

BLIVEN PROPERTY MANAGEMENT LLC
HOUSING APPLICATION – Subsidized

For office use only:
Date Received: _____
Time Received: _____
Unit Size: _____
Family Size: _____

Property stamp

*****Applications will not be accepted without Birth Certificates or I-94 forms, Social Security Cards for ALL family members of the household and picture identification of adults.**

As an applicant for housing in one of our subsidized apartment units, there are certain documents that are required to establish your eligibility.

- Birth Certificates for all family members or I-94 Immigration Documents
- Social Security Cards or Certification of no Social Security assigned for all family members
- Drivers License for all applicable family members or picture identification
- Award Letters for Social Security or Welfare Assistance
- Copy of current lease/rental agreement (if applicable)
- Pay stubs

It is necessary that we have verification of your current household income and composition. Please inform us of any change in income, family size, change of address or change of telephone number. **Thank you for your cooperation and please call us if you have any questions or need further information.**

Applicant's Name: _____

Home (Current) Phone: _____ Alternative Ph. #: _____

Current Apartment Complex Name: _____

Your Current Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

How long at current address? _____

How did you find out about this Property? _____

A. **Household Composition – List the Head of Household** and all other persons who will be living in the assisted unit. Give the relationship of each additional member to the Head of Household.

Full Name First, MI, Last	Social Security #	Birth date	Age	Sex	Relationship
H. _____	_____	_____	_____	_____	_____
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

1. Are you currently living in a government subsidized unit? (yes) (no) (Section 8, Section 236, etc)
If yes, why do you want to leave? Explain: _____
2. Was your tenancy on government assistance ever terminated? _____
3. Do you plan to have anyone else living with you in the future who is not listed above? (yes) (no) If
you answered yes, please identify this person: _____
4. Are you and your family members United States Citizens? (yes) (no)
5. Have you or any other applicant on this form entered the United States illegally? (yes) (no)
6. Are you currently being or have you ever been evicted from an apartment complex or had your
lease terminated for cause? (yes) (no) If yes, please explain: _____
When and where? _____

B: REFERENCES:

List the name, address, and phone number of at least two people that generally know how to contact you.

Name: _____ Address: _____
 Phone #: _____ Relationship: _____

Name: _____ Address: _____
 Phone #: _____ Relationship: _____

Name: _____ Address: _____
 Phone #: _____ Relationship: _____

Do you know anyone who lives at this apartment complex? Who? _____

Name and address of nearest relative not living with you. (Emergency Notification)

Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____ Ph. #: _____

C: BANKING/ASSET INFORMATION

List all checking and savings accounts including investment IRA's, Keogh Accounts, CD's and cash not deposited in the bank but held for safekeeping. List accounts that have been disposed of in the last two years.

Family Member	Bank Name	Account Type	Account Number	Current Balance
_____	_____	_____	_____	_____

1. List the value of all stocks, bonds, trusts, mutual funds, pension funds, whole life, life insurance or other assets. _____
2. Do you own a home or other real estate as a sole owner, joint owner or a partnership? (yes) (no) If yes, please identify these assets: _____
3. Have you sold or given away any assets within the past two years? (yes) (no) If yes, please identify these assets. _____

D. CURRENT INCOME:

For each type of income that you currently receive, give the source of the income and the amount that you expect to receive from that source now and in the future. **Include:** Employment Income, Self Employment Income, Cash Income, AFDC (DES), Social Security, SSI, Unemployment, Child/Spousal Support Payments, Retirement/Pension Income. Include income that you receive from stocks, bonds, or mutual funds. Income that you receive on behalf of your children, such as Social Security, DES, SSI, and SSD must be included. **(Failure to claim or the omission of income is grounds for disqualification or termination of your lease once admitted to housing.)**

Employer (HOH) _____	Start Date: _____
Address: _____	Pay: \$ _____ Per: _____
City, State, Zip _____	Hrs. Per Wk: _____
Phone and Fax #'s: _____	DES Case #: _____

Employer (Spouse) _____	Start Date: _____
Address: _____	Pay: \$ _____ Per: _____
City, State, Zip _____	Hrs. Per Wk: _____
Phone and Fax #'s: _____	DES Case #: _____

Employer (Other Member) _____	Start Date: _____
Address: _____	Pay: \$ _____ Per: _____
City, State, Zip _____	Hrs. Per Wk: _____
Phone and Fax #'s: _____	DES Case #: _____

Other Income (HOH) _____	Pay: \$ _____ Per: _____
Other Income (Spouse) _____	Pay: \$ _____ Per: _____

List Other Income Sources

1. _____
2. _____
3. _____

E. **PREVIOUS EMPLOYMENT/INCOME** – List any previous employers or sources of regular income that you have had during the previous three (3) years. Do not include any source listed above.

