

CREST COMPLIANCE APPLICATION

Property: _____

Unit Number: _____

- All adults 18 years of age or older, not related by blood, marriage, or adoption, must complete their own application.
- The use of Liquid Paper (white-out), pencil or erasable ink will void this form
- To make a correction, please draw a single line through the incorrect information, initial and correct information

RESIDENT CONTACT INFORMATION

Resident: _____ Home Phone: () _____
 Address: _____ Work Phone: () _____
 _____ Mobile Phone: _____
 _____ Email: _____

HOUSEHOLD INFORMATION

Please list all household members that are applying to live in the apartment with you

Name (First, Middle Initial, Last)	Relationship to Head of Household	M/F	SS#	Birth date (MM/DD/YY)	Marital Status S/M/W/SEP/D*	Student (Circle One)
	HEAD					Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N

*S=Single / M=Married / W=Widowed / SEP=Separated / D=Divorced

A. General Information:

1. Do you own a pet? YES NO If yes, what kind? _____ Weight: _____

2. Have you or anyone else on this application ever filed bankruptcy OR in the process of filing bankruptcy? YES NO

If yes, please explain (include dates):



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3. Have you or anyone else named on this application been convicted OR in the process of being convicted of a felony? YES NO
If yes, please explain: _____
4. Have you or anyone else named on this application ever been evicted from OR in the process of being evicted from an apartment for any reason? YES NO
If yes, please explain: _____
5. Have you or anyone else on this application been convicted OR in the process of being convicted of dealing or manufacturing illegal drugs? YES NO
If yes, please explain: _____
6. Have you or anyone else named on this application been convicted OR in the process of being convicted of property damage? YES NO
If yes, please explain: _____
7. Is the household comprised entirely of full-time students? YES NO
8. If full-time student household, is the household comprised of a single parent who is not a tax dependent of another party **and** whose child(ren) cannot be claimed as a tax dependent by anyone other than the other parent? YES NO

B. Housing Reference: (List all residences and applicable landlord reference in the past twenty-four (24) months.)

Present Address _____ City _____ State _____ Zip _____

From _____ To _____ (Mth/Yr) _____ Reason for Leaving _____

Do you own this residence? YES NO If NO, do you rent this residence? YES NO

Landlord _____ Address _____ City _____

State _____ Zip _____ Landlord phone # _____ Rent per month _____

Previous Address _____ City _____ State _____ Zip _____

From _____ To _____ (Mth/Yr) _____ Reason for Leaving _____

Did you own this residence? YES NO If NO, did you rent this residence? YES NO

Landlord _____ Address _____ City _____

State _____ Zip _____ Landlord phone # _____ Rent per month _____

C. Emergency Contact: (Other than person listed on application). Please list someone in the immediate area if possible.

Name _____ Relationship _____

Home Phone Number () _____ Work Phone Number () _____

D. Drivers License #: Head: _____ Co-Head: _____ State Issued: _____

12/08

CREST Form #501 W



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YES NO

1. Do you expect any additions to the Household in the next 12 months?

Name & Relationship: _____
Explanation: _____
When: _____

2. Is there anyone living with you now who won't be living with you at this property (Includes relatives)

Name & Relationship: _____
Explanation: _____

3. Do all the children in the household live with you 50% or more of the time? If no, obtain proof of amount of time child(ren) will be living in the unit.

Explanation: _____

4. Are there any absent household members who under normal conditions would live with you? (For example, a household member away in the Military)

Explanation: _____

5. Does your household have or anticipate having any pets other than those that are used as service animals?

Explanation: _____

INCOME INFORMATION

- Income is counted for any household member who is 18 years of age or older or 17 years of age turning 18 in the next 12 months, unless legally emancipated. However, if the income is unearned, such as a grant or benefit, it is counted for all household members, including minors.
 - Include all income anticipated over the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

CREST #205

6. Employment wages or salaries? (Include tips, overtime, bonuses, commissions or cash payments)
Form 221 must be included if the applicant indicates tips.

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount*</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*# of hours per week & weeks per year or net or gross income per year

CREST #207

7. Have you changed employment with in the last 6 months?

Household Member: _____ Name of Company: _____

CREST #222

8. Are you or any other ADULT household members claiming zero employment income?

(i.e. Does not receive employment income)

Household Member: _____
Explanation: _____

CREST #222/#224

9. Are you or any other ADULT household members claiming zero income?

Household Member: _____
Explanation: _____



YES NO

10. Self-Employment?

CREST #218/#219

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

CREST #211

11. Regular pay as a member of the Armed Forces?

<u>Household Member</u>	<u>Base Name and Branch</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

CREST #223

12. Unemployment benefits?

<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

CREST #203/#204

13. Worker's Compensation, Disability, or Insurance Payments (Not Social Security)?

<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

CREST #220

14. Public Assistance, Food Stamps (not counted as income, but used for qualifying purposes), General Relief or AFDC or Temporary Assistance for Needy Families?

<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

CREST #201/#202

15. A. Child Support

<u>Household Member</u>	<u>Payor & Child(ren)</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. How is the support received?

