

Occupancy is only available to qualified or certified households. To determine your household's eligibility, you must provide the following information on this application. Mid America Management, Inc. will keep information confidential, except as necessary to prove qualification. Whiteout must NEVER be used. If used, a new application will be required.

## OFFICE USE ONLY

Community: \_\_\_\_\_ Date Received: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM  
 Unit: \_\_\_\_\_ Unit Size: \_\_\_\_\_ Security Deposit: \_\_\_\_\_ Desired Move-In Date: \_\_\_\_\_  
 How did they hear about us?  Drive-by  Newspaper  Yellow Pages  Housing Authority  Resident  Other: \_\_\_\_\_

## CURRENT PHONE NUMBERS

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## OCCUPANCY INFORMATION

List all household members who would live in the unit, even those who would only live there on a part-time basis.

**Relationship:** Head of Household, Spouse, Adult Co-Head, Child, Other Family Member, Foster Child, Foster Adult, Live-In Caretaker, or Other  
 (List the household member's relationship to the Head of Household)

**Marital Status:** Divorced, Married, Separated, Single, Unmarried, Unmarried Couple, or Widowed

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Sex (M or F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
 Relationship: Head of Household Marital Status: \_\_\_\_\_ Student (FT, PT, or No): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Sex (M or F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Student (FT, PT, or No): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Sex (M or F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Student (FT, PT, or No): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Sex (M or F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Student (FT, PT, or No): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Sex (M or F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Student (FT, PT, or No): \_\_\_\_\_

Initials: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Sex (M or F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Student (FT, PT, or No): \_\_\_\_\_

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First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Sex (M or F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Student (FT, PT, or No): \_\_\_\_\_

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First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Sex (M or F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Student (FT, PT, or No): \_\_\_\_\_

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- Yes  No Do the above listed occupants reside in the household **50% or more** of the time?  
If no, explain: \_\_\_\_\_
- Yes  No Do you anticipate **any** household member(s) being added in the next 12 months?  
If yes, explain: \_\_\_\_\_
- Yes  No Are any household members currently pregnant? If yes, when is the baby due? \_\_\_\_\_  
*(Answering the above questions is optional and will be used to determine appropriate unit size and income limit only.)*
- Yes  No Are any household members, who would normally live with you, temporarily or permanently absent?  
If yes, explain: \_\_\_\_\_
- Yes  No Is there anyone currently living with you that is not listed on this application?  
If yes, explain: \_\_\_\_\_
- Yes  No Does any household member have a pet(s) or service animal?  Pet  Service Animal  
If yes, explain: \_\_\_\_\_

## VEHICLE INFORMATION

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

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Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

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Attach additional sheet, if necessary:  Not Necessary  Attached

## EMERGENCY CONTACT

List your nearest living relative or friend, not residing in the household.

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Initials: \_\_\_\_\_



## ADDITIONAL QUESTIONS

- Yes  No Is your household in need of an accessible unit?
- Yes  No Do all household members, age 18 years and older, have the right to legally enter into a lease?  
If no, explain: \_\_\_\_\_
- Yes  No Does your household expect to receive housing assistance over the next 12 months?  
If yes, how much is anticipated per month: \_\_\_\_\_
- Yes  No Has any household member been convicted of or plead guilty or "no contest" to a felony?  
If yes, explain: \_\_\_\_\_
- Yes  No Has any household member been convicted of or plead guilty or "no contest" to a misdemeanor involving sexual misconduct?  
If yes, explain: \_\_\_\_\_
- Yes  No Has any household member been convicted of or plead guilty or "no contest" to offenses relating to manufacturing, distribution, or intent-to-distribute a controlled substance?  
If yes, explain: \_\_\_\_\_

## RESIDENTIAL OR RENTAL HISTORY

*Residential and/or rental history must be listed for at least the past 2 years.*

**Current** Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_  Rent  Mortgage  Owned (No Mortgage)  Living with Family  Living with Friends

Owner/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_ to **PRESENT**

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Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_  Rent  Mortgage  Owned (No Mortgage)  Living with Family  Living with Friends

