

**Trinity Park Apartments**  
**11043 Mollerus Drive**  
**St. Louis, MO 63138**  
**314-868-4300- OFFICE**  
**314-868-7248- FAX**

Date recd: \_\_\_\_\_  
 Time recd: \_\_\_\_\_  
 Mgmt. Initials: \_\_\_\_\_



**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Current address:** \_\_\_\_\_  
**Current Phone Number:** \_\_\_\_\_ **Bedroom size requested:** \_\_\_\_\_  
 Does any member of the household require special accommodations?  Yes or  No  
 If yes, name of household member: \_\_\_\_\_

***Household Information:***

**Complete the following information for each household member that will occupy the unit at move-in:**

Name <i>(Last, First, MI)</i>	Relationship to the Head of Household	Sex (M/F)	Birth Date <i>(mm, dd, yyyy)</i>	Student (Y/N)	Social Security Number

**HOUSEHOLD INFORMATION**

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?  Yes  No  
 If YES, explain \_\_\_\_\_
  
2. Do you expect the number of household members to change in the future?  Yes  No  
 If YES, please explain how many members will be added or reduced, and date of expected change:  
 \_\_\_\_\_
  
3. Have any of the household members used names or a social security number other than the names and numbers used above?  Yes  No If YES, explain: \_\_\_\_\_
  
4. Is any Adult member of your household separated, but not divorced?  Yes  No
5. Does your household receive or is it applying to receive Section 8 rental or Housing Authority assistance?  
 Yes  No

1. Have you or any member of your household ever been convicted of any crime?  Yes  No  
 If YES, provide the nature of the crime(s): \_\_\_\_\_  
 Date: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Are any of the above convictions of a FELONY?  Yes  No If YES, Please explain \_\_\_\_\_  
 \_\_\_\_\_
- Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program?  Yes  No If YES, Please explain \_\_\_\_\_  
 \_\_\_\_\_
- Are there any Criminal Charges pending now?  Yes  No If YES, please explain \_\_\_\_\_  
 \_\_\_\_\_
- Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?  Yes  No  
 If YES, explain \_\_\_\_\_  
 \_\_\_\_\_
2. Have you ever filed or are you currently filing for bankruptcy?  Yes  No  
 If YES, give reason \_\_\_\_\_  
 Date of filing: \_\_\_\_\_
3. Have you ever lived at any other property managed by Sansone Group?  Yes  No  
 If YES, where? \_\_\_\_\_

**STUDENT ELIGIBILITY QUESTIONS**

1. Are ALL members of the household Full-time students?  Yes  No  
 IF YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_
2. Will ALL members of your household be full time students during any 5 months of THIS year?  Yes  No  
 (Example: A student who goes away to school full time)  
 Will ALL 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?  
 Yes  No
- If YES, name of household member enrolled? : \_\_\_\_\_  
 NAME OF SCHOOL? : \_\_\_\_\_  
 How does the household member pay for their education? : \_\_\_\_\_  
 What is the cost of tuition per semester? : \_\_\_\_\_
4. Does ANY ADULT household member intend to become a student within the next 12 months?  Yes  No  
 IF YES: name of person enrolling in school: \_\_\_\_\_  
 IF YES, will they be enrolling as a full-time or part-time student? \_\_\_\_\_

**Income Information:**

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors. Include all **GROSS INCOME** (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

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

1. Employment wages or salaries? Self-employment?  Yes  No

(Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Earned Income Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment Benefits or Worker's Compensation?

Yes  No

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

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)?

