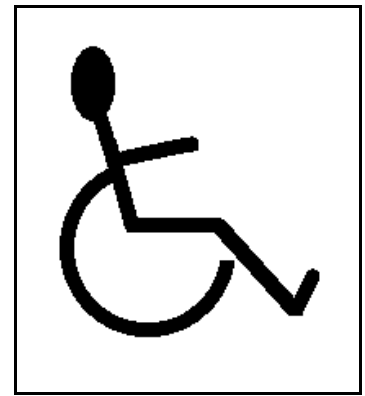


**APPLICATION
FOR**
Abbott Apartments
A PathStone Development



INSTRUCTIONS:

Please complete all pages and areas of this application to the best of your knowledge. The information listed on this page is for purposes of statistical reporting **ONLY** to the U.S. Department of Housing and Urban Development ("HUD") All application information will be kept in the strictest confidence. If you have questions or need assistance, please do not hesitate to contact Lorraine Richardson at 765-641-2620 x112 or lrichardson@ahain.org

1. Number of Persons in Household _____
2. Is the head of household age 62 or older? Yes No
3. Is this a Hispanic Household? Yes No
4. Is there an individual in this household who is disabled or handicapped? Yes No
5. Ethnic Background: (please check one)

White	<input type="checkbox"/>	11
Black/African-American	<input type="checkbox"/>	12
Asian	<input type="checkbox"/>	13
American Indian/Alaskan Native	<input type="checkbox"/>	14
Native Hawaiian or Pacific Islander	<input type="checkbox"/>	15
American Indian/Alaskan Native & White	<input type="checkbox"/>	16
Asian & White	<input type="checkbox"/>	17
Black/African American & White	<input type="checkbox"/>	18
American Indian/Alaskan Native & Black/African American	<input type="checkbox"/>	19
Other Multi-Racial	<input type="checkbox"/>	20
I Choose Not To Provide	<input type="checkbox"/>	21

RENTAL APPLICATION

The information collected below will be used to determine whether you qualify as a renter under the HOME Investment Partnership Program and Affordable Housing Program. This information will not be disclosed outside the Anderson Housing Incorporated or its affiliates (including, but not limited to PathStone Corporation and PathStone Housing Corporation of Indiana) without your consent except to your employer for verification of income and employment and to financial institutions for verification of information, and as required and permitted by law.

APPLICANT CURRENT INFORMATION				
Applicant's Name:			Phone:() - Email	
↑ (Last)	↑ (First)	↑ (Middle)		
Address:		Drivers License No.		
Present Street Address ↑		(City) ↑	(State)	(Zip)
Number of Dependents (Living in home) ↓ _____		Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are employed complete the following information. If you are not employed, please check here: <input type="checkbox"/> ←				
Name of Employer ↑		Address of Employer		(City) ↑ (State) (Zip)
Business Phone Number: () Business Fax Number: () Business Email:		Position/Title:	No. of Yrs. on Job: ↓ _____	Yrs. in this line of work:↓ _____
CO-APPLICANT CURRENT INFORMATION (The Co-Applicant is an individual whom shares the household liability such as a spouse.)				
Co-Applicant's Name:			Phone:() - Email	
↑ (Last)	↑ (First)	↑ (Middle)		
Address:		Do you ... <input type="checkbox"/> Own? <input type="checkbox"/> Rent?		
Present Street Address ↑		(City) ↑	(State)	(Zip)
Number of Dependents (Living in home) ↓ _____		Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are employed complete the following information. If you are not employed, please check here: <input type="checkbox"/> ←				
Name of Employer		Address of Employer		(City) (State) (Zip)
Business Phone Number: () Business Fax Number: () Email:		Position/Title:	No. of Yrs. on Job:	Yrs. in this line of work:

HOUSEHOLD COMPOSITION (List the head of your household and **all members** who live in your home. Give the relationship of each family member to the head, their date of birth and SS#.)

Member No.	Full Name	Relationship	DOB	Social Security No.
Head of Household				
2				
3				
4				
5				
6				

LIST 2 YEARS OF LANDLORD HISTORY

Current Address	Monthly Housing Cost \$	How long have you lived here?
Do you <input type="checkbox"/> own or <input type="checkbox"/> rent this property? If "Own" list mortgagee below if "Rent" list name of community, landlord or manager's name	Contact Phone	
Previous Address	Monthly Housing Cost \$	How long have you lived here?
Did you <input type="checkbox"/> own or <input type="checkbox"/> rent this property? If "Own" list mortgagee below if "Rent" list name of community, landlord or manager's name	Contact Phone	
Previous Address	Monthly Housing Cost \$	How long have you lived here?
Did you <input type="checkbox"/> own or <input type="checkbox"/> rent this property? If "Own" list mortgagee below if "Rent" list name of community, landlord or manager's name	Contact Phone	