Owner/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_

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Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_  Rent  Mortgage  Owned (No Mortgage)  Living with Family  Living with Friends

Owner/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_

Attach additional sheet, if necessary:  Not Necessary  Attached

Yes  No Have you ever been evicted from an apartment, house, or trailer for any reason?  
If yes, explain: \_\_\_\_\_

Yes  No Have you ever received a written notice for non-payment of rent? If yes, how many? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

Initials: \_\_\_\_\_



## STUDENT STATUS

*A full-time student is defined as one who was, is, or will be attending an educational institution (full-time as defined by the institution), accredited with a degree or certificate program (including K-12 school age children), during any portion of five months within the current calendar year.*

Are ALL household members full-time students (as defined above)?  Yes  No (If yes, answer the following.)

Yes  No Is the household comprised entirely of single parents and their children, and such parents are not dependents of another individual (as defined in IRC Section 152), and such children are not dependents (as so defined) of another individual other than a parent of such children?

Yes  No Is the household comprised entirely of married individuals who are eligible to file or file a joint tax return?

Yes  No Does anyone in the household receive assistance under Title IV of the Social Security Act (TANF)?

Yes  No Is anyone in the household enrolled in a job training program receiving assistance under the Job Training Partnership Act/1998 Workforce Investment Act or under other similar Federal, State, or Local government agency funded programs?

Yes  No Has anyone in the household previously received foster care and placement assistance by the State agency plan under Title IV, part B or E of the Social Security Act?

Is any household member, not currently a student, intending to BECOME a student in the next 12 months?  Yes  No

If yes, who? \_\_\_\_\_  Full-time  Part-time

Is there any household member, not currently a student, that WAS one during the current calendar year?  Yes  No

If yes, who? \_\_\_\_\_  Full-time  Part-time

## NON EMPLOYMENT

Are any household members currently not employed?  Yes  No (If yes, list below.)

*Exclude for household members 16 years or younger, unless they are the Head of Household, Spouse, or Co-Head.*

*List gross income anticipated prior to any anticipated payroll deductions.*

Applicant: \_\_\_\_\_  Not Looking for Employment  Looking for Employment

Are you currently or anticipating receiving unemployment, severance, or workers' compensation income?  Yes  No

If Looking: What type of position do you anticipate becoming employed as? \_\_\_\_\_

When do you anticipate starting? \_\_\_\_\_ How many hours per week do you anticipate working? \_\_\_\_\_

Including all pay (e.g. wages/tips/commissions/bonuses), how much do you anticipate averaging per hour? \_\_\_\_\_

Applicant: \_\_\_\_\_  Not Looking for Employment  Looking for Employment

Are you currently or anticipating receiving unemployment, severance, or workers' compensation income?  Yes  No

If Looking: What type of position do you anticipate becoming employed as? \_\_\_\_\_

When do you anticipate starting? \_\_\_\_\_ How many hours per week do you anticipate working? \_\_\_\_\_

Including all pay (e.g. wages/tips/commissions/bonuses), how much do you anticipate averaging per hour? \_\_\_\_\_

Attach additional sheet, if necessary:  Not Necessary  Attached

Initials: \_\_\_\_\_



## EMPLOYMENT INCOME

Are any household members currently employed (other than self-employment)?  Yes  No (If yes, list below.)  
*Exclude for household members 16 years or younger, unless they are the Head of Household, Spouse, or Co-Head.*

List gross income received prior to any payroll deductions.