Yes  No

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

4. Does a member of the household receive Court Order Child Support or Alimony?

Yes  No

(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)

Household Member receiving income: \_\_\_\_\_

Name of Person Paying support: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Frequency Payment received? : \_\_\_\_\_

(weekly, semi-monthly or monthly)

(b) How is the support received? (Check all that apply)

Child Support Enforcement Agency- Name of Agency: \_\_\_\_\_

Court of Law - Name of Court: \_\_\_\_\_

Directly from Individual - Name of Person: \_\_\_\_\_

Other - Please Explain: \_\_\_\_\_

(c) If money is not actually received, are you taking legal action to remedy?  Yes  No

Explanation: \_\_\_\_\_

Income Information (continued):

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

Yes  No

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

6. Regular payments from a pension and/or retirement benefit, annuities?

Yes  No

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

7. Regular payments from a severance package?

Yes  No

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

8. Does any household member receive Veteran's benefits or military pay?

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

9. Regular payments from any type of legal settlement? (For example, insurance settlements)

Yes  No

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

10. Disability, death benefits or life insurance dividends?

Yes  No

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

11. Educational grants, scholarships, or other student benefits?

Yes  No

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

12. Regular payments from lottery winnings or inheritances?

Yes  No

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

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

Yes  No

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

**Income Information (continued):**

**14. Any other income sources or types not listed above?**

Yes  No

Household Member

Source of Benefit

Amount

_____	_____	_____
_____	_____	_____

**15. Do you or any other household member expect any change in income in the next 12 months?**  Yes  No

If YES, explain: \_\_\_\_\_

**16. Regular gifts or payments from anyone outside of the household?**

Yes  No

*(This includes anyone supplementing your income or paying any of your bills on a regular basis.)*

Household Member

Source of Benefit

Amount

_____	_____	_____
_____	_____	_____

**17. Are you or any household member claiming zero income?**  Yes  No

If YES, Name of Household Member? \_\_\_\_\_

*I will be using the following sources of funds to pay for my necessities:* \_\_\_\_\_

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**Asset Information:**

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

**INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.**

Do YOU or ANYONE in your household have any of the following ASSETS:

**1. Checking or Savings bank account?**

Yes  No

Household Member

Bank or Financial Institution

Amount

_____	_____	_____
_____	_____	_____
_____	_____	_____

**2. CDs, money market accounts or treasury bills?**

Yes  No

Household Member

Bank or Financial Institution

Amount

_____	_____	_____
_____	_____	_____

**3. Stocks, bonds or securities?**

Yes  No

Household Member

Source (Broker's Name)

Amount

_____	_____	_____
_____	_____	_____

**4. Trust funds?**

Yes  No

Household Member

Bank or Financial Institution

Amount

_____	_____	_____
_____	_____	_____

Are any of the above listed trusts irrevocable?  Yes  No

**Asset Information (continued):**

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?  Yes  No  
**Household Member** **Location of Account** **Amount**  
\_\_\_\_\_  
\_\_\_\_\_
6. Cash on hand?  Yes  No  
**Household Member** **Source of Benefit** **Amount**  
\_\_\_\_\_  
\_\_\_\_\_
7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?  Yes  No  
**Household Member** **Life Insurance Company** **Amount**  
\_\_\_\_\_  
\_\_\_\_\_
8. Real estate, rental property, land contract/ contract for deeds or other real estates holdings? *(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)*  Yes  No  
**Household Member** **Source of Benefit** **Amount**  
\_\_\_\_\_  
\_\_\_\_\_
9. Personal property as an investment? *(This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)*  Yes  No  
**Household Member** **Source of Benefit** **Amount**  
\_\_\_\_\_  
\_\_\_\_\_
10. Do you have a safe deposit box containing contents with a monetary value?  Yes  No  
**Household Member** **Source of Benefit** **Amount**  
\_\_\_\_\_  
\_\_\_\_\_
11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?  Yes  No  
**Household Member** **Description of Asset Disposed** **Amount Received**  
\_\_\_\_\_  
Explanation: \_\_\_\_\_
12. Do you have a Debit Express Card?  Yes or  No  
Name of Debit Card Type: \_\_\_\_\_  
Name on Debit Card: \_\_\_\_\_
13. Do you have any other assets not listed above?  Yes or  No  
Please describe: \_\_\_\_\_

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

**Signature Clause:**

I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of Section 42 (LIHTC). I certify that all information and answers to the 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 consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant this property owner and Sansone Group the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all credit bureaus, corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original. All household members 18 and over must sign below:

Signature	Date
Signature	Date
Signature	Date
Signature	Date