



**Senior
Resident
Application
Packet**

Dear Applicant,

Thank you for your interest in becoming a member of the Genesis community.

Genesis is an intentional, intergenerational community designed for seniors seeking meaningful purpose in their daily lives, families transitioning out of foster care and other families seeking a supportive community. In many ways, the older adults who live at Genesis will provide the foundation of the community. If you're an active senior who likes to make a difference, Genesis could be a great fit with your interests.

As a resident of Genesis, you can contribute to this collaborative community in a variety of ways – mentor, respite/child care provider, homework helper, or educator on a variety of subjects. You can participate in community dinners or exercise classes. Or you can simply be a friend. At Genesis, community members of all ages make a commitment to supporting the community and each other.

Mi Casa, Inc. is the developer and operator of Genesis, which will be located at 6925 Georgia Avenue, NW. Anticipated occupancy for Genesis is November 2015.

We currently still have openings for one- two- and three-bedroom senior households at 51-80% Area Median Income/ AMI (see P. 9 for details), for three-bedroom non-senior households between 51-80% AMI. Applications will be accepted on a rolling basis, until all spots are filled.

Community Amenities

- 15 apartments for seniors, 55 years or older, who are either individuals, couples or part of larger households
- 8 apartments for families transitioning from foster care
- 4 apartments for other families
- 3 intergenerational meeting spaces for community events
- Smaller gathering areas integrated throughout the community
- Professional property management
- All new, elevator building with attractive, light-filled apartments
- Community programs, activities and resources for families and senior activities, recreation, and celebrations (at the building and within the surrounding community)
- Energy efficient heating and cooling systems
- Laundry room with oversized washers and dryers
- Close to public transportation, grocery store and other amenities
- On site, off-street parking

General Requirements

- For seniors, a commitment of a minimum of 100 hours every quarter of community participation in Genesis is required. (Approximately 7-8 hours each week.)
- As an affordable housing community, Genesis consists of 27 income restricted units. Rents are determined by income. Rental amounts and related information is contained in Section 5 of this document.

- Applicants must pass required credit and criminal background checks and provide three references, along with other application information.
- All applicants are required to attend an educational seminar conducted by the DC Child and Family Services Agency (CFSA) as a part of the application process. This seminar includes information about challenges experienced by youth in foster care. If an applicant is selected, they will be required to attend additional CFSA training for adults working with youth from the foster care system this summer before becoming a member of the Genesis community.

Genesis is an inclusive community. All are welcome to apply and all applications will be reviewed. The policy of Genesis and Mi Casa, Inc. is to promote equal opportunity and non-discrimination and comply with Federal and State Fair Housing and non-discrimination laws.

If you would like to become a member of the Genesis community, please complete all parts of the senior application packet. Information you provide will be subject to verification before final approval of your application.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fernando Lemos', written over a horizontal line.

Fernando Lemos
Executive Director, Mi Casa, Inc.

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**A separate application must be completed for each adult living in the household.
This packet includes:**

- Section 1 Basic Information
- Section 2 Volunteer Agreement
- Section 3 Personal References
- Section 4 Confidentiality Agreement
- Section 5 Screening Criteria and Resident Application
- Section 6 Child Protection Registry Application

**For an application to be complete, the
following items must be submitted:**

- Completed & signed application (each adult)
- Two forms of identification (see page 9)
- \$30 application fee per applicant

Here are the locations where you can submit your application:

32thirty-two Apartments
3232 Georgia Avenue NW
Washington, DC 20010

Mi Casa, Inc.
6230 Third Street, NW, Suite 2
Washington, DC 20011

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Section 1: Basic Information

Last Name: _____ First: _____ MI: ____
Address: _____ City _____ State_ Zip _
Telephone #: (____) _____ Work #: (____) _____
Email: _____ (please print)

Date of Birth: ____/____/____ Social Security # _____
Driver's License # _____ State_ _____

Occupation/Former Occupation: _____
What is your current living situation?: _____

Are you currently employed?
Yes _____ Part time Full time

Name and Address of Employer: _____

No _____ Reason: retired homemaker disabled other _____

Military Service: No _____ Yes _____ Branch _____ Dates _____

Type and Date of Military Discharge: _____

Marital Status Single Divorced Widowed Married/Domestic Partnership:

Spouse's/Domestic Partner's name _____

Have you ever worked with children or youth in foster care? No Yes

If yes, briefly describe your experience:

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Section 1: Basic Information

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Section 1: Basic Information

Genesis has one, two and three bedroom units. What size apartment are you seeking?

