



Helpful Documents that will Expedite your Application

- A copy of your Social Security Card /Medicare Card
- A copy of your Driver's License
- A copy of proof of your age, such as Birth Certificate or State ID
- A copy of your Social Security Award Letter
 - (Award Letter must be dated within 120 days of Application)
- A copy of your current Real Estate Tax Assessment (if applicable)
- A copy of 4-6 weeks of pay stubs for Employment (if applicable)
- Name and Phone Number/address of Pension(s) or other Income:
 - _____
 - _____
- Address and Phone Number of Bank(s) or other assets:
 - _____
 - _____
 - _____
- Other: _____
 - _____
 - _____
 - _____

We are unable to approve your application until these documents are provided.

APPLICATION
OAKBRIDGE MANAGEMENT, LLC.

AM 200-A1

**NOTE: CHURCHILL SENIOR LIVING REQUIRES ALL NEW RESIDENTS TO SIGN A NON-SMOKING
ADDENDUM AT THE TIME YOU SIGN YOUR LEASE.**

APPLICANT: _____ Birth date: ____/____/____

SSN: _____ ID Type: _____ ID #: _____ Exp: _____

CO-APPLICANT: _____ Birth date: ____/____/____

SSN: _____ ID Type: _____ ID #: _____ Exp: _____

I warrant that all individuals intending to make the prospective apartment home are 55+ ____ or
62+ ____ (Please check one only)

Other Household Members

1 Name _____ Birth Date _____ Social Security No _____

2 Name _____ Birth Date _____ Social Security No _____

3 Name _____ Birth Date _____ Social Security No _____

4 Name _____ Birth Date _____ Social Security No _____

STUDENT STATUS:

Are **all** of the residents of this household **full-time** student? ☐ Yes ☐ No

If **YES**, are the Applicant and Co-applicant married and do they file a joint tax return?

☐ Yes ☐ No

RENTAL/OWNERSHIP HISTORY:

Current _____ Monthly Payment \$ _____ How Long: _____

Address: _____ Home Phone: _____

Rent/Own: _____ Landlord/Mortgage Company Contact: _____

Phone Number: _____

Reason for Moving: _____

(If Less than 5 years at Current Address)

Previous _____ Monthly Payment \$ _____ How Long: _____

Address: _____ Home Phone: _____

Rent/Own: _____ Landlord/Mortgage Company Contact: _____

Phone Number: _____

Move Out Date: _____

Reason for Moving: _____

Vehicle information:

Auto # 1: Make/Model _____ License Number: _____ State: _____

Auto # 2: Make/Model _____ License Number: _____ State: _____

Assets Include: Cash (wherever held), trust corpus, equity in real estate or capital investments, note receivable, stocks, bonds, money market accounts, certificates of deposit, IRAs, retirement and pension funds, whole life insurance policies, annuities, and luxury personal property (gems, jewelry, art, coin collections, etc..).

Assets Do Not Include: Necessary personal property such as clothing, furniture, daily use autos, tools, dishes, any special equipment for use by the handicapped, term life insurance policies, and assets of a business.

Type of Asset	Value of Asset	Income from Asset
1) Checking Account Bank: _____ Acct #: _____	(Average balance for last 6 months)	Expected Interest per year:
2) Savings Account Bank: _____ Acct#: _____	(Current Balance)	Expected Interest per Year:
3) Real Estate Address: _____ _____	Estimated Value of Property:	Is Property Being Rented? _____ Yes _____ No Expected Income:
4) Whole Life Insurance Policy Contact: _____ Policy #: _____	Current Cash Value:	
5) Other: _____ Contact: _____ ID#: _____		
6) Other: _____ Contact: _____ ID#: _____		
7) Other: _____ Contact: _____ ID#: _____		
8) Other: _____ Contact: _____ ID#: _____		

Have you disposed of any assets for less than fair market value in the last 24 months? ☐ Yes ☐ No
Is this asset included above? ☐ Yes ☐ No

Unemployment Affidavit:

I am not presently employed in any capacity. I am not under any affirmative obligation to obtain employment and do not anticipate becoming employed within the next twelve months. I do not receive unemployment compensation or other benefits as a result of my unemployment status.