Applicant: \_\_\_\_\_ Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Hire Date: \_\_\_\_\_ Average # of regular hours per week: \_\_\_\_\_  
Wages: \_\_\_\_\_ per:  Hour  Week  Bi-Weekly  Semi-Monthly  Monthly  Yearly  Other: \_\_\_\_\_  
Average # of overtime hours per week: \_\_\_\_\_ Overtime Rate: \_\_\_\_\_ per hour  
Average # of shift differential hours per week: \_\_\_\_\_ Shift Differential Rate: \_\_\_\_\_ per hour  
Tips: \_\_\_\_\_ per:  Hour  Week  Bi-Weekly  Semi-Monthly  Monthly  Yearly  Other: \_\_\_\_\_  
Commissions: \_\_\_\_\_ per:  Hour  Week  Bi-Weekly  Semi-Monthly  Monthly  Yearly  Other: \_\_\_\_\_  
Bonuses: \_\_\_\_\_ per:  Hour  Week  Bi-Weekly  Semi-Monthly  Monthly  Yearly  Other: \_\_\_\_\_  
Any anticipated change in pay over the next 12 months?  Yes  No If yes, explain: \_\_\_\_\_  
Is this employment seasonal or sporadic?  Yes  No If yes, list layoff period(s): \_\_\_\_\_

Applicant: \_\_\_\_\_ Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Hire Date: \_\_\_\_\_ Average # of regular hours per week: \_\_\_\_\_  
Wages: \_\_\_\_\_ per:  Hour  Week  Bi-Weekly  Semi-Monthly  Monthly  Yearly  Other: \_\_\_\_\_  
Average # of overtime hours per week: \_\_\_\_\_ Overtime Rate: \_\_\_\_\_ per hour  
Average # of shift differential hours per week: \_\_\_\_\_ Shift Differential Rate: \_\_\_\_\_ per hour  
Tips: \_\_\_\_\_ per:  Hour  Week  Bi-Weekly  Semi-Monthly  Monthly  Yearly  Other: \_\_\_\_\_  
Commissions: \_\_\_\_\_ per:  Hour  Week  Bi-Weekly  Semi-Monthly  Monthly  Yearly  Other: \_\_\_\_\_  
Bonuses: \_\_\_\_\_ per:  Hour  Week  Bi-Weekly  Semi-Monthly  Monthly  Yearly  Other: \_\_\_\_\_  
Any anticipated change in pay over the next 12 months?  Yes  No If yes, explain: \_\_\_\_\_  
Is this employment seasonal or sporadic?  Yes  No If yes, list layoff period(s): \_\_\_\_\_

Attach additional sheet, if necessary:  Not Necessary  Attached

Initials: \_\_\_\_\_



## SELF-EMPLOYMENT INCOME

Are any household members self-employed (even if seasonal or sporadic)?  Yes  No (If yes, list below.)  
*Exclude for household members 16 years or younger, unless they are the Head of Household, Spouse, or Co-Head.*

*"Income" will be defined as net income from the operation of a business or profession, including salaries paid to and/or cash or assets withdrawn (except when the withdrawal is a reimbursement of cash or assets invested in the business) from the business for use by the self-employed household member and/or any other household member. In determining net income, do not deduct accelerated depreciation, interest on loans for business expansion or capital improvements, other expenses for business expansion or capital improvements, or principal payments on debt.*

Applicant: \_\_\_\_\_ Type of Occupation: \_\_\_\_\_

Business Began: \_\_\_\_\_ Anticipated income for the **NEXT** 12 months: \_\_\_\_\_

If applicable, income earned from the **PREVIOUS** 12 months: \_\_\_\_\_ **PREVIOUS** 13-24 months: \_\_\_\_\_

How did you arrive at your projection for the upcoming year? \_\_\_\_\_

Is this self-employment seasonal or sporadic?  Yes  No If yes, explain: \_\_\_\_\_

Attach additional sheet, if necessary:  Not Necessary  Attached

## ADDITIONAL EMPLOYMENT

If employed, do any household members anticipate obtaining additional employment?  Yes  No (If yes, list below.)  
*Exclude for household members 16 years or younger, unless they are the Head of Household, Spouse, or Co-Head.*

*List even if the anticipated additional employment would be temporary (e.g. additional employment only during regular employment layoff periods). List gross income anticipated prior to any anticipated payroll deductions.*

Applicant: \_\_\_\_\_ When do you anticipate starting? \_\_\_\_\_

If temporary, when do you anticipate the additional employment to end?  Not Temporary  Temporary: \_\_\_\_\_