One bedroom Two bedroom Three bedroom

Are you or a member of your household interested in a wheelchair accessible unit?

No Yes If yes: One bedroom Two bedroom

If you have a car, would you be interested in a parking spot, if available, at a cost of \$60?

No Yes

The projected occupancy date for Genesis is November 2015. As with any construction project, however, this date may need to be adjusted due to unforeseen developments. If selected, residents will be given a firm move-in date by Mi Casa. Until then, applicants should under no circumstances provide notice to their current landlord without first being authorized to do so.

How many days' notice do you need to give your current landlord before moving out?

Why are you interested in becoming a member of the Genesis community?

Have you or any other person who will be occupying the unit ever been convicted of, pled guilty or no contest to any felony or misdemeanor? No Yes If yes, please explain:

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Have you been served for any criminal offense, including but not limited to DUI, criminal neglect, abuse, or assault?

Are you willing to volunteer 100 hours per quarter as described in the attached Volunteer Agreement? No Yes

Genesis is an inclusive community. All are welcome to apply and all applications will be reviewed. It is the policy of Genesis and Residential One Management to promote equal opportunity and non-discrimination in compliance with Federal and State Fair Housing and non-discrimination laws

Signature

Date

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Volunteer Agreement

As part of the agreement to being a resident of the Genesis community, seniors are required to commit to 100 hours of community participation each quarter. Below is a list of examples of community participation activities; please check all that you are interested in (and circle any you would be interested in leading):

- Helping prepare community dinners
- Storytelling
- Homework Helper
- Child care
- Health & Fitness Classes (low-impact aerobics, Tai Chi, Zumba, step, yoga)
- Specialized Classes: please describe: _____
- Building/Facility Maintenance
- Providing rides to other residents (must have own car and valid DC driver's license)
- Welcome committee
- Fundraising
- Gardening
- Graphic design skills (e.g., making flyers or signs, computer or hand-drawn)
- Decorating community space for special events
- Library set-up and organization
- Organization/ set-up of community spaces
- Outreach (making calls or answering phone inquiries)
- Office Clerical Tasks
- Other specify: _____

What are some skills, talents and interests that you would enjoy sharing?

Please list all previous experiences of working with or spending time with children and young adults: _____

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Section 2: Community Participation Agreement

This Community Participation Agreement will become a part of the Rental Agreement.

Community Participation Requirement

Genesis is an intergenerational, cooperative community designed to support families, including those transitioning from foster care, by promoting community and caring relationships, while offering safety, support and meaningful purpose in the daily lives of older adults. Seniors at Genesis are seen as the backbone of the community, providing support, nurturance and care to younger generations. I understand that the safety and welfare of the children and youth at Genesis is particularly dependent on the service and support offered by senior residents.

I agree to engage in a minimum of 100 hours per quarter (approximately 7-8 hours each week) of community participation in Genesis. Compliance with the minimum hour requirement will be determined at the end of each quarter. Failure to meet this requirement, or any other violation of this Volunteer Agreement, will be a material violation of the rental agreement.

Community Participation Guidelines

- I agree to be punctual and conscientious, conduct myself with dignity, respect and professionalism while being courteous and considerate of those around me. I will also be respectful of any boundaries communicated to me.
- I will support Genesis's efforts to honor the cultural, ethnic and gender diversity of the families it serves, other agency staff it interacts with, the staff it employs, and the team of committed community members who both serve it and call it home. Furthermore, I will not solicit or impose my political or religious beliefs upon anyone during my volunteer duties.
- I will communicate, share and work to resolve any problems or concerns related to my volunteer assignment with the Program Coordinator or other staff of Genesis.
- If circumstances change that impact my community participation responsibilities, I will work with the Program Coordinator to find new opportunities that best suit my abilities.

I have read, understand and agree to the above.

Signature

Date

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Section 3: Personal & Professional References

Reference requests will be made to the persons you name below once you submit your application and pass the initial credit screening. To expedite a reply, we will contact each person on your list with a standard form and a self-addressed stamped envelope. We suggest you notify each person to let him or her know they can expect to be contacted by us. Please assure them that their responses will be held in the strictest confidence.