Signature/Date

Signature/Date**INCOME:**

Please list all sources of income and gross amounts below.

Income Includes:

Alimony, child support, welfare, employment, aid to dependent children, social security, annuities, insurance policies, retirement benefits, pensions, disability, gifts from family, and other regular periodic payments. Please consult the property staff for complete list of other income.

Source/ Contact	Applicant #1	Applicant #2
Social Security	\$ _____/Month	\$ _____/Month
Disability/SSI Source: _____ Phone: _____	\$ _____/Month	\$ _____/Month
Pension Source: _____ Phone: _____	\$ _____/Month	\$ _____/Month
Retirement Source: _____ Phone: _____	\$ _____/Month	\$ _____/Month
Employment Source: _____ Phone: _____	\$ _____/Month	\$ _____/Month
Regular Periodic Gifts Source: _____ Phone: _____	\$ _____/Month	\$ _____/Month
Other Source: _____ Phone: _____	\$ _____/Month	\$ _____/Month

EMERGENCY CONTACTS: (to be contacted by a member of the Property Staff in cases of medical emergency, or when lease terms are not being met)

Name: _____ Phone: _____

Address: _____ Relationship: _____

Do you have any pets? Yes or No (Circle one and provide details below if Yes)

Name: _____ Type/Breed: _____ Weight: _____ Age: _____

Name: _____ Type/Breed: _____ Weight: _____ Age: _____

I hereby deposit \$ _____ with Management as a good faith deposit in connection with this rental application. If my application is accepted, I understand that this deposit can be applied toward my refundable security deposit of \$ _____ and my administrative fee of \$ _____ (non-refundable), which are due in full on the date I take possession of the apartment. **If, and when management accepts my application, I agree to execute the rental agreement within 30 days of the date of this application.** If the apartment selected during this application process is not available to occupy within 30 days of this application, I agree to take occupancy within 5 days of its' availability. I acknowledge that my application will be deemed withdrawn and I will not be entitled to possession of the apartment if I fail to so execute and deliver the rental agreement. I hereby waive any claim to damages by reason of non-acceptance.

I understand that I may cancel this application within three days and receive a full refund of this good faith deposit, less the administrative fee. If I cancel after three days, or fail to execute the rental agreement or refuse to occupy the premises on the agreed upon date, I understand this deposit will be forfeited by me for incurred expenses and loss of rent due to my cancellation.

I acknowledge that this application is subject to review and approval of Management and I understand Management has the sole discretion to decide if I can rent this apartment. I authorize Management to confirm the information listed in this application, and to make any inquiries about me or any of the references listed in my application, my employer, and any credit reporting agencies. I certify that all information contained on this three page application is true. If during the application process, there are any changes, which affect eligibility, such as change in household composition, income, student status, or other relevant factors, my application may be denied. If so, I cannot re-apply at an Oakbridge Management community for at least 45 dates from the date my application was denied.

Have you ever been convicted of a felony? Yes or No (Circle one and provide details below if Yes)

Applicant's Signature/Date

Co-Applicant's Signature/Date

Agent for Management

Apartment Address Assigned: _____

Projected MI Date: _____

Churchill Senior Living

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT: I authorize and direct any Federal, State or local agency, organization, business, or individual to release information as it relates to my application for participation, and/or my continued assistance under Section 42 of the Internal Revenue Code. I also grant consent for the manager to release information from my file about my rental history to credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or occupancy policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Employment, Income, and Assets, Residence and/or Rental Activity and Credit

GROUP OR INDIVIDUAL THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to the following:

*Previous Landlords (including Public
Housing Agencies)
Courts & Post Offices
Schools and Colleges
Law Enforcement Agencies
Medical and Child Care Providers
Retirement Systems
Utility Companies*

*Past & Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Administrators
Support and Alimony Providers
Veterans Administrator
Banks/other Financial Institutions
Credit Providers and Credit Bureaus*

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed.

