

BlueLine Property Management is committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act. If you require assistance in the form of readers, interpreters, large print or any other way to enable you to fully participate in our housing program, please let us know and we will assist you to the fullest extent feasible.

### **Application Instructions**

Application must list all household members, all questions must be answered, and must be signed by all adults.

Initial ALL corrections-one line through the error, initial beside it. **NO WHITE OUT**

Electronically filled out applications require a certified electronic signature, typed names are not accepted.

Altered versions of this application cannot be accepted

Eligibility will be determined based upon the following factors:

- Applicants meet the income criteria.
- References (i.e., employer, current & former landlords, etc.) will be contacted to verify employment, length of time on the job and verify rental payment history.
- A Credit & Criminal background check will be obtained and reviewed

Along with the completed application, please include:

- Copies of picture identification and Social Security cards for all occupants aged 18 and older. For all household members under 18 please provide Birth Certificates and Social Security cards.
- Proof of income (6 most recent consecutive paystubs, award letter, etc.)
- Proof of Assets-last 6 months (bank, investment, retirement) statements.

*Following the guidelines set here will ensure timely processing of your application*

To file a complaint of housing discrimination for Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming  
 Denver Regional Office of FHEO  
 U.S. Department of Housing and Urban Development  
 1670 Broadway  
 Denver, Colorado 80202  
 (303)672-5437 (800)672-5248



# move-in application

Size of apartment needed :

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

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 apartment manager. Thank you for your cooperation.

## part 1 household composition

hh mbr	full name	relationship to head of household (hoh)	date of birth	social security number
1		HoH		
2				
3				
4				
5				
6				
7				
8				

## part 2 current/previous residency

current address [provide previous address(es) if less than two years]	dates of residency	rent or own?	monthly payment	landlord/mortgage co. name
	from: to:			

## part 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 ( <i>list nature of self employment</i> )	( <i>use net income from business</i> ) \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment with a third-party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. <i>If yes, list the information in Part 4 below.</i>		
<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 forms of grants, scholarships, or fellowships ( <i>exclude student loan awards which must be repaid</i> )	\$	
<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	<b>Unearned</b> income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)	\$	
<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)	\$	
<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	( <i>use net earned income</i> ) \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do your family, friends, or any other person or organization outside of your household help you meet needs by giving you cash assistance?  If yes, who provides the cash assistance? _____  What is the average cash amount you receive? _____	How often do you receive the cash assistance? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do your family, friends, or any other person or organization outside of your household help you pay a bill or expense, such as for utilities, car, gas, insurance, bus pass, telephone, cable/internet, diapers, etc.?  If yes, who helps you pay the bills or expenses? _____  What is the average amount of assistance you receive? \$ _____	How often do they pay the bills or expense? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____	

**part 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"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <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"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <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"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

**part 5 previous employment information** *(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"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Term. Date	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	Term. Date	Work Phone	Work Fax
		<input type="checkbox"/> Monthly	<input type="checkbox"/> Biweekly			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Annually			

## part 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 year (months need not be consecutive).
	List non-student 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 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>

	yes	no
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)f	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
Does at least one student 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"/>	<input type="checkbox"/>
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>

## part 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.				

do you have assets as listed below?		hh mbr #	account #(s)	interest rate	cash value
<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	Trust(s). If yes, please 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 name(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 name(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA/Lump Sum Pension/Keogh Account/401k. If yes, list 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 the 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 (i.e. electronic accounts: Venmo, PayPal, Bitcoin, GoFundMe, etc.). If yes, list type below.			%	\$

## part 8 misc. household questions

please choose the options below that best describes your household

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you anticipate any changes in the size of your household within the next 12 months? If yes, please describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will anyone under age 18 listed on this application live in the unit less than 50% of the time in the next 12 months?  If so, who?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does any member in your household have a disability and require a live in care attendant?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any adult member of your household separated, but not divorced?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will your household be receiving Section 8 rental assistance at the time of move in?
Yes    No	a. Have you or any member of the household ever been arrested? If yes, who?
<input type="checkbox"/> Yes <input type="checkbox"/> No	b. Did the arrest result in a conviction? If yes, was the conviction  <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony
Yes    No	Have you or any member of the household ever been evicted from any housing?
Yes    No	Have you ever filed for bankruptcy?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any reason you would not be able to take an apartment when one is available? Briefly describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No	After moving in, will you have any other primary places of residence?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own your own home?
<input type="checkbox"/> Yes    No	Are you in the process of selling a home?