What type of position do you anticipate becoming employed as? \_\_\_\_\_

How many hours per week do you anticipate working? \_\_\_\_\_

Including all pay (e.g. wages/tips/commissions/bonuses), how much do you anticipate averaging per hour? \_\_\_\_\_

Attach additional sheet, if necessary:  Not Necessary  Attached

## PREVIOUS EMPLOYMENT

In the past 12 months, has any household member had previous employment?  Yes  No (If yes, list below.)  
*Exclude for household members 17 years or younger, unless they are the Head of Household, Spouse, or Co-Head.*

*List gross income received prior to any payroll deductions.*

Applicant: \_\_\_\_\_ Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total Annual Income: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Last Date of Employment: \_\_\_\_\_

Attach additional sheet, if necessary:  Not Necessary  Attached

Initials: \_\_\_\_\_



## OTHER INCOME

Does any household member receive or expect to receive any of the following forms of income within the next 12 months?

*Complete this section for all household members, regardless of age.*

Adoption Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pension (Payments)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	TANF (Temporary Aid)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Regular Cash and/or Gifts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unemployment Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annuity (Payments)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rental Property Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Veteran's Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Retirement Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Welfare (Excluding Food Stamps)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Financial Aid (School)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Severance Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Workers' Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Military Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Social Security or SSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*For any income answered "Yes" above, complete the following. List gross income prior to any deductions.*

Applicant: \_\_\_\_\_ Income Type: \_\_\_\_\_

Source: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Payments Began: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ per:  Week  Monthly  Yearly  Other: \_\_\_\_\_

Do you anticipate receiving this income consistently over the next 12 months?  Yes  No

If no, explain: \_\_\_\_\_

Any anticipated change in amount over the next 12 months?  Yes  No If yes, explain: \_\_\_\_\_

Applicant: \_\_\_\_\_ Income Type: \_\_\_\_\_

Source: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Payments Began: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ per:  Week  Monthly  Yearly  Other: \_\_\_\_\_

Do you anticipate receiving this income consistently over the next 12 months?  Yes  No

If no, explain: \_\_\_\_\_

Any anticipated change in amount over the next 12 months?  Yes  No If yes, explain: \_\_\_\_\_

Applicant: \_\_\_\_\_ Income Type: \_\_\_\_\_

Source: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Payments Began: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ per:  Week  Monthly  Yearly  Other: \_\_\_\_\_

Do you anticipate receiving this income consistently over the next 12 months?  Yes  No

If no, explain: \_\_\_\_\_

Any anticipated change in amount over the next 12 months?  Yes  No If yes, explain: \_\_\_\_\_

Applicant: \_\_\_\_\_ Income Type: \_\_\_\_\_

Source: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Payments Began: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ per:  Week  Monthly  Yearly  Other: \_\_\_\_\_

Do you anticipate receiving this income consistently over the next 12 months?  Yes  No

If no, explain: \_\_\_\_\_

Any anticipated change in amount over the next 12 months?  Yes  No If yes, explain: \_\_\_\_\_

Attach additional sheet, if necessary:  Not Necessary  Attached

Initials: \_\_\_\_\_



## ASSET INCOME

Does any household member have any of the following assets?

*Complete this section for all household members, regardless of age.*

401(k) Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Land Contract	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Savings Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lump Sum Receipt	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stocks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Capital Investment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Money Market Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Term Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cash on Hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Treasury Bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificate of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pension/Retirement Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Trust Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Checking Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Personal Property/Investment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Universal/Whole Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Keogh Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Safety Deposit Box	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*For any assets answered "Yes" above, complete the following.*

*Use the 6-month average balance as the "Value" for checking accounts and assets for which periodic payments/withdrawals are being received (those payments/withdrawals should be listed under the "Other Income" section of this application). Use the current value of the asset as the "Value" for the remaining assets listed. "Annual Income" should include any interest, dividends, or other types of income earned, regardless of whether or not the income was reinvested. Exclude assets that are part of an active business.*