Signature	print name	unit #	Date
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Co-Applicant	print name	unit #	Date
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EQUAL HOUSING OPPORTUNITY

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Asset Divestiture Certification

I, _____, certify that:

- ☐ During the past 2 years, I have **not** sold or given away any assets for less than fair market value.
- ☐ During the past 2 years, I have sold or given away only the assets listed below for less than fair market value.

Description	Date Disposed of	Amount Sold for	Market Value	Cash Value*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

❖ Cash Value is the market value of the asset minus reasonable costs incurred in selling or converting the asset to cash. Such reasonable costs include:

1. Penalties for withdrawing funds before maturity,
2. Broker/legal fees for the sale or conversion of assets,
3. Settlement costs for real estate transactions.

I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. Code. I understand that it is a criminal offense, punishable by a \$10,000 fine or 5 years imprisonment or both, to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction.

Tenant's Signature

Date

5/15/07

Self-Affidavit of Non-Employment

Head of Household's Name: _____ Date: _____

- ☐ Initial Certification
☐ Recertification

Date of Expected Move In: _____
 Effective Date: _____

You have applied to live in an apartment that is governed by the federal government's Housing Credit Program. This program requires us to certify all income, asset and eligibility information as part of determining the household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting eligibility and, if such eligibility is granted, the information will need to be verified each subsequent year you remain in the unit.

I, _____ certify that:

Check (A) or (B) as applicable:

- A. ☐ I am not presently employed but will begin employment with _____
 (company name) within the next twelve (12) months.

(If A. is selected, obtain verification of expected earnings from the employer and include the amount with third-party verified income of the other household members to ensure that the household is income qualified.)

- B. ☐ I am not presently employed in any capacity. I am not under any affirmative obligation to obtain employment and do not anticipate becoming employed within the next twelve (12) months.

- ☐ I do not receive unemployment compensation or other benefits as a result of my non-employment status.

- ☐ I do receive benefits from _____

(If other benefits are received (ex: Social Security), obtain verification of amounts and include with third-party verified income of other household members to ensure that the household is income qualified.)

I certify that the information is true and complete. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Signature of Applicant/Resident: _____ Date: _____

Witness: _____ Title: _____ 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.

ANNUAL STUDENT CERTIFICATION

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household: _____ Unit Number: _____

Building Address: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include correspondence schools and on-the-job training:)

A ____ Household contains at least one occupant who is not a student and has not been/will not be a full-time student any part of five months of the current or upcoming calendar year (months need not be consecutive.) If this item is checked, no further information is required; sign and date below.

B ____ Household contains all students, but is qualified because the following members of the household are part-time students (verification of part-time status is required:) _____

C ____ Household contains all FULL TIME students for any part of five months of the current and/or upcoming calendar year. If this item is checked, questions 1-5 below must be completed:

1. Are all adults married and eligible to file a joint tax return (attach marriage certificate or tax return?)? Yes ____ No ____

2. Are all adults single parents with children who are not dependents of any third party other than the other parent? Yes ____ No ____ If yes, attach tax return or affidavit from other parent.)

3. Is at least one student receiving assistance under Title IV of the Social Security Act (TANF or Foster Care?)? Yes ____ No ____ (if yes, provide verification of assistance.)

4. Does at least one resident participate in a federal, state, or local job training program similar to the programs funded under to former Job Training Partnership Act? Yes ____ No ____ (If yes, attach verification of program participation.)

5. Does the household have at least one member who was previously under the care and placement of the foster care program under Title IV of the Social Security Act?

Yes ____ No ____ (If yes, attach verification)

Under penalty of perjury, I/we certify that the information provided above is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately should our student status change at any time. It is understood that knowingly providing false information constitutes fraud and may result in termination of the lease agreement.

Signature

Date

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 5/31/2011)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.