



Supplemental Rental Application for Units Under Government Affordable Housing Programs



Date: _____
(when this Application is filled out)

1. SUPPLEMENTAL INFORMATION. The purpose of this Supplemental Rental Application is to determine whether you qualify for affordable rental housing under a government regulated affordable housing program. It is very important that you answer fully and accurately.

2. EMPLOYMENT UPDATE. Present Employer: _____

Address: _____ City, State, Zip: _____

Work Phone: _____ Position: _____

3. HOUSEHOLD COMPOSITION. List all persons, including yourself, who will be living in your household.

Number of Persons	Full Name	Relationship	Age	Student Status		
				Full-time	Part-time	N/A
1(Head of Household)				Full-time	Part-time	N/A
2				Full-time	Part-time	N/A
3				Full-time	Part-time	N/A
4				Full-time	Part-time	N/A
5				Full-time	Part-time	N/A
6				Full-time	Part-time	N/A

Does anyone live with you now who is not listed above? Yes No. Does anyone plan to live with you in the future who is not listed above? Yes No. If you answered "Yes" to any question, please explain:

Are any of the household members listed above: Foster children? Yes No Live-in-attendants? Yes No

4. ANNUAL INCOME. List all income of all adults and persons in your household, including those under 18 (except for income earned from employment of persons under the age of 18).

Annual Income Source: Indicate whether anyone in your household receives income from any of the following			Applicant	Co-Applicant	Other Household Members	Total
	Yes	No	\$	\$	\$	\$
Salary	Yes	No	\$	\$	\$	\$
Overtime Pay	Yes	No	\$	\$	\$	\$
Commissions and Fees	Yes	No	\$	\$	\$	\$
Tips and Bonuses	Yes	No	\$	\$	\$	\$
Interest and/or Dividends	Yes	No	\$	\$	\$	\$
Net Income from Business	Yes	No	\$	\$	\$	\$
Net Rental Income	Yes	No	\$	\$	\$	\$
Social Security, Pensions Retirement Funds, etc., Received Periodically	Yes	No	\$	\$	\$	\$
Support from Parents or Relatives	Yes	No	\$	\$	\$	\$
Unemployment Benefits	Yes	No	\$	\$	\$	\$
Workers' Compensation, etc.	Yes	No	\$	\$	\$	\$
Court Ordered Child Support Or Alimony (regardless whether paid)	Yes	No	\$	\$	\$	\$
AFDC/TANF	Yes	No	\$	\$	\$	\$
Other: Yes No (explain)			\$	\$	\$	\$

5. ASSETS. List all assets of all adults and persons in your household, including those under the age of 18.

Listing of all Assets			Cash Value	Annual Interest, Dividends or Rent from Assets	Name of Financial Institution or Description of Asset	Account Number
Checking Account(s)	Yes	No	\$	\$		
Saving Account(s)	Yes	No	\$	\$		
Credit Union Account(s)	Yes	No	\$	\$		
Stocks, Bonds or Mutual Funds	Yes	No	\$	\$		
Real Estate	Yes	No	\$	\$		
Ira/Keogh Account	Yes	No	\$	\$		
Retirement/Pension Fund	Yes	No	\$	\$		
Trust Fund	Yes	No	\$	\$		
Mortgage Note Held	Yes	No	\$	\$		
Whole Life Insurance Cash Value	Yes	No	\$	\$		
Other: Yes No (explain)			\$	\$		

6. CERTIFICATION. By signing this Supplemental Rental Application, you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept. Do you certify that you have not disposed of any assets for less than fair market value in the last two years preceding the date of this application? Yes No

7. RECERTIFICATION. If this form is being used for recertification and you have changed employment during the past year, you must complete the "Your Work" section of the TAA Rental Application.

Applicant

Date of Signing Application

Co-Applicant

Date of Signing Application
