



PARKLANE MANAGEMENT COMPANY, LLC

INVESTMENT PROPERTY
DEVELOPMENT ■ MANAGEMENT

www.parklaneco.com

Table with 4 columns: Date Rec'd, Annual Income, # Occupants, Set Aside %, Bedroom #, Background CK ran, App. Fee Paid, Manager Signature

This is an application for housing at: Please complete this application and return to:

Applicant Name: Daytime Phone:

Present Address: Evening Phone:

Apartment size requested: Studio One Bedroom Two Bedroom

Do you have a disability which requires a unit with special features? If YES, what features do you require?
Do you have a disability which requires an auxiliary aid? If YES, what aides do you require?

Table with 7 columns: Name, Relationship To Head, Birth Date, SS #, Driver's License # & State, Student Y/N

Do you anticipate a change in the family composition in the next twelve months? (ie. Marriage, addition of children and/or adult, divorce) YES NO

If yes, please explain:

Student Status

Will any of the adult persons in the household be or have been full-time students at least five calendar months of this year or plan to be in the next calendar year at an higher educational institution with regular faculty and students? YES NO

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Table with 3 columns: Question, YES, NO



INCOME - List ALL sources of income. If a section doesn't apply, cross out or write NA.						
Household Member Name		Source of Income			Gross Monthly \$	
		Social Security			\$	
		SSI Benefits			\$	
		Pension (List source)			\$	
		Veteran's Benefits (List claim #)			\$	
		Unemployment Compensation			\$	
		Title IV/TANF			\$	
		Health & Welfare Cash Grant			\$	
		Minor - Unearned Income			\$	
		Full-time Student Income(18 & over)			\$	
		Interest Income (source)			\$	
Member Name		Source of Income				
Employer Name		Employment Amount (HR/ WK/MO/YR)			\$	
Address:		Occupation:		Date Hired:		
		Phone:		Fax :		
Employer Name		Employment Amount (HR/ WK/MO/YR)			\$	
Address:		Occupation:		Date Hired:		
		Phone:		Fax :		
		ALIMONY - Do you receive alimony?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
		If YES list the amount you receive.			\$	
		Are you <i>legally entitled</i> to receive?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
		If YES list the amount.			\$	
		CHILD SUPPORT - Do you receive child support?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
		If YES list the amount you receive.			\$	
		Are you <i>legally entitled</i> to receive?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
		If YES list the amount.			\$	
		Other Income			\$	
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts x 12)					\$	
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR					\$	
Do you anticipate any changes in this income in the next 12 months?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is any member of the household legally entitled to receive income assistance?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is any member of the household likely to receive income or assistance from someone who is not a member of the household as listed on page 1?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES TO ANY OF THE ABOVE, EXPLAIN:						
ASSETS						
Please mark every question either YES or NO. / If you answer YES, complete the blanks on the right.						
DO YOU HAVE...?	NO	YES	Name Acct.	Account #	Balance/Value	Bank - (Name & Address)
Checking Account						
Saving Account						
Money Market Acct						
Certificate Deposit						
Trust Accounts						
Stocks or Bonds						
IRA/ Keogh/ Life Ins./ Retirement Acct.						
Other						



Real Estate Property: Do you own any real property?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, home or rental?		
Location of property:		
Appraised Market Value		\$
Mortgage or outstanding loans - balance		\$
Amount of annual insurance premium		\$
Amount of most recent tax bill		\$
Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household listed on page 1?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, describe:		
Do they have access to the asset(s)?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you sold/disposed of any property in the last two years, for less than fair market value?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, type of property:		
Market value when sold/disposed (Selling Price)		\$
Date of transaction:		
Have you disposed of any other assets in the last two years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, describe the asset:		
Date of disposition:		
Amount disposed		\$
ADDITIONAL INFORMATION		
Have you or anyone who will be residing in the unit ever been convicted of a criminal offense?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, describe:		
Are you or anyone who will be residing in the unit required to register as a sex offender?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, describe:		
Have you ever been asked to vacate by a current/previous landlord?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES - Apt. Name _____ City _____ State _____		
Have you ever filed for bankruptcy?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, describe:		
Will you be able to take an apartment when one is available?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have / or have applied for a housing voucher?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, name of agency:		
REFERENCE INFORMATION		
Current Landlord	Name	
	Address	
	Bus. Phone	Home Phone:
	How long?	
Prior Landlord	Name	
	Address	
	Bus. Phone	Home Phone:
	How long?	
EMERGENCY CONTACT INFORMATION		
In case of emergency notify - name:		
Address:		
Phone #:	Relationship:	



VEHICLE INFORMATION

List all cars, trucks or other vehicles owned. Parking maximum is for two vehicles per apartment.
Arrangements with Management will be necessary for more than two vehicles.

Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pets	<input type="checkbox"/> YES <input type="checkbox"/> NO

If YES, describe:
In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize **Moco, Inc.** whose address is P.O. Box 2828, Seattle, WA 98111, and whose telephone number is (800) 814-8213, to conduct the screening and to release information obtained to landlord and landlord's agent. If the application is denied or approved conditionally based upon information contained in this report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

CERTIFICATION

I/We certify that if selected to move into this project, the unit occupied will be my/our only residence. I/We understand that the above information is being collected to determine eligibility for income restricted income units. Federal regulations require that in order for a family to be eligible for this type of housing, the income of the family, as well as their assets must not exceed certain established limits. I/We authorize the Agent to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

_____	_____
(Signature of Tenant)	(Date)
_____	_____
(Signature of Co-Tenant)	(Date)

HOUSEHOLD COMPOSITION: "The following information is requested by the apartment Owner in order to assure the Federal Government that the Federal Laws prohibiting discrimination against tenant application's on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the Owner is required to note the race, national origin and sex of the individual on the basis of visual observation or surname."

Marital Statues of Head of Household - check one	<input type="checkbox"/>	Married	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Unmarried (Single / Divorced / Widowed)
	<input type="checkbox"/>	White	<input type="checkbox"/>	Black		Hispanic
Race/National Origin of Head of Household - check one		<input type="checkbox"/>	Asian or Pacific Islander		<input type="checkbox"/>	American Indian or Alaskan Native

I do not wish to answer.
Please tell us how you heard about our community:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper	Friend	Tenant	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency	Drive - By	Other	



General Release Form

RE: _____

Return to: **Parklane Management**
817 W. FRANKLIN STR
BOISE, IDAHO 83702
208-345-3221
208-342-1209 FAX

To Whom It May Concern:

The person(s) named above is a resident/applicant for income restricted housing. Federal regulations require that in order for a family to be eligible for this type of housing, the income of the family, as well as their assets must not exceed certain established limits. The information requested below will be held in STRICT CONFIDENCE as is required under the provisions of the applicable law and will be used only to determine the eligibility of the family for the housing. Thank you for your cooperation.

Resident Manager

Date

All adult members of household must sign below

Tenant/Applicant Signature

Date

Social Security Number

Tenant/Applicant Signature

Date

Social Security Number

Tenant/Applicant Signature

Date

Social Security Number

Tenant/Applicant Signature

Date

Social Security Number

This form expires one year from date of signature.





STUDENT AFFIDAVIT

This Affidavit is to be signed by individuals 18 years of age and over.

1. Check as applicable:

- I am not a full time or part time student and **do not anticipate becoming** a student within the next 12 months.
- I am now a **part time student** and do not intend on becoming a full time student in the next 12 months. (Please furnish your last 12 months of class schedules)
- I am now a **full time student** and expect to be for the next ____months. (Go to #2)
- I **anticipate becoming** one of the following in the next 12 months:

___Part time student

___Full time student

2. To be completed by full time students or anticipated full time students only. Check all that apply:

- I am married and have filed a joint income tax return (please furnish copy of most recent tax return).
- I currently receive financial assistance under Title IV of the Social Security Act (AFDC/TANF).
- I currently participate in the Workforce Investment Act or other similar federal, state or local program. Please provide documentation that job training qualifies under such program.
Name of program: _____
- I am a single parent and neither my child(ren) nor I are dependants of another individual. (I cannot be claimed on another individual's income tax return)
- None of the above.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. **I also understand that I am to immediately report any changes in my student status to the management.** I understand that my student status may affect my qualifications as a qualifying tenant under Section 42 of the Internal Revenue Code.

Signature of applicant/Tenant

Printed name

Date

Signature of AGENT

Date





UNDER \$5,000 ASSET CERTIFICATION
 Complete only one form per household; include assets of children.

Household Name: _____

Unit No. _____

Complete all that apply for 1 through 4:

1. MY/OUR ASSETS INCLUDE:

Cash Value	Int. Rate	Annual Income	Source	Cash Value	Int. Rate	Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money Market Funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in Real Estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital Investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not name Above: _____				
\$ _____	_____	\$ _____	Personal property held as an investment**:				
\$ _____	_____	\$ _____	Other (list): _____				

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.
 * Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

** Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual **income** from the **net family assets** is \$ _____. This amount is included in total gross annual income.

2. Mark ONLY if you have zero assets listed at the top of page.

 I/we do not have any assets at this time.

Mark either #3 OR #4 ONLY

3. within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).

4. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant _____

Date _____

Applicant/Tenant _____

Date _____

