



## MOVE-IN APPLICATION

Property Name	Property Manager	
Property Address		
Property Phone Number	Property Email Address	
<b>For office use only:</b>		
Date Application Received	Received by:	Program or Affordable

Head of Household Name		
Head of Household Address		
City	State	Zip Code
Phone Number	Message Phone Number	Email Address

The information on this form is needed to certify your household. Please complete this **entire form** and leave **no blanks**. If there are any questions that you do not understand, please call the office at «sitephonenumber».

## Section 1- Household Composition

HH Mbr	Full Name	Relationship to Head of Household (HOH)	Date of Birth	Social Security Number	Sex/Gender	Race – Ethnicity (See examples below)
1		HOH				
2						
3						
4						
5						
6						

**Do you expect any additions to the household within the next 12 months? (check one)**    ☐ YES    ☐ NO    **If yes, please explain:**

Race Categories: American Indian, Alaska Native, Asian, African American/Black, Native Hawaiian/Other Pacific Islander, White, Other \_\_\_\_\_

Ethnic Categories: Hispanic or Latino



## Section 2 – Current/Previous Residency

Current Address	Dates of Residency	Rent or Own?	Monthly Payment	Landlord/Mortgage Company Name
	From:  To:			
	From:  To:			
	From:  To:			

## Section 3 – Household Income

Does your household have income, assistance or benefits from the sources listed below?		Monthly Income/Assistance Amount	HH MBR #
<input type="checkbox"/> YES <input type="checkbox"/> NO	Self-employment (list type of self-employment)	(use net income from business) \$	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Employment with a third-party receiving wage, salary, overtime pay, commissions, fees, tips, bonuses, and or other compensations.	<b>If yes, list the information in Section 4 below.</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cash contributions or gifts (including rent or utility payments) received on an ongoing basis from persons not living with you (do not include food stamps, groceries and/or day care costs when the day care center is paid directly by the gift-giver)	\$	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Unemployment benefits	\$	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Veteran's Administration, GI Bill, or National Guard/Military Benefits/Income	\$	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Educational assistance (for full and part time students) in the form of grants, scholarships, or fellowships (do not include student loan awards that must be repaid)	\$	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Retirement benefits from Social Security	\$	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)	\$	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Unearned income from family members age 17 or under (example: Social Security, trust fund disbursements, ect.)	\$	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Disability or death benefits other than Social Security	\$	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance: _____	\$	
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/We receive public assistance income (example: TANF, AND)	\$	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Child support payments if yes, for how many children do you receive support?	\$	
<input type="checkbox"/> YES <input type="checkbox"/> NO	I am entitled to receive child support payments and am currently making efforts to collect child support owed to us. Describe efforts being made to collect child support:	Anticipated Amount: \$	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Alimony/spousal support payments	\$	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings. If yes, list sources:		

	1.	\$	
	2.	\$	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Income from real or personal property	(use net earned income) \$	

#### Section 4 – Current Employment Information *(please attach a separate form for additional employment, if needed)*

Resident Name			Occupation/Title		
Employer Name			Contact Person		
Employer Address					
City			State		Zip Code
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	# Hours Worked per Week	Work Phone	Work Fax

Resident Name			Occupation/Title		
Employer Name			Contact Person		
Employer Address					
City			State		Zip Code
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	# Hours Worked per Week	Work Phone	Work Fax

Resident Name			Occupation/Title		
Employer Name			Contact Person		
Employer Address					
City			State		Zip Code
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	# Hours Worked per Week	Work Phone	Work Fax

## Section 5 – Previous Employment *(not required for retired persons)*

Resident Name			Occupation/Title		
Employer Name			Contact Person		
Employer Address					
City			State		Zip Code
Date Hired	Ending Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Last Date Worked	Work Phone	Work Fax

Resident Name			Occupation/Title		
Employer Name			Contact Person		
Employer Address					
City			State		Zip Code
Date Hired	Ending Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Last Date Worked	Work Phone	Work Fax

## Section 6 – Student Status Certification

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

Please choose one option below that best describes your household:

<input type="checkbox"/>	The household contains <b>at least one occupant who is not a student</b> and has not been and will not be a student for five months or more out of the current and/or upcoming calendar years (months do not need to be consecutive).
	List non-student(s) here: _____
<input type="checkbox"/>	The household contains <b>all students</b> but is qualified because at least one occupant is a <b>part time</b> student. Verification of part time student status is required.
	List part time student(s) here: _____
<input type="checkbox"/>	The household contains <b>all students who were, are or will be full time</b> for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). <b>If yes, you must answer ALL five questions below:</b>
Are the students married and entitled to a joint tax return? (attach an affidavit or tax return)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is at least one student a single parent with child(ren), <b>and</b> this parent is not a dependent of someone else, <b>and</b> the child(ren) is/are not dependent(s) of someone other than the parent(s)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

Does at least one participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the household consist as at least one student who was previously under foster care? (provide verification of participation)	<input type="checkbox"/> YES <input type="checkbox"/> NO

## Section 7 – Household Asset Information

Do you have assets as listed below?		HH Mbr #	Account #(s)	Interest Rate	Cash Value
<input type="checkbox"/> YES <input type="checkbox"/> NO	Checking account(s). If yes, list bank(s) 1. 2.			% %	\$ \$
<input type="checkbox"/> YES <input type="checkbox"/> NO	Savings account(s). If yes, list bank(s) 1. 2.			% %	\$ \$
<input type="checkbox"/> YES <input type="checkbox"/> NO	Trusts(s). If yes, indicate which type (revocable or non-revocable), bank, and or trustee's name. 1. 2.			% %	\$ \$
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we own real estate (or hold a mortgage or Deed of Trust). If yes, provide description.				\$
<input type="checkbox"/> YES <input type="checkbox"/> NO	Personal property that is being held as an investment. If yes, describe.			%	\$
<input type="checkbox"/> YES <input type="checkbox"/> NO	Stocks, bonds, or Treasury bills. If yes, list sources/bank(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> YES <input type="checkbox"/> NO	Certificate(s) of Deposit (CD) or Money Market account(s). If Yes, list source(s)/bank(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> YES <input type="checkbox"/> NO	IRA/Lump Sum Pension/Keogh Account/401k. If yes, bank(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> YES <input type="checkbox"/> NO	Benefit Cards (Direct Express Debit, TANF and/or unemployment benefits)				\$
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have a life insurance policy (exclude term policies). If yes, list company. 1. 2.			% %	\$ \$
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have cash on hand or cash in a safe deposit box.				\$
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have disposed of assets (i.e. gave away money/assets) for less than fair market value in the past two years. If yes, list items and date disposed.				\$
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have income from assets or sources other than those listed above. If yes, list type.				\$

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## Signatures

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Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

Renaissance Property Management Corporation complies with the Colorado Fair Housing Act. We agree not to discriminate based upon race, color, religion, creed, national origin, sex, age, handicap, familial status, marital status, sexual orientation or membership in class.

***All household members age 18 or over must sign and date.***

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Print Name of Applicant	Signature	Date
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Print Name of Applicant	Signature	Date
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Print Name of Applicant	Signature	Date
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Print Name of Applicant	Signature	Date
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Print Name of Person Reviewing	Signature	Date
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