Personal Reference: Please list two character references that have *known you for more than five years*, and are *not related* to you (friend, neighbor, co-worker, volunteer with, attend church with, etc.). Please Print.

1. Ms/Mrs./Mr. _____

Email Address: _____

Address _____

City _____ State _____ Zip _____ Phone : _____

Your relationship to this person _____ Length of time known _____

2. Ms/Mrs./Mr. _____

Email Address: _____

Address _____

City _____ State _____ Zip _____ Phone : _____

Your relationship to this person _____ Length of time known _____

Professional Reference: Please list one reference who has *known you for more than five years*, and is *not related* to you, and that is either *a supervisor or former supervisor from your job; a supervisor or former supervisor of volunteer work; a landlord, etc.* Please Print.

3. Ms/Mrs./Mr. _____

Email Address: _____

Address _____

City _____ State _____ Zip _____ Phone : _____

Your relationship to this person _____ Length of time known _____

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Section 4: Confidentiality Agreement

Please read and sign below:

I understand that by living at Genesis, I will be residing in a community with families who have been previously involved in the foster care system. I agree to maintain in complete confidence any and all information that is made known to me regarding their experiences with foster care during the course of my residence at Genesis. This information may concern client records, family matters, personnel information, matters of a technical nature, and matters of a business nature which are not disclosed to the public by Genesis, its partners, or by the DC Child and Family Services Agency.

Furthermore, I understand that my volunteer role is one of friendship and support and does not serve any alternate purpose. I agree not to interpret or give information regarding any medical diagnosis, treatment or procedures.

I have read, understand and agree to the above statements.

Signed by:

Signature

Date

Section 5: Screening Criteria & Rental Application

Thank you for applying to live within our community. Genesis is an Equal Housing Opportunity provider and seeks to process all applicants in a fair and consistent manner.

BE ADVISED:

- Incomplete, inaccurate or falsified information will be grounds for a denial of your application or termination of your tenancy if discovered after the tenancy commences.
- Any applicant that is a current illegal drug user, addicted to a controlled substance or has been convicted by any court of competent jurisdiction of the illegal manufacture or distribution of a controlled substance shall be declined.
- Based on background check, any individual whose tenancy may constitute a direct threat to the health or safety of an individual, or whose tenancy would result in physical damage to the property of others will be declined.

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OCCUPANCY POLICY

- Occupancy is based on the number of bedrooms in an apartment. Based on the square footage of the current bedrooms, only two persons are allowed per bedroom.

APPLICATION PROCESS

- The application process steps and timeline articulated in the application cover letter are applicable to the initial leasing of Genesis apartments to seniors and non-foster care related families. Subsequent vacancies will be filled on an as needed basis.
- All verification forms including, but not limited to, Income Verifications, Employment Verifications and Asset Verifications must be completed by qualified third parties before your application can be approved.

GENERAL REQUIREMENTS

- The 15 apartments for seniors at Genesis are affordable housing, for persons 60 or older. Proof of age will be required at the time the application is submitted.
- Applicants for the available apartments must meet income eligibility standards.
- The amount of rent each resident pays will be determined by the income category in which s/he falls. At the 51 to 80% Area Median Income (AMI) category, a set rent amount will be paid each month the combined annual income of a resident's household. We are currently accepting applications for households between 51% and 80% of AMI. For this category, a 1 bedroom unit will rent for \$1,200, a 2 bedroom unit will be \$1,590, and a 3 bedroom unit will be \$2,100
- The current annual income limits published by HUD are as follows:

Income Category	Household Size					
	1 person	2 person	3 person	4 person	5 person	6 person
51% - 80%	Income between	Income between	Income between	Income between	Income between	Income between
	38,220 - 61,152	43,680 - 69,888	49,140 - 78,624	54,600 - 87,360	58,968 - 94,349	63,336 - 101,338

To initiate the application process, two forms of identification will be required. These are: Picture identification plus another form of positive identification. Acceptable forms of picture identification include: A valid, state-issued driver's license or identification card or passport card or any other state or national issued identification. Acceptable forms of positive identification (other than picture ID), include: an Individual Tax payer Identification Number (ITIN), valid Social Security number, visa or legal alien documentation. Copies of identification may be required. Information from such identification will be required to appear on the application and will be used to complete the screening process.