APARTMENT REQUIREMENTS AND OTHER MATERIAL INFORMATION

Is there anyone living with you now who won't be living with you at this property? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect any additional persons in your household within the next 12 months? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any absent household members who under normal conditions would live with you? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does an adult of the household have primary physical custody of every child listed on this application? If no, explain: <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your household have or anticipate having any pets other than those used as service animals? Describe: Height: Weight:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or anyone else named on this application filed for bankruptcy? Explain: Provide Dates	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or anyone else named on this application been convicted of a felony? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or anyone else named on this application been convicted of dealing or manufacturing illegal drugs? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or anyone else named on this application had legal action taken against you for nonpayment of a bill? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or anyone else named on this application broken a rental agreement or lease contract? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or anyone else named on this application been sued for property damages? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or anyone else named on this application been evicted or asked to move from a rental unit of any type, including an apartment, home, mobile home or trailer? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

MOTOR VEHICLES

Automobile Model	Year	Color	License Plate Number
Automobile Model	Year	Color	License Plate Number

EMERGENCY NOTIFICATION

Name	Phone
Address	Relationship
Name	Phone
Address	Relationship

How did you hear about Abbott Apartments? _____

When do you wish to occupy the apartment? _____

Do you have a unit preference? Upstairs Downstairs

Explain: _____

ANNUAL INCOME estimate your household's gross annual income in the following categories.				
Source	Applicant	Co-Applicant	Other working household members 18 or older	TOTAL
Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Social Security				
Pensions, Retirement Funds, etc., Received Periodically				
Address of Agency Issuing Pension, or Agency with :	Address:	Address:	Address:	
	(City) ↑ (State) (Zip)	(City) ↑ (State) (Zip)	(City) ↑ (State) (Zip)	
Unemployment Benefits				
Workers Compensation, etc.				
Alimony, Child Support				
Welfare Benefits				
Other				
			TOTAL:	

If you do not have the following accounts please write "no accounts" or "na" next to the account you do not have.

ASSETS			
Type	Cash value	Bank / Institution NAME	Contact address & phone number And fax if possible
Checking Account(s)			
Savings Accounts(s)			
Credit Union Account(s)			
Stocks			
Life Insurance			
Real Estate			
Cash on hand			
Estimated Value			

Consent Agreement

**I/We hereby declare the information provided in this rental application is true, correct and complete to the best of my knowledge. I/We understand that any willful misstatement of material fact will be grounds for disqualification. Furthermore, I/we hereby authorize the holder of this consent agreement to obtain investigative credit reports from prior landlords and other reasonable reports in connection with this application. This report may include information as to my character, general reputation, personal characteristics and/or mode of living and credit standing. The information received by the management relative to this application and consent agreement will be regarded as confidential in nature and protected accordingly to the extent permitted by law _____ initial
_____ initial**

Applicant

Date

Co-Applicant

Date

Adult Dependent

Date

ABBOTT APARTMENTS

TENANT SWORN INCOME AND ASSET STATEMENT

NOTE: ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER ARE REQUIRED TO COMPLETE AND RETURN A SEPARATE SWORN INCOME STATEMENT. ALL QUESTIONS MUST BE COMPLETED.

Name: _____

S.S. # (last 4 digits) :

Contact #: _____

Date: _____

Certification Type: Initial Move-In Re-certification Other

Housing Program: Low-Income Tax Credit HOME Other

PLEASE COMPLETE FORM IN ITS ENTIRETY. DO NOT LEAVE ANY UNANSWERED QUESTIONS.

Income Source	Monthly	Annual Amount	Notes
JOB 1			
<i>Overtime or Shift Pay</i>			
<i>Tips</i>			
<i>Cash Pay</i>			
<i>Severance Pay</i>			
JOB 2			
Self-Employment			
Social Security			
Supplemental Security (SSI)			
Pension/Veteran's Admin			
TANF/AFDC			
Unemployment Benefits			
Workers' Comp			
Formal Child Support			
Informal Child Support			
Educational Assistance			
Other Income:			

- Are any income changes expected in the next 12 months? YES NO
If yes, please explain: _____
- Do you receive Assistance with your housing payment? YES NO
If yes, what is the Agency name? _____ *Amount?* \$ _____
- Do you **HAVE** court ordered child support or alimony? YES NO
If yes, what is the amount ordered? \$ _____
- Are you currently receiving child support or alimony? YES NO
If yes, what is the amount received? _____



