

# **Rental Application for Income Certification**

PLEASE COMPLETE  $\underline{ALL}$  SECTIONS OF THE APPLICATION. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT FOR COMPLETION.

PLEASE PROVIDE COPIES OF ALL SUPPORTING DOCUMENTS AS WE ARE UNABLE TO RETURN DOCUMENTS TO YOU.

□ New Tenant A	ddress of property:			
☐ Renewal Tenant				
<u>APPLICANT</u>		CO-APPLICANT		
Name:		Name:		
Address:		Address:		
City	Zip	City		Zip
Phone		Phone		
Email		Email		
Last 4 digits of Social Security #:		Last 4 digits of Social Security #:		
Date of Birth:/		Date of Birth:	//	-
9	□ Married ed □ Divorced	MARITIAL STAT	_	□ Married □ Divorced
<b>SEX:</b> □Male □Female □Non-bina	ry/Non- conforming	<b>SEX:</b> □Male □Fe	male □Non-binar	y/Non- conformi
RACE OF APPLICANT:		RACE OF CO-APP	LICANT:	
□ American Indian/Alaska Native □ White/Caucasian □ Black/African American □ Nat. Hawaiian or Other Pacf. Islander □ Asian □ Two or more races □ Other □ I do not wish to disclose this information		□ American Indian/Alaska Native □ White/Caucasian □ Black/African American □ Nat. Hawaiian or Other Pacf. Islander □ Asian □ Two or more races □ Other □ I do not wish to disclose this information		
ETHNICITY OF APPLICANT		ETHNICITY OF CO	D-APPLICANT	
□ Hispanic or Latino		□ Hispanic or Latino		
□ Non-Hispanic or Latino □ I do not wish to disclose		□ Non-Hispanic or		
LLLOO HOLWISH IO AISCIOSE		TITUO DOLWISH TO	OISCIOSE	

#### PLEASE LIST ALL PEOPLE WHO WILL BE RESIDING IN THE UNIT: Individual will reside in unit Name Relationship at least 50% of the year Age YES NO YES NO YES NO YES NO YES NO YES NO TOTAL HOUSEHOLD SIZE: \_\_\_\_\_ **DO YOU OWN A VEHICLE:** □**No** ☐ Yes, how many? \_\_\_\_\_ **CURRENT PRIMARY EMPLOYMENT: Co-Applicant Applicant** Company: \_\_\_\_\_ Company: \_\_\_\_\_ Address: Address: City, State\_\_\_\_\_Zip \_\_\_\_\_ City, State\_\_\_\_\_ Zip \_\_\_\_\_ Date of hire \_\_\_\_\_ Date of hire \_\_\_\_\_ Position: \_\_\_\_\_ Position: \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_ ☐ I am retired ☐ I am retired ADDITIONAL MONTHLY INCOME (check and complete all that apply): **Applicant Co-Applicant** ☐ Average overtime earning \$\_\_\_\_\_ □Average overtime earning \$\_\_\_\_\_ ☐ Year round part time employment \$\_\_\_\_\_ ☐ Year round part time employment \$\_\_\_\_\_ ☐ Seasonal employment \$\_\_\_\_\_ ☐ Seasonal employment \$\_\_\_\_\_ ☐ Retirement or Pension income \$\_\_\_\_\_ ☐ Retirement or Pension income \$\_\_\_\_\_