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SCREENING CRITERIA

CONSENT TO VERIFY CREDIT AND CRIMINAL BACKGROUND

All applicants and co-signers must agree to the following by executing a rental application form: I hereby consent to allow Genesis through its designated agent and its employees, to obtain and verify my credit information, contact personal references and complete a criminal background search for the purpose of determining whether or not to lease an apartment to me. I understand that should I lease an apartment, Genesis and its agent shall have a continuing right to review my

CRIMINAL BACKGROUND SEARCH AND CHILD PROTECTIVE SERVICES CLEARANCE

If your application advances, we will conduct a criminal background search and Child Protective Services background check. Your application may be rejected if there is any history of:

- A conviction, guilty plea or no-contest plea for any Felony ever involving serious injury, kidnapping, death, arson, rape, sex crimes and/or child sex crimes, extensive property damage or drug-related offenses (sale, manufacture, delivery or possession with intent to sell) class A/Felony Burglary or class A/Felony Robbery shall be grounds for denial of the rental application.
- A conviction, guilty plea or no-contest plea for any other Felony (other than listed above) where the date of disposition, release or parole occurred within the last seven (7) years shall be grounds for denial of the rental application.
- One Misdemeanor will not necessarily result in a denial. Two or more Class A/Misdemeanors in the most recent five years will result in a denial. Two or more Class B/C Misdemeanors within three years will result in a denial.
- Pending charges will result in a denial of the rental application.

PERSONAL REFERENCES

Applicants must include personal reference letters from two different sources with their completed applications attesting to the applicants' personal character. The reference must have known the applicant for more than five years, and must not be related to the applicant. A professional reference must also be provided by either a supervisor or former supervisor from a place of employment, or volunteer supervisor.

EDUCATION AND TRAINING REQUIREMENTS

All applicants are required to attend an educational seminar on the experiences of youth in foster care as part of the application process. If an applicant is selected, they will be required to attend additional CFSA-approved training for adults working with youth from the foster care system this summer before becoming a member of the Genesis community.

VOLUNTEER REQUIREMENTS

As part of the agreement to being a resident of the Genesis, seniors are required to provide 100 hours of community participation each quarter. A Community Participation Agreement will be a part of the rental agreement.

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VERIFICATION OF HOUSEHOLD INCOME

In addition to this application, you will need to complete a housing application that will provide current verification. The management company will follow up as needed to request additional information. As your application will not be considered complete until we have all the requested information, please submit complete documents as proof for total household verification.

EVICCTIONS

An applicant will be declined if they have an eviction (that has not been dismissed) within the last four years.

REJECTION POLICY

You have the right to dispute the accuracy of any information provided to the landlord/manager by a screening service or credit reporting agency. If your application is denied due to unfavorable information received during the screening process you may:

- In writing, contact the screening company that supplied the information to obtain a copy of your screening results. The screening company that processed your application will be provided upon your request.
- Credit: Contact the credit reporting agency to identify who is reporting unfavorable information.
- Correct any incorrect information through the credit reporting agent as per their policy.
- Provide proof of necessary changes to the management. They will contact the screening agency, and your application will be re-evaluated for consideration.



PART II: Applicant Residency. *In chronological order beginning with your current address, list all addresses (exclude zip code) where you resided during the past eighteen (18) years and include the dates lived there. Complete street addresses are required in addition to P.O. Box numbers. Continue on additional pages if needed.*

No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency

PART III: Household Information. *List all persons living at the current address. Print full name, date of birth, and relationship to the applicant below.*

NAME (first name, middle name, last name)	D.O.B	RELATIONSHIP TO APPLICANT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART IV: Applicant Release. *Go to Part IV-B if Part IV-A is not applicable.*

Part IV-A. For use only by individuals requesting a CPR check in person.

Please READ, SIGN and DATE below: I request access to the Child Protection Register (“CPR”) for the limited purposes to determine if my name appears in the CPR as being responsible for the abuse or neglect of a child. I have shown photo identification (driver’s license, state-issued identification card or valid US passport) that is satisfactory to the CFSA CPR staff listed below.

Applicant’s Signature _____

Date _____

CFSA USE ONLY: *Identification has been shown to me that I have deemed satisfactorily identifies the applicant:*

Type of ID _____

ID # _____

Signature _____

Name of CFSA employee (print): _____

Title: _____

Part IV-B. For use by individuals to consent to a CPR check and authorize CFSA to release information to:

1. a CEO or director of a day care center, school, or any public or private organization working directly with children, for purposes of making an employment decision regarding employees and volunteers or prospective employees and volunteers.
2. a child-placing agency licensed in the District of Columbia for purposes of a child placement decision. Instead of the consent below, the child-placing agency may attach the consent for release of information previously received in compliance with D.C. Official Code § 4-1407.01.
3. The applicant requesting a CPR check via mail. Mailed applications must be notarized prior to submission.

