yes <input type="checkbox"/> No <input type="checkbox"/>

F. REFERENCE INFORMATION

CURRENT LANDLORD	
Name:	
Address:	
Home Phone:	
How Long? Dates:	

PREVIOUS LANDLORD	
Name:	
Address:	
How Long? Dates:	

In case of emergency notify:	
Address:	
Relationship:	Phone:

G. VEHICLE AND PET INFORMATION

Type of Vehicle:	1.	2.	3.
Year/ Make			
Color/ License #			
Do you own any pets?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>If Yes, Describe:</i>			

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this house prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information is true to the best of my knowledge and understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

Signature

Signature

Signature

Signature

Date

Date

Date

Date