If multiple sources, please list: \_\_\_\_\_

☐ Social Security Income \$\_\_\_\_\_

☐ Veteran benefits \$\_\_\_\_\_

If multiple sources, please list: \_\_\_\_\_

☐ Social Security Income \$\_\_\_\_\_

☐ Veteran benefits \$

☐ Unemployment income \$	☐ Unemployment income \$
□ TDI \$	□ TDI \$
☐ Long-term Disability (not SSDI) \$	☐ Long-term Disability (not SSDI) \$
☐ Child Support \$	☐ Child Support \$
☐ Alimony \$	□ Alimony \$
☐ Family Support \$	☐ Family Support \$
☐ SSI or SSDI \$	☐ SSI or SSDI \$
☐ RI Works \$	□ RI Works \$
☐ Other Income \$	☐ Other Income \$
Explain Other:	Explain Other:
ASSETS - Assets will count at 1% of their value towards I	household income:
Total Checking Acct Balances (current statement) \$	Number of accounts:
Total Savings Acct Balances (current statement) \$	Number of accounts:
Total Money Market Acct Balances (current statement) \$	Number of accounts:
Total 401(k) balances (current statement) \$	Number of accounts:
Total IRA/Roth IRA balances (current statement) \$	Number of accounts:
Total Investment or Brokerage Acct Balances (current states	nent) \$ Number of accounts:
Total CD balances (current statement) \$	Number of accounts:
Other Asset(s) \$	
Explain Other:	
REAL ESTATE:	
☐ I have an ownership interest in a home or other real estat	re.
Address:	
☐ I currently own a home/real estate that is on the market be Current mortgage balance \$	out not under contract List price \$
☐ I currently own a home that is already under contract Current mortgage balance \$	Contract price \$
$\square$ I have sold a home in the last 12 months	
Proceeds from sale \$	

## **CERTIFICATIONS**

## Applicant and co-applicant, if applicable, to initial next to EACH certification

Applicant	Date	Co-Applicant	Date
,		ntion contained in this application our income certification applicatio	
members from all	sources that are anticipate rces of income anticipated	ility is determined based on the gred to be received during the comin to be received during the coming	g 12-month period, and
,		residents already, we will be requestions of having taken occupancy of the	
•	period and that our incom	sclosed <u>all</u> persons who will be re e eligibility is based on my/our ce	
I/We und income certification		ying to rent a deed restricted hom	ne that requires annual
•	ify that the information co st of my/our knowledge ar	ntained in this application and cer nd belief.	tification are true and

## REQUIRED SUPPORTING DOCUMENTATION

#### Please provide copies of the following documents as they relate to EACH person in the household

1 (one) year current personal federal tax returns with all schedules, 1099s and W2s;
(a) 2 (two) years, if self-employed
(b) If you are <u>not required</u> by the IRS to submit a tax return based on your sole source of income being nontaxable income
and you did not file a return, please provide a notarized attestation attesting to that fact;
(c) If you have not filed a tax return but are required to, please provide current IRS Verification of Non-Filing Letter;
(d) If you filed an extension, please provide a copy of the confirmation email that the IRS accepted your request.
If self-employed, current year to date Profit and Loss Business Statement <u>and</u> Balance Sheet;
2 (two) month's most recent pay stubs for each source of employment;
For students 18-23 years old, documentation of full or part time school enrollment status;
Social Security, Pension, Retirement, VA, SSI, SSDI, or Disability payments Benefit letter(s);
Documentation of child support and/or alimony payments;
Proof of legal separation or divorce;
Copy of current Driver's License or government issued identification card for each adult in the household;
If monthly financial support is being provided by a family member, please provide a notarized attestation from the
person providing the support attesting to the maximum amount of support provided on a monthly basis;
If any adult in the household claims to have no income and does not plan to in the coming 52 weeks preceding occupancy
and/or has no assets held in their name, please provide a notarized attestation attesting to the applicable facts;
6 (six) month's most recent checking account statements (all pages);**see below
6 (six) month's most recent money market account statements (all pages);*see below
6 (six) month's most recent savings account statement (all pages);**see below
Most recently issued statement(s) for 401(k), 403 (b), IRA, ROTH IRA, etc. Statements;
Most recently issued statement(s) for investment and brokerage accounts;
Most recent issued statement(s) for CDs;
Documentation for any other assets;
If you currently selling a home, please provide a copy of the most recent mortgage statement and a copy of the Purchase
and Sales agreement, and a final closing disclosure when it becomes available; If you have sold a home in the last 12 months, please provide a copy of the final settlement statement;
*For all non-verifiable deposits over \$100 or if multiple non-verifiable deposits appear on a single day regardless of amount, please provide a
written explanation, itemized by deposit, as to the source and nature of the deposit. Please also provide the appropriate supporting
documentation when applicable. Examples of a non-verifiable deposit are: ATM deposits, mobile deposits, counter credits, Venmo, Cash App,
Zelle or the like.

If you have any questions with regards to completing this application, please call  $\bf Melina\ Lodge\ at\ 401.721.5680\ ext.\ 104$