- Child Support Enforcement Agency Name of Agency: _____
- Court of Law Name of Court : _____
- Directly from Person Name of Person: _____
- Other Explain: _____

C. If court-ordered, but not actually received, are you taking legal action to remedy?

Explain: _____



YES NO

CREST #202

16. Alimony/Maintenance? If there is a court order, must provide.

<u>Household Member</u>	<u>Payor</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

CREST #217

17. Social Security, SSI or any other payments from the Social Security Administration?

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

CREST#212/ #216

18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

CREST #208

19. Regular payment from a severance package?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

CREST #208

20. Regular payments from any type of settlement? (For example: insurance settlement)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

CREST #214

21. Regular gifts or payments from anyone outside the household? (Includes anyone supplementing your income or paying any of your bills)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

CREST #208

22. Regular payments from lottery winnings or inheritances?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

CREST #215

23. Regular payments from rental property or any other types of real estate transactions?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____

CREST #200/#208

24. Any other income sources or types not listed?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____



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ASSET INFORMATION

- Include all assets held and the income derived from the asset.
- INCLUDED ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS, INCLUDING MINORS.

Do YOU or ANYONE in your household have:

YES NO

CREST #101

25. Checking or savings account?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CREST #101

26. CDs, Money Market accounts or treasury bills?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CREST #113

27. Stocks, Bonds, Mutual Funds or Securities?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CREST #101

28. Trust fund?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CREST #108

29. Pensions, IRAs, Keogh, 401K, or other retirement accounts? *(Referring to benefits as a current employee)*

<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CREST #112

30. Cash on hand over \$500?

<u>Household Member</u>	<u>Amount</u>
_____	_____
_____	_____

CREST #114

31. Whole Life or Universal Insurance policy? *(Not term insurance policy)*

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

CREST
#103/#107/#110/#111

32. Real estate, rental property, land contract / contract for deeds or other real estate holdings?

(This includes your personal residence, mobile homes, vacant lands, farms, vacation homes or commercial properties)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Address of Property</u>	<u>Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



YES NO

CREST #109

33. Personal property held as an investment?

(This includes paintings, coin/stamp collections, artwork, collector or show cars, campers, boats, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

Household Member Source of Benefit Type Market Value

CREST #112

34. A safe deposit box?

Household Member Amount

CREST #102

35. Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past two years?

Household Member Amount Explanation

CREST #106

36. Have you or any other household member received a lump sum in the past 12 months?

Household Member Amount Explanation

\$ _____

37. What is the CASH value of your combined total assets? (Items total #25-#36)

- Cash value is less than \$5,000 – Complete Under \$5,000 Asset Certification (#105)
- Cash value is greater than \$5,000 – 3rd Party verification required.

Complete the necessary form(s) as indicated above.

The following questions pertain to specific eligibility requirements.

CREST #313

38. Are you or any other household member (INCLUDING MINORS) currently a part/full-time student?

Household Member Name of School

CREST #313/#305

39. Do you or any other household member (INCLUDING MINORS) expect to be a full-time student in the next 12 months?

Household Member Name of School Date Last Attended



YES **NO**

CREST #313

40. Have you or any other household member (INCLUDING MINORS) been a full-time student in this calendar year?

<u>Household Member</u>	<u>Name of School</u>	<u>Date Last Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

41. If yes to #38, #39, or #40 and you are attending any school other than elementary through high school, how are you paying for the tuition and all other necessary fees associated with school, college, tech school, et cetera?

Explanation: _____

CREST #306/#307

42. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____
Relationship (if any): _____

CREST #304

43. Was your household receiving Section 8 or any other type of rental assistance at the time of move-in?

Name of Agency: _____
Contact Person: _____

CREST #304

44. Is your household currently receiving Section 8 or any other type of rental assistance?

CREST #304

45. Will your household be eligible or are you applying to receive Section 8 or any other type of rental assistance in the next 12 months?

Expected Date: _____
Agency/Contact Person: _____

46. Are you currently or will you be an employee of Pinnacle, an American Management Services Company or Crest Compliance? Will any rental/employee discount be provided?

Total Unit Rent: _____
Your Portion: _____
Discount Amount: _____



SIGNATURE CLAUSE

I understand that management is relying on this information to prove my household’s eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent upon meeting management’s resident selection criteria and the Housing Credit Program requirements.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

This is a preliminary application and gives you no lease or rental rights. Additional information may be required at a later date to complete processing of this application. If this application is approved, and I fail to enter into a lease or rental agreement, the earnest money and any subsequent payments may be retained to compensate the Landlord's costs and damages, subject to the Landlord's duty to mitigate, or per state statues. The earnest money and any subsequent payments will be refunded to me by the end of the next business day if: (1) this application is rejected, or withdrawn before approval; or (2) if the Landlord takes no action on this application by the end of the 21st day following the Landlord's receipt of the earnest money. Any application fee is non-refundable.

Wisconsin applicants only: Applicant hereby acknowledges receipt of a copy of the lease, the policies and procedures addendum, the NONSTANDARD RENTAL PROVISIONS addendum, and any other addenda that applicant has expressed interest in which will require the applicant's signature upon entering into a lease.

ALL ADULT HOUSEHOLD MEMBERS MUST INITIAL HERE: _____

APPLICANT/RESIDENT SIGNATURES

_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date

12/08

CREST Form #501 W



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