Please READ, CHECK the appropriate box, SIGN, DATE, and have NOTARIZED below:

I hereby consent and authorize the D.C. Child and Family Services Agency to provide the above-named agency/organization or me information concerning me that is contained in the Child Protection Register (“CPR”). The information contained in the CPR (whether I am “in” or “not in”) may be released as indicated below:

- 1. to my employer or prospective employer. A written request from the CEO or director is attached and it states the reasons for the request.
- 2. to the child-placing agency. **(Mi Casa)**
- 3. I am requesting the CPR check for myself and the information may be mailed or faxed to me at the address indicated in Part V, below.

Name of Applicant

Genesis applicant: leave boxes below empty for now. You will provide signature later in application process

Applicant’s Signature (must be signed in the presence of a Notary)

Date

STATE: _____

Subscribed and affirmed or sworn to me, in my presence,
on this _____ day of _____, 20____.

Signature of Notary Public

Notary Public, _____ (State)

My commission expires on ____/____/____.

PART V: Agency Information (Please review entire application before submitting to the CFSA CPR Office)
MAIL OR DELIVER COMPLETED ORIGINAL FORM TO:

Child and Family Services Agency
200 I Street, SE
Washington, DC 20003
Attn: Child Protection Register
202-727-8885

PART VI: Select Form of Response

Please READ and INITIAL below:

I understand that I will not receive an original copy in the mail if I request a faxed or emailed copy. _____
(Initials)

- **To be completed by the referring agency only if requesting response via secure or encrypted email.** (Responses may be sent only to secure or encrypted email accounts. This option is not available to individuals):

Please email response(s) to:

Organization: Mi Casa, Inc. Attention: Elin Zurbrigg
First and Last Name of Recipient

Secure Email Address: info@genesis.org Phone Number: 202-722-7423

- **To be completed by the referring agency only if requesting response via fax:**

Please fax response(s) to:

Organization: _____ Attention: _____
First and Last Name of Recipient
Fax Number: _____ Phone Number: _____

- **To be completed by referring agency/individual only if requesting response via mail:**

Address: _____
City: _____ State: _____ Zip Code: _____

Attention: _____

Contact Info: _

First and Last Name of Recipient
number

Email address or phone

Thank you. Please allow 30 days for general processing. Expedited requests will be processed according to guidelines established in the current policy or business process or in existing agreements between agencies.

CFSA STAFF ONLY BELOW THIS LINE

[] EXPEDITE [] RETURN [] OTHER ACTION: _

- All in-person applicants are required to present one of the following valid photo identifications: Driver's License, State Identification Card, or Passport.
All requests for a CPR check in accordance with Part IV-B (1) shall have Parts I, II, III and IV-B completed and shall have attached a written request from the CEO or director that clearly articulates the basis for the request.
All requests for a CPR check in accordance with Part IV-B (2) and (3) shall have Parts I, II, III, IV-B, and V completed.
Note: If a request for a child-placing agency is accompanied by consent to release information from the CPR as required by D.C. Official Code § 4-1407.01(1), then PART IV-B of this form does not need to be filled out by the applicant.

APPLICATION FOR HOUSING

Please Print Clearly

This is an application for housing at:	Project: Genesis Apartments
	Address: 6925 Georgia Avenue, NW Washington, DC 20011

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

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Email: _____

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

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

Bedroom size requested: Studio One BR Two BR Three BR Handicap BR

B. HOUSEHOLD COMPOSITION

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

Have there been any changes in household composition in the last twelve months? Yes No

If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? Yes No

If yes, explain:

Is there someone not listed above who would normally be living with the household? Yes No

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a TANF or a Title IV recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a dependant on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a person who was previously under the care and placement of a foster care program (under part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. INCOME

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

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (grants & scholarships	\$
	exceeding of the amount of tuition may have to	
	be included in total income)	
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position held:	
	How long employed:	
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
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 (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc)?		<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

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 NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
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 as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset</i>	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list</i>	

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

Have you ever filed for bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Briefly describe your reasons for applying</i>		

