

Date Received: _____ Time Received: _____ Application taken by: _____

APPLICATION FOR HOUSING

This is an application for housing at:

INDICATE WHAT LOCATION YOU ARE INTERESTED IN

Please email the completed application to customerservice@dolphinps.com or mail it to Dolphin Property Services, 44 Warburton Ave, 1st Floor, Yonkers, NY 10701

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. ANY QUESTIONS THAT DO NOT APPLY, PLEASE MARK "NONE" OR "\$0.00".
DO NOT LEAVE ANY BLANK LINES.

A. APPLICANT AND FAMILY INFORMATION

List ALL permanent household members who will live in the apartment home during the next 12 months. Be sure to list any temporarily absent family members, foster children/adults, unborn children or Live In Care Attendants.

	Name	Relationship to head of household	Date of Birth	Age	Sex	Social Security #	Are you a Student? List "No", "Part Time", or "Full Time"
Head		Self					
Co-Head							
3.							
4.							
5.							
6.							
7.							
8.							

Do you anticipate any additions to the household in the next twelve months? YES NO

If yes, explain

Are all members of the household U.S. citizens or permanent resident aliens? YES NO

Address: _____
 Street Apt. # City State Zip

Home/Cell Phone: _____ Work Phone: _____ Other Phone: _____

Bedroom size requested: Studio One Bedroom Two Bedroom Three Bedroom Four

Bedroom Five Bedroom

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Do you desire an apartment with accessible features? Yes No (check one)

If so, what features? _____

B. STUDENT STATUS INFORMATION

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? YES NO

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any full-time student(s) a TANF or a Title IV recipient?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was any member of the household previously in foster care up to age of 25 (this does not include students currently in foster care)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

C. EMPLOYMENT INFORMATION

Head of Household Employer	Employer:
	Gross Monthly Income \$ _____ including bonuses, overtime, tips, commission, etc.
	Date Started:
	Position Held:
	Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ Gross Monthly Income \$ _____

Co-head/ Roommate Employer	Employer:
	Gross Monthly Income \$ _____ including bonuses, overtime, tips, commission, etc.
	Date Started:
	Position Held:
	Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ Gross Monthly Income \$ _____

Co-head/ Roommate Employer	Employer:
	Gross Monthly Income \$ _____ including bonuses, overtime, tips, commission, etc.
	Date Started:
	Position Held:
	Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ Gross Monthly Income \$ _____

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D. ADJUSTED INCOME DEDUCTIONS

For family households only- List below any amounts paid by you for child care expenses for family members below 13 years of age which enable you to be gainfully employed or to attend school on a full-time basis.

Paid to: _____ **Monthly Amount Paid:** _____

For elderly/disabled households only- (Head of Household or Spouse is over 62 years old, is handicapped or disabled). List below any medical expenses that you currently pay.

Paid to:	Monthly Amount Paid:

E. INCOME INFORMATION

Please indicate each source of income received or anticipated within the next 12 months

DESCRIPTION OF INCOME OR STATUS	RECEIVES NOW OR ANTICIPATES RECEIVING (Must check Yes or No)	IF YES, HOUSEHOLD MEMBER NAME	GROSS AMOUNT RECEIVED MONTHLY
HOH Employment/ Anticipated Employment	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Co-head/ Roommate Employment/ Anticipated Employment	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Self- Employment	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Military Pay	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Alimony	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Child Support	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Unemployment Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
SSI, SSD	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
V.A. Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Public Assistance	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Disability, Worker's Comp.	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Recurring Gift of monetary value	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Regular Payments from Retirement Account	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Regular Payments from Trust Account	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Scholarships	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Grants	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Insurance Policies, Death and Disability Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Income from Rental Property	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Other: Type _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$

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F. ASSETS

Please include all assets, including assets for children

DESCRIPTION OF ASSET	CURRENTLY HAVE	IF YES, HOUSEHOLD MEMBER NAME	VALUE
Cash on hand	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Checking Account (6 mo. Avg. balance)	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Savings Account (current balance)	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
CDs, Money Market, Mutual Funds, Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
IRA, 401K, Pensions, Annuities	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Life insurance policy (Whole)	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Real Estate currently owned/ Rental Property	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Assets disposed of for less than Fair Market Value in past 2 yrs	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Have you received any lump sum payments such as Inheritance, Lottery winnings, Insurance settlements, Etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Other: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$

G. REFERENCE INFORMATION

CURRENT LANDLORD

Landlord Name	
Address	
Phone	
Month and year moved in:	
Reason for moving:	
No. of BR's in current unit:	
Do you Rent of Own?	
Amount of current monthly rental or mortgage payment?	

H. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you or any member of your family been evicted due to drug activity in the past 3 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe:	
Have you or any member of your family ever been evicted from housing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe:	

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I. EMERGENCY CONTACT

In case of emergency notify:

Address:

Relationship:

Phone #

J. VEHICLE INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned.

Type of Vehicle:

License Plate #:

Year/Make:

Color:

Type of Vehicle:

License Plate #:

Year/Make:

Color:

K. PET INFORMATION (if applicable)

Please be aware that Property Name LP does not permit pets. Service animals are not considered pets.

Do you own any pets?

YES

NO

If yes, describe:

Please list every State that each member of the household member has resided in:

Head of Household:

Member 2:

Member 3:

Member 4:

Member 5:

Member 6:

Member 7:

Member 8:

Is any member of your household subject to a lifetime sex offender registration requirement in any State?

YES

NO

I understand that should it be discovered that a member of my household is subject to a lifetime registration requirement at admission, management will immediately pursue eviction and termination of assistance for the household member

YES

NO

Marketing Information:

How did you hear about the property?

www.relianttrs.com Walk By Flyer

Apartment Guide Rent.com Apartments.com

Craigslist

GoSection8.com

Newspaper (which paper? _____)

Housing Authority (specify agency _____)

Tenant Referral (who can we thank? _____)

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Other (specify _____)

CERTIFICATION

I/We hereby certify that I/WE DO/WE WILL not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign this application.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Tenant)

Date

(Signature of Tenant)

Date

(Signature of Tenant)

Date

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