ABBOTT APARTMENTS

Print Name: _____

Student Status

- Are you a student enrolled in higher learning? YES NO
*If yes, are you over the age of 23 AND have dependent children **OR** you are living with your parents who are receiving Section 8 assistance?* YES NO
- Do you anticipate becoming a full-time student within the next 12 months? YES NO
If you answered YES to either of the above, are you:
 - I. Receiving assistance under Title IV of the Social Security Act? YES NO
 - II. Enrolled in a government job training program? YES NO
 - III. Married and eligible to file a joint tax return? YES NO
 - IV. Single parents household with at least one dependent child. The parent is not the dependent of another individual and the child is only a dependent of the resident or the other non-resident parent. YES NO
 - V. Student married and *entitled* to file a joint tax return. YES NO
- Are you or any member of your household subject to a lifetime state sex offender registration program in any state? YES NO *If yes, please explain* _____
- Have there been any changes to your household composition since move in? YES NO N/A _____
- Are you a veteran? YES NO
- Did you file a tax return last year? YES NO

Asset Source (please fill in account #'s)

- Do you have a checking account? YES NO
Balance \$ _____ Bank Name _____ Bank Account # _____
- Do you have a savings account? YES NO
Balance \$ _____ Bank Name _____ Bank Account # _____
- Do you have a Debit/direct deposit card? YES NO Approximate Cash Value: \$ _____
- Do you have a Safety Deposit Box? YES NO
Balance \$ _____ Bank Name _____ Bank Account # _____
- Do you have Mutual Funds? YES NO
Balance \$ _____ Bank Name _____ Bank Account # _____



ABBOTT APARTMENTS

Print Name: _____

- Do you have a Certificate of Deposit? YES NO
Balance \$ _____ Bank Name _____ Bank Account # _____
 - Do you have money in Trust? YES NO
Balance \$ _____ Bank Name _____ Bank Account # _____
 - Do you have Stocks or Bonds? YES NO
Balance \$ _____ Bank Name _____ Bank Account # _____
 - Do you have any Treasury Bills? YES NO
Balance \$ _____ Bank Name _____ Bank Account # _____
 - Do you have an Annuity? YES NO
Balance \$ _____ Bank Name _____ Broker _____
 - Do you have Money Markets? YES NO
Balance \$ _____ Bank Name _____ Bank Account # _____
 - Do you have an IRA? YES NO
Balance \$ _____ Bank Name _____ Bank Account # _____
 - Do you have a 401K Plan? YES NO
Balance \$ _____ Bank Name _____ Bank Account # _____
 - Do you have a Company Retirement Account? YES NO Approximate Cash Value \$ _____
 - Do you have Cash on Hand? YES NO Balance \$ _____
 - Other Asset? YES NO Source: _____ Approx. Cash Value? \$ _____
-

- Do you have whole life insurance? (not term) YES NO What is the Cash Value? _____
 - Do you have any Personal Property held as an Investment (Jewelry, coin or stamp collection, antiques)? YES NO
What is the Cash Value? \$ _____
 - Do you own Personal, Rental Property or other Capital Investments? YES NO
(Market Value less unpaid balance and selling costs = Cash Value) _____
 - Have you received any Lump Sum receipts? (Inheritances, capital gains, lottery winnings, insurance settlements or other claims)
YES NO If yes, WHEN? _____ AMOUNT? _____
 - Have you sold, given away or otherwise transferred ownership of assets or property within the last 2 years?
YES NO If yes, list items

 - Does your minor child(ren) have any assets (Savings Account, Certificate of Deposit, Savings Bond (s), etc.)?
YES NO If yes, please provide Bank and Account Number(s) for all that apply:

-



ABBOTT APARTMENTS

Print Name: _____

TOTAL OF NET FAMILY ASSETS \$ _____

The information provided on this form will be used to determine maximum income eligibility.

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud, false, misleading or incomplete information may result in the termination of the application or lease agreement.

Printed Name of Lessee

Signature of Lessee

Date

Manager Signature

Date



BANK VERIFICATION

TO (_____

ABBOTT APARTMENTS c/o AHI
 528 W 11th Street Anderson IN
 Phone: 765-641-2620 x112
 Email: lrichardson @ahain.org

SUBJECT: Verification of Information Supplied by an Applicant

Name: _____ **Address:** _____
Social Sec. #: _____ **Account #:** _____

I hereby authorize release of my bank account information.

 Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential for satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

 Project Owner/Management Agent

TO BE COMPLETED BY THE BANK OR OTHER FINANCIAL INSTITUTION:

Please provide complete information on all accounts held by the above named person(s). Include information on any and all **CHECKING, SAVINGS, IRA, KEOGH, CERTIFICATES OF DEPOSIT, MUTUAL FUNDS, MONEY MARKET, ETC.** (Use an additional verification form if necessary.) **PLEASE ANSWER ALL QUESTIONS AND DO NOT USE WHITE-OUT.**

Type of Account	Account Number	Date Opened	Current Balance	* 6 month Average Balance on Checking	Current Interest Rate
1.					
2.					
3.					
4.					

** 6 month average balance needed for checking accounts only.*

Are any of the above accounts held jointly and/or to the benefit of anyone other than the person listed above? Yes: No:
 If 'yes', describe (with whom, which accounts & % ownership): _____

Does the above named person rent a SAFE DEPOSIT BOX at your institution? Yes: No:

Signature of Person _____
 Verifying Information: _____ Title: _____

Telephone: _____ Date: _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer) _____ Date: _____

RE: _____
Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential for the satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Return Form To:

Abbott Apartments c/o Anderson Housing Inc
528 W 11th Street
Anderson IN 46016
Phone: 765-641-2620 x112
Email: lrichardson@ahain.org

THIS SECTION TO BE COMPLETED BY EMPLOYER

IF NOT APPLICABLE, PLEASE WRITE N/A. PLEASE DO NOT LEAVE BLANK SPACES AND DO NOT USE WHITE-OUT.

Employee Name: _____ Job Title: _____

Presently Employed: Yes ___ No ___ Date First Employed _____ Last Day of Employment _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ through ___/___/___

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Date of last pay increase _____ Amount of last pay increase _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

Is employment seasonal or sporadic? Yes ___ No ___

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Is employee eligible for unemployment compensation? Yes ___ No ___ If yes, how long? _____ How much? _____

Does the employee have access to any portion of his/her pension or retirement account? Yes ___ No ___

If yes, what amount may be withdrawn without retiring or terminating employment? _____

Additional remarks: _____

Employer's Signature Employer's Printed Name Date

Employer [Company] Name and Address

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



Authorization to Access Credit Report and Conduct Background Screen

Applicant

Name: _____
Last Name (Print) First Name Middle Name

Social Security Number Date of Birth

Street Address City State Zip Code

Co-Applicant

Name: _____
Last Name (Print) First Name Middle Name

Social Security Number Date of Birth

Street Address City State Zip Code

Telephone Number: _____ Email: _____

I (we) authorize Abbott Apartments/ AHI Inc, located at 528 W 11th Street to secure credit reports and conduct background screens on use. The purpose of the credit information and background screening is for eligibility as a rental tenant and also for providing counseling to me (us) as necessary.

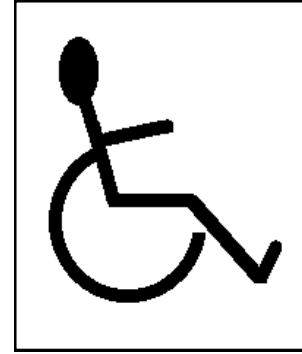
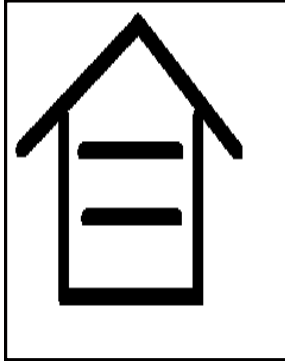
NOTICE TO APPLICANT: This information is used by Abbott Apartments and Anderson Housing Inc., or their assignees, for the purposes of Tenant Eligibility. It will not be disclosed to any outside agency except as required and permitted by law.

Applicant Signature

Co-Applicant Signature

Date

Date



NOTICE TO Rental Applicants

After carefully reading and filling out the attached Housing Application completely, please carefully gather the items on the previous pages which pertain to you, or anyone living in the residence. All items which apply to you, or anyone that will be residing in the apartment, must be sent in order for your application to be processed quickly and efficiently.

Please carefully gather *all* of the materials that pertain to your household and mail them all together and send them in any of the following methods to start your qualification process. It is anticipated that your eligibility determination will take approximately 2 weeks from the day your documents are received. If you have any question or need additional information, please feel free to call Lorraine Richardson at:

**ANDERSON HOUSING AUTHORITY
528 W 11TH STREET
ANDERSON IN 46016**

Phone: 765-641-2620 x112

Fax: 765-641-2629

Email: lrichardson@ahain.org