

Management Representative Name: _____

Date: _____

Household Name _____

of occupants _____

Reported Annual Income \$ _____

Bedroom Size _____

Preference Point:

You or a member of your household is an artist, and would like to apply for the Artist Preference. YES NO

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
1 bedroom	1	3
2 bedroom	2	5
3 bedroom	3	7

Family Size						
UNIT TYPE	1 Person	2 Person	3 Persons	4 Persons	5 Persons	6 Persons
40% - AMI	\$18,560	\$21,200	\$23,840	\$26,480	\$28,600	\$30,720
50% - AMI	\$23,200	\$26,500	\$29,800	\$33,100	\$35,750	\$38,400
60% - AMI	\$27,840	\$31,800	\$35,760	\$39,720	\$42,900	\$46,080

(Note: Max Income Limits are based on 2017 Maricopa County and are subject to change)

Applicant to Complete

I certify that the information provided on my Mesa Artspace Lofts Application is true and correct to the best of my knowledge. Providing false or inaccurate information may result in my household not qualifying for the program.

Name: _____ Phone # _____

Email address _____

Signature _____ Date: _____

Based on staff recommendation and following occupancy guidelines I have selected the following bedroom size:

1 bedroom 2 bedroom 3 bedroom

Applicant Section to Keep

Thank you for applying at Mesa Artspace Lofts! This receipt is your proof for submitting your pre-application/application Please retain for your records.

Based on the information you have given:

Your household has been placed on the following waitlist: 1 bedroom 2 bedroom 3 bedroom

You income pre-qualifies you at (AMI): 40% 50% 60%

Your household has received the artist preference point YES NO

Please note, your placement on the waitlist is based on first come first serve basis in addition to the information you have provided to us. You may call 602-244-1006 (x38) or email Julian@dunlap-magee.com to check on the status of your application.

Mgt Rep Initials

Date

This application was received on _____
 at _____ am/pm by _____.

Dunlap & Magee

APPLICATION/RECERTIFICATION QUESTIONNAIRE

NOTE TO TENANT: In Order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for an Affordable Housing Program. *Providing false information may result in your application being denied, loss of subsidy and/or housing, if applicable.*

Applicant Name:		Telephone Number: ()
Present Address:	Apartment Number:	E-mail Address:

HOUSEHOLD COMPOSITION

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

List yourself and anyone who will live with you **within the next 12 months**. Be sure to include members temporarily away from home, including but not limited to: dependents away at school, military persons stationed away from home who have a spouse or dependent in the home.

Please list household members starting with Head of household on line 1, then in order of oldest to youngest.

	Last Name, First Name	Relationship to Head of Household	Birth Date	Gender (Voluntary)	Social Security Number	Student Status:		
						Full Time	Part Time	N/A
1		Head						
2								
3								
4								
5								
6								

Marital Status: Single Married Divorced Widowed Separated

- Yes No 1. Do you anticipate any changes in the size of your household **within the next 12 months**?
 (Examples: A future spouse, minor entering the home through adoption, children returning from foster care, etc.)
 If yes, please describe any changes here: _____
- Yes No 2. Will anyone listed above, under age 18, live in the unit *less than* 50% of the next 12 months:
 If yes, please explain here: _____
- Yes No 3. Does any member in your household require a Reasonable Accommodation?
 If yes, please specify: _____
- Yes No 4. Does your household receive Section 8 rental or voucher assistance?
- Yes No 5. Are all household members U.S. citizens?
 If no, please list each family member and where they were born? _____

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

STUDENT ELIGIBILITY QUESTIONS

- Yes No 1. Will all of the persons, **including adults**, in the household be or have been full-time students during 5 Calendar months of this year?
- Yes No 2. Will **ANY** members of your household be full-time students during any 5 months of next year?
- Yes No 3. Is **ANY ADULT** member of your household a part or full-time student in an institute of higher education?
If yes, who is enrolled? _____
Which school are they enrolled in? _____
How do they pay for their education? _____
What is the cost of tuition per semester? \$ _____
- Yes No 4. Does **ANY ADULT** member of your household intent to become a student *within the next 12 months*?
If yes, who will be enrolling in school? _____
If yes, will they be enrolling as a full-time or part-time student? _____

