



TEXAS APARTMENT ASSOCIATION

M E M B E R

Supplemental Rental Application for Units Under Government Regulated Affordable Housing Programs

Date when filled out: _____

1. **Supplemental Information.** The purpose of this Supplemental Rental Application is to determine whether you qualify for affordable rental housing under a government regulated affordable housing program. It is very important that you answer all questions fully and accurately.
2. **Employment Update.** Present employer: _____ Address: _____ City, State, ZIP: _____ Work Phone: _____ Position: _____
3. **Household Composition.** List all persons, including yourself, who will be living in your household.

| Number of Persons | Full Name | Relationship | Age | Student Status |
|-----------------------|-----------|--------------|-----|--|
| 1 (Head of Household) | | | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A |
| 2 | | | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A |
| 3 | | | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A |
| 4 | | | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A |
| 5 | | | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A |
| 6 | | | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A |

Does anyone live with you now who is not listed above? Yes No. Does anyone plan to live with you in the future who is not listed above? Yes No. If you answered "Yes" to any question, please explain: _____

Are you a veteran? Yes No **Important Information for Former Military Services Members.** Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov/>.

Are any of the household members listed above: Foster persons? Yes No Live-in attendants? Yes No

Were any of the names listed above students in the year this application was completed? Yes No. Do any of them plan to be students in the year this application is completed? Yes No. If you answered "Yes" to either question, please explain: _____

4. **Income.** List all income of all adults and persons in your household, including those under 18 (except for income earned from employment by persons under the age of 18 who are dependents of another household member).

| Gross Monthly Income Source: Indicate whether anyone in your household receives income from the following | Applicant | Co-Applicant | Other Household Members | Total |
|---|-----------|--------------|-------------------------|-------|
| Salary <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | \$ | \$ |
| Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | \$ | \$ |
| Commissions and Fees <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | \$ | \$ |
| Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | \$ | \$ |
| Interest and/or Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | \$ | \$ |
| Net Income from Business <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | \$ | \$ |
| Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | \$ | \$ |
| Social Security, Supplemental Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | \$ | \$ |
| Pensions, Retirement Funds, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | \$ | \$ |
| Support from Parents or Relatives <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | \$ | \$ |
| Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | \$ | \$ |
| Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | \$ | \$ |
| Sources of Child Support: | | | | |
| • Court-ordered (regardless if paid) <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | \$ | \$ |
| • Voluntary payments <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | \$ | \$ |
| • Anticipated payments <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | \$ | \$ |
| AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | \$ | \$ |
| Student Financial Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | \$ | \$ |
| Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain) | \$ | \$ | \$ | \$ |
| TOTAL \$ | | | | |

5. **Assets.** List all assets of all adults and persons in your household, including those under the age of 18.

Does anyone in the household own any non-necessary personal property, including, but not limited to items such as campers, motorhomes, travel trailers, all-terrain vehicles (if not for day-to-day transportation), bank accounts, financial investments, recreational boats, expensive jewelry without religious or cultural value, collectibles, equipment not generating business income, and luxury items? Yes No

If yes, please list the value of all non-necessary personal property below. If a specific item is not listed please include it under the "other assets" section with a description and value.

| Listing of All Assets | Cash Value | Annual Interest, Dividends or Rent | Name of Financial Institution or Description of Asset | Account Number |
|---|------------|------------------------------------|---|----------------|
| Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | | |
| Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | | |
| Stocks, Bonds or Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | | |
| Real Estate or Home <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | | |
| Trust Fund <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | | |
| Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | | |
| Whole Life Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | | |
| Cash Value | | | | |
| Tax Return in Last 12 Months? <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | | | |
| Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain) | \$ | \$ | | |

6. **Rental Assistance.** Do you receive any type of federal, state, or local government rental assistance? Yes No. If yes, please explain: _____

7. **Asset Verification.** Have you disposed of any assets for less than fair market value in the last two years preceding the date of this application? Yes No.

8. **Certification.** By signing this Supplemental Rental Application, you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept.

9. **Recertification.** If this form is being used for recertification and you have changed employment during the past year, you must complete the "Your Work" section of the TAA Rental Application.

Applicant

Date of Signing Application

Co-Applicant

Date of Signing Application