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		
Account #:		Phone #:
Credit Reference #3:		
Address:		
Account #:		Phone #:
Personal Reference #1:		
Address:		

Relationship:	Phone #:
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Personal Reference #2:	
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Address:	
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Relationship:	Phone #:
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Personal Reference #3:	
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Address:	
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Relationship:	Phone #:
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In case of emergency notify:	
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Address:	
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Relationship:	Phone #:
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G. VEHICLE AND PET INFORMATION (if applicable)	
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe</i>	

CERTIFICATION

I/We hereby certify that I/we do/will not maintain a separate subsidized 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 apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/we 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 (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

Processing Fee: \$ _____

Security Deposit: \$ _____

Total payment with Application: \$ _
Check () Cash () Money Order ()

Upon execution of Lease first month's rent due.

1. It is understood that the sums deposited herewith as Processing Fee are not refundable.
2. The sums deposited herewith as Security Deposit are refundable if this Application is not approved by the owners of the apartment community.
3. If the owners of the apartment community accept this Application, either orally or in writing, Applicant(s) agree that within five (5) days of having been mailed notice of the approval of this Application, to enter into a Lease in conformity with this Application on the owner's standard form of Lease Agreement (a copy of which has been made available for Applicant(s) to review).
4. The Landlord agrees to lease to the Applicant(s) the above specified apartment so long as Applicant(s) qualify for tenancy under the criteria established by the owners of the apartment community.
5. The Landlord shall provide to the Tenant upon execution (or within seven (7) days after execution) an exact, legible, completed copy of any agreement or application which the Tenant has signed.
6. It is understood that the Security Deposit, or any portion thereof, may be withheld for unpaid rent, damage due to breach of this Lease or for damage by Tenant or the Tenant's family, agents, employees, guests or invitees in excess of ordinary wear and tear to the Premises, common areas, major appliances and furnishings owned by the Landlord.
7. In order to determine the amount of the security deposit or other payment to be returned to the Tenant, the Landlord may inspect the Premises within three (3) days, excluding Saturdays, Sundays, and holidays, before or after the termination of the tenancy. The Landlord shall conduct the inspection, if the inspection is to be conducted, at the time and place of which notice is given to the Tenant. The Landlord shall notify the Tenant in writing of the time and date of the inspection. The notice of inspection shall be delivered to the Tenant, or at the Premises in question, at least ten (10) days before the date of the intended inspection.
8. Upon written request of Tenant, within fifteen (15) days of occupancy, Tenant shall have the right to have the Premises inspected by the Landlord, in the Tenant's presence, for the purpose of making a written list of damages that exist at the commencement of the tenancy. (Not in DC law, but not prohibited)
9. The undersigned acknowledges receipt of the Tenant's Bill of Rights and that once per year current Tenants may request a copy of the aforementioned Tenant's Bill of Rights without charge within ten (10) days.

Tenant's Initials

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my Application unfavorably. As an inducement to enter into the Lease, I authorize you to secure from a consumer reporting agency an investigative consumer report. This report may contain, but would not be limited to, a consumer credit report, a criminal history records investigation, a rental history and verification of my residences, employment and income. I further authorize you and the consumer reporting agency to verify any and all information contained in this Application and to inquire into my character, general reputation, personal characteristics and mode of living, and I release all concerned from any liability in connection with the information they give. I have also been advised that I have the right, under the federal Fair Credit Reporting Act, Section 606(B) to make a written request of you and the consumer reporting agency, within a reasonable time, for a complete and accurate disclosure of the nature and scope of the investigation. I also consent to, and authorize the use of, any subsequent consumer report(s) under this authorization in connection with the collection of any debt associated with the rental of a residence for which application was made. Finally, I acknowledge receipt of the summary of consumer rights required by Section 609 of the Fair Credit Reporting Act entitled "A Summary of Your Rights Under the Fair Credit Reporting Act".

I/We have fully read and understand all of the provisions of this Application and acknowledge receipt of a completed copy of same.

APPLICANT _____

APPLICANT _____

APPLICANT _____

APPLICANT _____

APPLICANT _____

APPLICANT _____

RENTAL AGENT _____

APPROVED/REJECTED

DATE

If this application has been submitted for an income-restricted apartment, move-in dates should be considered tentative. Final approval, which is provided by the Residential ONE Compliance Department, is required before a move-in date is confirmed.