CHILD SUPPORT/ALIMONY INFORMATION

- Yes No 1. Does any member of your household have a **COURT ORDER** to receive Child Support or Alimony payments, even if no child support or alimony is being received? (**Case ID #**): _____
- IF NO, SKIP TO QUESTION 2**
- a. Name of person with court order: _____ Payment Amount: \$ _____ per _____
- b. Name of person(s) paying support/alimony: _____
- Are the **FULL** court-ordered amount(s) being received? Yes No
If **NO**, are you making efforts to collect the amounts due? Yes No
If **YES**, please explain the efforts you're making here: _____
- Yes No 2. Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**?
(This includes help from children's father or mother for clothes, groceries, etc.)
- a. Payment Amount: \$ _____ per _____
- b. Name of person(s) paying support/alimony: _____
_____ Phone: _____ for child: _____
_____ Phone: _____ for child: _____

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

TYPE OF INCOME		INCOME AMOUNT
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Is any member of the household employed? Job 1.) Who is employed? _____ Employer: _____ Phone: _____ Position held: _____ Length of employment: _____ Job 2.) Who is employed? _____ Employer/position: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/> Check if there are any additional jobs in the household (Attach separate sheet with contact information)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Are any household members self-employed? Who is self-employed? _____ What type of work does this person do? _____ Did you file taxes on this income? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide your last 2 years tax returns)	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Are any adult members of your household unemployed? Which adult members are unemployed? _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Does any household member receive pay from the military? Who is paid by the military? _____ What branch? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Does any household member receive any payments from the Social Security Administration? Which type? <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> Other Who receives payments from the Social Security Office? _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Does any household member receive severance pay or worker's compensation? Who is receiving severance pay or worker's compensation? _____ What company pays them? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Is any household member unemployed and receiving payments from an Unemployment Agency? Who is receiving unemployment benefits? _____ Agency Name: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here) Who is receiving TANF or AFDC benefits? _____ Agency Name: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Does any household member receive periodic payments from a pension, annuity or retirement benefit account? Please check one: <input type="checkbox"/> Pension <input type="checkbox"/> Annuity <input type="checkbox"/> Other Retirement Who receives these benefits? _____ What company pays this person? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

INCOME INFORMATION CONTINUED

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

TYPE OF INCOME		INCOME AMOUNT
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay such as rent, cell phone bills, utility payments or groceries? What is the name of the person that pays you? _____ What is their address? _____ Phone number? _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Is there any other source of income we haven't already asked about above that you receive? If yes, please describe: _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Does your household expect any changes in their income <u>within the next 12 months?</u> If yes, please describe? _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Does your household receive long-term care insurance payments for a family member residing in a long-term care facility? Which household member is in a long-term facility? _____ Which household member are payments made to? _____ What company pays this person: _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Do any adult members of your household have zero income? Which adult members have zero income? _____	



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ASSET INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

- Yes No 1. Does any household member have a Checking, Savings, CD, Money Market, or Debit Express Card/
Bank 1.) Bank Name: _____ Name(s) on Account: _____
Balance: Checking \$ _____ Savings \$ _____ CD/Money Market \$ _____ Debit Express Card \$ _____
Bank 2.) Bank Name: _____ Name(s) on Account: _____
Balance: Checking \$ _____ Savings \$ _____ CD/Money Market \$ _____ Debit Express Card \$ _____
Bank 3.) Bank Name: _____ Name(s) on Account: _____
Balance: Checking \$ _____ Savings \$ _____ CD/Money Market \$ _____ Debit Express Card \$ _____
- Check if there are any additional accounts of these types belonging to the household
(Attach separate sheet with the bank name, account type, and name(s) on the account)**
- Yes No 2. Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life
Insurance Policy (Life insurance that you can make withdrawals from even if there isn't a death)?
Institution Name: _____ Name(s) on Account: _____
Balance/Value: \$ _____ Account Type: Stocks Bonds Mutual Funds Whole Life Insurance
- Yes No 3. Does any household member have an IRA, Keogh, 401K, Annuity or similar account?
Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____ Account Type: IRA Keogh 401K Other: _____
- Yes No 4. Does any household member have a Pension account that will pay upon retirement or termination of
employment (NOT including IRA, Keogh, 401K, or Annuity accounts)?
Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____ Account Type: _____
- Yes No 5. Does any household member own any Real Estate? (Include Rental Property, Primary Residence,
Vacation Property, Time-Shares, Commercial Property and Contracts for Deed)
Property Owner(s): _____ Type of property and location: _____
Has anyone disposed of any property within the last 2 years? Yes No
- Yes No 6. Does any household member have personal property that they hold for investment purposes that they
plan to sell at a later date for profit? (Examples include coin or stamp collections, antique cars, jewelry, etc.)
Property Type: _____ Estimated Cash Value: _____
- Yes No 7. Does any household member have a Trust Account?
Institution Name: _____ Name(s) on Account: _____
Is this a Revocable or Non-Revocable Trust Account: _____ Contact Phone: _____
- Yes No 8. Does any household member have any Treasury Bills or Government Bonds? (savingsbond.gov)
Which household member? _____
Series: _____ Face Value: \$ _____ Serial Number: _____ Issue Date: _____
- Yes No 9. Does any household member have ***cash on hand?***
Which household member? _____ What amount is kept on hand? _____
- Yes No 10. Does any household member have any accounts or assets that were not described above?
(Please **DO NOT** include personal use vehicles, furniture, clothing, etc.)
What type of account or asset is this? _____
What is the estimated value of this asset if you were to sell it today? \$ _____
- Yes No 11. In the past two years, has any household member disposed of any asset(s) for less than they were
worth?
(Examples include property, transferring an asset account into someone else's name, etc.)
What is the estimated value of this asset? _____