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## part 9 fair housing and reasonable accommodations

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**BLPMC complies with the Fair Housing Act and offer reasonable accommodations/modifications to persons with disabilities. If you, a member of your household, or someone associated with you has a disability and feel that there is a need for a reasonable accommodation for that person to have equal use and access to the community, please complete the following request for a reasonable accommodation. If you cannot fill out this information yourself, you may have someone assist you.**

- **Does your household have any accessibility needs for your unit?    Mobility    Visual    Hearing**
- **If you will need to request a reasonable accommodation or modification for your unit please request a reasonable accommodation form from BLPMC staff.**

If forms are completed electronically, one of the following boxes must be checked:

- This form was completed electronically by the resident.
- Management or someone outside of household assisted completing the form electronically (Attach the Authorization to Assist form signed by both the applicant and the person that assisted).

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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.**

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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 Other Applicant	Signature	Date
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Print Name of Other Applicant	Signature	Date
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Reviewed by (Signature of Owner/Representative)	Date
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**All household members ages 18 or over must sign and date.**



# Release of Information to: BlueLine Property Management LLC

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. I authorize this release to be used to verify any form of my household's income or asset as well as credit information and criminal background.

By signing this release, I understand that I am authorizing BlueLine Property Management, LLC, their employees and agents to make such investigations, inquiries, and verification requests into my income and asset information, rental history, credit standing, criminal history, employment history, and any other information necessary to verify my eligibility to live in this apartment community. I hereby waive any right of action now or thereafter accruing against any person or entity as a consequence of the release or exchange of such Confidential Information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Social Security #: XXX-XX-

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Social Security #: XXX-XX-

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Social Security #: XXX-XX-

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Social Security #: XXX-XX-

### PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



## supplementary demographic information

State Agencies request the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC- financed properties.

Although these agencies would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box below.

All members must initial form regardless if resident/applicant wishes to furnish the information. Adult member will initial for minors in the household.

Please initial:

HH #: \_\_\_\_\_ #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_ #6 \_\_\_\_\_ #7 \_\_\_\_\_

enter both ethnicity and race codes for each household member (see below for codes)

hh mbr #	last name	first name	mi	race code	ethnicity code	disability code
1						
2						
3						
4						
5						
6						
7						

race code	
1	African American/Black
2	American Indian/Alaskan Native
3	Asian
4	Asian Indian
5	Asian Other
6	Chinese
7	Filipino
8	Guamanian/Chamarro
9	Japanese
10	Korean
11	Native Hawaiian
12	Native Hawaiian/Pacific Islander
13	Pacific Islander Other
14	Samoan
15	Vietnamese
16	White
17	Other
18	Refused
19	Missing
20	Tenant declined to respond

ethnicity codes	
1	N/A
2	Hispanic
3	Non-Hispanic
4	Hispanic or Latino
5	Not Hispanic or Latino
6	Tenant declined to respond
7	Missing

disability codes	
1	Yes
2	No
3	Tenant declined to respond
4	Missing



# Student Status Certification

This form should be completed yearly for every household. Student status should also be verified when a new household moves into a unit, and whenever the existing household composition changes.

**Head of Household:** \_\_\_\_\_

**Unit Address:** \_\_\_\_\_

**Recertification Date:** \_\_\_\_\_

**Move-In Date:** \_\_\_\_\_

Anyone attending classes at a qualifying educational institution is considered a student. This includes, but is not limited to, public or private elementary schools, middle schools, high schools, colleges, universities, technical, trade, and mechanical schools. This does not include on-the-job training courses.

**Part A**

Does the household contain at least one person who has not been/will not be a student for five months or more during the current or subsequent year? (This period does not need to be consecutive).....Yes  No

If the above box is checked "Yes" then no additional information is required. Please sign and date this form.

**Part B**

If the household is comprised entirely of students, please select the appropriate exemption below. Only one exception is needed to satisfy the LIHTC student rule.

1. All household members are students, but at least one person is a part time student...Yes  No
2. Household members are married (to each other) and entitled to file a joint tax return...Yes  No
3. At least one student is a single-parent, is not being claimed as a dependent by someone else, and is living with a child (or children) who they claim as a dependent on their tax return.....Yes  No
4. At least one student is receiving Temporary Assistance to Needy Families (TANF).....Yes  No
5. At least one student is participating in a workforce development program that receives assistance from the federal, state, or local government.....Yes  No
6. The household contains an individual who, at any time, was under the care of a state agency responsible for administering foster care.....Yes  No

Please include documentation for any exemption claimed by a tenant. Failure to document an exemption may cause this unit to be considered out of compliance for tax credit purposes.

Under penalty of perjury, I certify that the information presented in the above Annual Student Certification is true and accurate to the best of my knowledge and belief. I agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

X \_\_\_\_\_ X \_\_\_\_\_  
Applicant/Tenant Signature Date Management Signature Date