

Occupancy is only available to qualified or certified households. To determine your eligibility, you must provide the following information on this application. Mid America Management, Inc. will keep information confidential, except as necessary to prove that you qualify. Each member of the household who is not related by blood, marriage, or adoption must complete a separate application. Whiteout must NEVER be used. If used, a new application will be required.

OFFICE USE ONLY

Community: _____ Unit: _____ Date Received: _____ Time: _____ AM PM
 Unit Size Requested: _____ Security Deposit: _____ Anticipated 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 occupants residing in the household.

Relationship: Head, 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: _____ 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): _____

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): _____

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) living with them?
If yes, explain: _____

VEHICLE INFORMATION

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

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

Attach additional sheet, if necessary: Not Necessary Attached

EMERGENCY CONTACT

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

Name: _____ Relationship: _____ Years Known: _____
Address: _____ Phone: _____

Initials: _____



ADDITIONAL QUESTIONS

- Yes No Do you 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**

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 _____

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 _____

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

SELF-EMPLOYMENT INCOME

Are any household members self-employed (even if seasonal or sporadic)? Yes No If yes, list below.
(Exclude self-employment of persons 16 years or younger, unless they are a Head, Spouse, or Co-Head. List net income and not gross.)

"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: _____

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

Initials: _____



EMPLOYMENT INCOME

Are any household members currently employed? Yes No If yes, list all current employment information below.
(Exclude employment of persons 16 years or younger, unless they are a Head, Spouse, or Co-Head. List gross income and not net.)

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: _____



NOT EMPLOYED

Are any household members currently not employed? Yes No If yes, list all non-employed information below.
(Exclude non-employed info of persons 16 years or younger, unless they are a Head, Spouse, or Co-Head. List gross income and not net.)

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

ADDITIONAL EMPLOYMENT

If employed, do any household members anticipate obtaining additional employment? Yes No If yes, list below.
(Exclude anticipated employment of persons 16 years or younger, unless they are a Head, Spouse, or Co-Head. List gross income and not net.)

List even if the anticipated additional employment would be temporary (e.g. additional employment only during regular employment layoff periods).

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 previous employment of persons 16 years or younger, unless they are a Head, Spouse, or Co-Head. List gross income and not net.)

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 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 Gifts/Cash	<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 (Other)	<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 and not net):

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 "Market 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 market value of the asset as the "Market 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: _____ Market Value: _____ Annual Income: _____

Location: _____ Phone: _____ Fax: _____

Would there be monies owed (e.g. mortgage), penalties, or other charges to convert this asset to cash? No Yes

If yes, list charge type(s) and amount(s): _____

Applicant: _____ Asset Type: _____

Date Acquired: _____ Market Value: _____ Annual Income: _____

Location: _____ Phone: _____ Fax: _____

Would there be monies owed (e.g. mortgage), penalties, or other charges to convert this asset to cash? No Yes

If yes, list charge type(s) and amount(s): _____

Applicant: _____ Asset Type: _____

Date Acquired: _____ Market Value: _____ Annual Income: _____

Location: _____ Phone: _____ Fax: _____

Would there be monies owed (e.g. mortgage), penalties, or other charges to convert this asset to cash? No Yes

If yes, list charge type(s) and amount(s): _____

Applicant: _____ Asset Type: _____

Date Acquired: _____ Market Value: _____ Annual Income: _____

Location: _____ Phone: _____ Fax: _____

Would there be monies owed (e.g. mortgage), penalties, or other charges to convert this asset to cash? No Yes

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

Read completely and carefully.

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 we qualify for residency. I/We agree to provide verification of all income and assets as required by the Owner or Managing Agent. I/We further authorize disclosure of all information, which will verify my/our 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 \$35.00 per person or \$50.00 per married couple 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 are refundable. 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 (including a written credit report and police record). 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, CO-HEAD, SPOUSE, OR PERSON 18 YEARS OF AGE OR OLDER MUST SIGN BELOW.

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

Initials: _____

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Revised: 4/30/09