Applicant: \_\_\_\_\_ Asset Type: \_\_\_\_\_  
 Date Acquired: \_\_\_\_\_ Value: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
 Location: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Would there be monies owed (e.g. mortgage), penalties, or other charges to convert this asset to cash?  Yes  No  
 If yes, list charge type(s) and amount(s): \_\_\_\_\_

Applicant: \_\_\_\_\_ Asset Type: \_\_\_\_\_  
 Date Acquired: \_\_\_\_\_ Value: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
 Location: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Would there be monies owed (e.g. mortgage), penalties, or other charges to convert this asset to cash?  Yes  No  
 If yes, list charge type(s) and amount(s): \_\_\_\_\_

Applicant: \_\_\_\_\_ Asset Type: \_\_\_\_\_  
 Date Acquired: \_\_\_\_\_ Value: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
 Location: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Would there be monies owed (e.g. mortgage), penalties, or other charges to convert this asset to cash?  Yes  No  
 If yes, list charge type(s) and amount(s): \_\_\_\_\_

Applicant: \_\_\_\_\_ Asset Type: \_\_\_\_\_  
 Date Acquired: \_\_\_\_\_ Value: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
 Location: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Would there be monies owed (e.g. mortgage), penalties, or other charges to convert this asset to cash?  Yes  No  
 If yes, list charge type(s) and amount(s): \_\_\_\_\_

Attach additional sheet, if necessary:  Not Necessary  Attached

Initials: \_\_\_\_\_



## DISPOSED OF ASSETS

Did any household member have assets in the last two years that they disposed of?  Yes  No (If yes, list below.)

Complete this section for all household members, regardless of age.

Use the market value at the time the asset was disposed of as the "Market Value". "Received" is the gross amount received for the asset at the time of disposal (e.g. the sale price of real estate and not just the amount due to the seller after expenses).

Applicant: \_\_\_\_\_ Asset Type: \_\_\_\_\_  
Location: \_\_\_\_\_ Date Acquired: \_\_\_\_\_ Date Disposed: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Market Value: \_\_\_\_\_ Value Received: \_\_\_\_\_

Attach additional sheet, if necessary:  Not Necessary  Attached

## EQUAL HOUSING OPPORTUNITY

Mid America Management, Inc. complies with Section 504 of the Rehabilitation Act of 1973 and makes every effort to ensure that persons with disabilities residing in our communities are afforded all of the rights and privileges provided by State and Federal Law. Applicants with disabilities covered by the Americans with Disabilities Act should notify the Resident Manager to arrange whatever reasonable accommodations are necessary. Mid America Management, Inc. does not discriminate on the basis of race, color, religion, national origin, sex, handicap, or familial status.

## APPLICANT AGREES

I/We consent to release the information listed on this application in as much as is needed for Mid America Management, Inc. to determine whether I/we qualify for residency. I/We agree to provide verification of all information on this application if requested by the Owner or Managing Agent. I/We further authorize disclosure of all information that will verify my/our personal identity, criminal history, credit history, rental history, student status, employment, unemployment, income, and assets. I/We have read this application and understand that applicants must be eligible for the program(s) under which the community operates in order to qualify for residency. This application is not a rental agreement, contract, or lease. All applications are subject to the approval of the Owner or Managing Agent.

Acceptance of this application and any monies deposited herewith is not considered binding upon Mid America Management, Inc. The application fee is \$19.00 per person and must be paid by cashier's check or money order. It is the policy of Mid America Management, Inc. not to accept cash. Make cashier's checks or money orders payable to the applicable community. If your application is denied, the fee is withheld and all other monies will be refunded within thirty (30) days of the date your application was denied. If you withdraw your application, Mid America Management, Inc. will retain all fees and monies deposited herewith.

By signing this application, I/we declare that all of my/our responses are true and complete and authorize the Owner or Managing Agent to verify this information. I/We understand that any false statement on this application can lead to rejection of my/our application or immediate termination of my/our lease.

ANY HEAD OF HOUSEHOLD, SPOUSE, CO-HEAD, OR PERSON 18 YEARS OF AGE OR OLDER MUST SIGN BELOW.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Initials: \_\_\_\_\_

