

RESIDENT ELIGIBILITY APPLICATION (REA)

Property Name: _____ Unit #: _____

Household Name: _____

Current HH Size: _____ Effective Date of Certification: _____ Initial Certification
 Number of Bedrooms: _____ Original Certification Date: _____ Re-Certification

Certification Type:

THE FOLLOWING SECTION IS TO BE COMPLETED ENTIRELY BY THE APPLICANT/RESIDENT

HOUSEHOLD COMPOSITION:							
Hshld Mbr	First Name	Last Name	MI	Date of Birth mm-dd-yyyy	SSN *See page 4 Last 4 digits	Fulltime Student Status **	
Head	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

** Have you in this calendar year or will you in the next calendar year, be a fulltime student for five months or more?

Household Member's Name: _____

Contact Phone: _____ Contact E-mail: _____

Income Source or Employer: _____ Phone: _____

Address: _____

Position: _____ Hire Date: _____

Supervisor: _____ Income/Salary: \$ _____

Household Member's Name: _____

Contact Phone: _____ Contact E-mail: _____

Income Source or Employer: _____ Phone: _____

Address: _____

Position: _____ Hire Date: _____

Supervisor: _____ Income/Salary: \$ _____

Property Name: _____ Unit #: _____

Household Member Name: _____

14.	<input type="checkbox"/>	<input type="checkbox"/>	I hold a contract for real estate sold. If yes, provide a copy of the contract and an amortization schedule. (Only count interest portion of payment.)	\$ _____
15.	<input type="checkbox"/>	<input type="checkbox"/>	I have income or sources of income, other than those listed above. If yes, list type below: a.) _____ b.) _____	\$ _____ \$ _____ \$ _____

ASSET INFORMATION:

	Yes	No		Balance or Value	Interest Earned
16.	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
17.	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
18.	<input type="checkbox"/>	<input type="checkbox"/>	I have a Money Market account(s). If yes, list sources/bank names a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
19.	<input type="checkbox"/>	<input type="checkbox"/>	I have treasury bills, certificate(s) of deposit (CDs), or stocks/bonds (NOT held in a retirement account). If yes, list sources/bank names a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/>	I have a trust fund. <input type="checkbox"/> Revocable <input type="checkbox"/> Non-Revocable If yes, list bank(s)/trustee _____	\$ _____	\$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Keogh Account/401K. If yes, list financial entity(ies) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have a pension or annuity asset. (NOT receiving income currently.) If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I <input type="checkbox"/> own <input type="checkbox"/> or am in the process of selling or <input type="checkbox"/> have sold real estate in the last 2 years. If yes, attach explanations and supporting documentation.	\$ _____	\$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life or universal life insurance policy. If yes, how many policies? _____	\$ _____	\$ _____