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

CRIMINAL/EVICTION HISTORY

Yes No 1. Are you or any members of your family currently using an illegal substance?

Yes No 2. Have you or any member of your family ever been convicted of a felony?
If yes, please describe? _____

*Felony convictions will be analyzed by a corporate officer to confirm that there is no reasonable threat to the residents and that the applicant is free from repeat history. Applicants denied for felony crime may appeal denial, in writing, within 10 days. Appeals will be reviewed by corporate panel whose decision will be issued within 15 days of receipt. This decision shall be final.

Yes No 3. Have you or any member of you family ever been evicted from any housing?
If yes, please describe? _____

Yes No 4. Are you a registered sex offender?

REFERENCE INFORMATION (IF APPLICABLE)

Current Landlord

Name: _____
Address: _____
Phone Number: _____
How long did you reside there? _____

Previous Landlord

Name: _____
Address: _____
Phone Number: _____
How long did you reside there? _____

Emergency Contact

Name: _____
Relationship: _____
Address: _____
Phone Number: _____

VEHICLE AND PET INFORMATION (IF APPLICABLE)

Vehicle #1 _____ Drivers License # _____ Drivers License State _____
Type of Vehicle: _____ Make: _____ Model: _____ Year: _____
Color: _____ License Plate # _____

Vehicle #2 _____ Drivers License # _____ Drivers License State _____
Type of Vehicle: _____ Make: _____ Model: _____ Year: _____
Color: _____ License Plate # _____

Pet(s)

Do you own any pets? Yes No Number of Pets: _____
If yes, describe: _____



HUD 202D QUESTIONNAIRE

- Yes No 1. Are you or anyone in the household a military veteran?
*If yes, please list family member(s) names: _____
- Yes No 2. Are you or were you ever a Presidentially Declared Disaster Victim?
If yes, please list the family member(s) names and event: _____
- Yes No 3. Are you or anyone in your household currently homeless?
If yes, please list family member(s) names: _____
- Yes No 4. Are you or anyone in your household fleeing or attempting to flee from violence?
If yes, please list family member(s) names: _____

*You may be asked to provide supporting documentation

ADDITIONAL INFO.

Which property are you applying at? _____

When are you looking to move in? _____

What bedroom size are you requesting? Studio 1bd 2bd 3bd 4bd

HOUSEHOLD CERTIFICATION

I/We hereby certify that I/We do/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 that I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by the property's selection criteria. I/We certify that all information in this application is true and correct to the best of my/our knowledge and I/We understand that giving false statements or information is punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

DEPOSIT TO HOLD AGREEMENT (to be complete on one application per apartment only): In consideration of management holding the apartment for me, I agree to pay a holding deposit of \$_____ and a \$_____ nonrefundable application fee. The holding deposit is refundable if my application is not approved (14 business days are required for processing deposit refund) payable to the party(s) completing this application. If my application is approved, the holding deposit is credited to the required move-in costs. I may cancel this agreement and be refunded my holding deposit if I notify you of my deciding to cancel in writing within 72 hours of the date of application receipt (14 business days are required for processing deposit refund). Cancellation after this time will result in forfeiture of my holding deposit. I must pay rent on or before my "rent start date" of _____, 20____ or my holding deposit will be forfeited and the apartment re-rented.

*****All adult applicants, 18 or older, must sign application.*****

Signature of Resident

Date

Signature of Co-Resident

Date

Signature of Co-Resident

Date

MANAGEMENT SIGNATURE:

This application/questionnaire was accepted by:

Apartment Management/Owner's Agent

Date

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.

In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion, or National Origin.

The person named below has been designated to coordinate compliance with nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1998).

Wendy Weiske, Director of Compliance
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