Employer: _____ Start Date: _____
 Address: _____ End Date: _____
 City, State, Zip _____ Pay: \$ _____

Employer: _____ Start Date: _____
 Address: _____ End Date: _____
 City, State, Zip _____ Pay: \$ _____

Employer: _____ Start Date: _____
 Address: _____ End Date: _____
 City, State, Zip _____ Pay: \$ _____

F. **RESIDENTIAL HISTORY:** Provide a COMPLETE history of where you have lived for the last five (5) years, including family members. Include all mailing addresses that you have used **at any time** during the last five (5) years. Be accurate. Omission of a residential address or mailing address will automatically decline your application for housing or could terminate your housing lease after move-in.

The information you provide below is matched to any and all documents you may provide upon application or that we may request prior to or after moving into the complex as well as to your credit report.

Provide accurate and complete phone numbers and addresses. The information you provide is verified by your previous landlord in writing by return mail. The faster we get them back the faster your application will be processed.

Complex Name: _____ Phone #: _____ Fax #: _____
 Address: _____ City, State, Zip _____
 Move In Date: _____ Move Out Date: _____ Rent Amt. _____
 Manager Name: _____ Reason for moving: _____

Complex Name: _____ Phone #: _____ Fax #: _____
 Address: _____ City, State, Zip _____
 Move In Date: _____ Move Out Date: _____ Rent Amt. _____
 Manager Name: _____ Reason for moving: _____

Complex Name: _____ Phone #: _____ Fax #: _____
 Address: _____ City, State, Zip _____
 Move In Date: _____ Move Out Date: _____ Rent Amt. _____
 Manager Name: _____ Reason for moving: _____

Complex Name: _____ Phone #: _____ Fax #: _____
 Address: _____ City, State, Zip _____
 Move In Date: _____ Move Out Date: _____ Rent Amt. _____
 Manager Name: _____ Reason for moving: _____

G. CHILD SUPPORT/CHILD CARE:**Atlas #**

Child Support Obligee: _____ Amt. you receive: \$ _____
 For Children: Name(s) _____ (weekly) (monthly)
 Address: _____
 City, State, Zip: _____

Child Support Obligee: _____ Amt. you receive: \$ _____
 For Children: Name(s) _____ (weekly) (monthly)
 Address: _____
 City, State, Zip: _____

Do you pay for any child care that enables a family member to work or go to school? (yes) (no)

If yes, how much do you pay? _____ per (week) (month)

Are you reimbursed for this expense or is the child care provider reimbursed or paid by the Department of Economic Security? (yes) (no) Do you pay your child care provider by (cash) (check) (money order)? We require receipts or canceled checks as verification of the expense.

Child Care Providers Name: _____ **Phone:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____

H. AUTOMOBILE INFORMATION

Do you (own) (lease) (rent) or (borrow) a vehicle used for transportation?

Make of Vehicle: _____ Model: _____ Year: _____ Color: _____

License Plate #: _____

I. CREDIT/CRIMINAL/SEX OFFENDER

Have you ever been convicted of a crime, the nature of which would threaten the health and safety of the tenants, management, or staff? (yes) (no) If yes, please explain _____

Have you ever been convicted of a felony? (yes) (no) If yes, please explain _____

Are you now addicted to any controlled substances (Illegal drugs)? (yes) (no)

Have you ever been addicted to any controlled substances (Illegal Drugs)? (yes) (no)

Are you now, or have you been, associated with a street gang? (yes) (no)

Are you now, or have you ever been a registered sex offender in this state or any other state? (yes) (no)

Before submitting this application be sure that all information requested has been provided. Make sure you have written (n/a) not applicable to any questions which do not apply to you. Do not leave any spaces blank. Any changes in location, income and household composition are to be reported in writing to the management office. Any unreported changes may result in the closing of your application.

NOTICE: I FULLY UNDERSTAND THAT TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT AGENCY OF THE UNITED STATES. I THEREFORE, CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE BLIVEN PROPERTY MANAGEMENT, AND/OR ITS AGENTS TO OBTAIN A CREDIT AND CRIMINAL HISTORY REPORT.

Head of Household Signature: _____

Printed Name: _____ Date: _____

Spouse/Co-Head Signature: _____

Printed Name: _____ Date: _____

Other Adult Family Member Signature: _____

Printed Name: _____ Date: _____

Bliven Property Management properties do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June, 2 1988).

Bliven Property Management
6200 E. Thomas Rd., Suite 103
Scottsdale, AZ 85251
480-423-3430

