

Robert Pierre Johnson Housing Development Corp.  
8 W. Nelson Avenue #B1 - Alexandria, VA 22301  
(703) 549-7170  
(703) 549-7175 (fax)

Application for Residency

Applicant's Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

Present Street Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Moved in to Current Address: \_\_\_\_\_ Monthly Rent Payment: \$ \_\_\_\_\_

Home Telephone Number: (\_\_\_\_) \_\_\_\_\_

Present Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Previous Street Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Resided From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

**All Others Who Will Occupy the Apartment:**

1. List all occupants of the unit:	Relationship	Social Security Number	Date of Birth	Full-Time Student?
Occupant 1 _____	_____	_____	_____	_____
Occupant 2 _____	_____	_____	_____	_____
Occupant 3 _____	_____	_____	_____	_____
Occupant 4 _____	_____	_____	_____	_____
Occupant 5 _____	_____	_____	_____	_____
Occupant 6 _____	_____	_____	_____	_____

Do you expect any change in the above-listed household composition in the next 12 months?  Yes  No . If yes, describe the change: \_\_\_\_\_

2. Are all the occupants noted above full-time students?  Yes  No  
 (Definition of student: anyone who has been or will be a full-time student at an educational institution with regular facilities and students during 5 months of this Certification year, other than correspondence school).  
 If yes, are the students married and filing a joint tax return?  Yes  No  
 If yes, does the household receive Aid for Dependent Children or TANF?  Yes  No  
 If yes, is the household comprised of a single parent & child(ren) none of whom are dependents of a third party?  Yes  No  
 If yes, are the students enrolled in a job training program under the Job Training Partnership Act or similar program?  Yes  No

**Income Information:**

3. Please answer each of the following questions. For each "Yes" answer provide details in the chart below.
- | Yes                      | No                       | Annual Amount |
|--------------------------|--------------------------|---------------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____         |
| <input type="checkbox"/> | <input type="checkbox"/> | _____         |
| <input type="checkbox"/> | <input type="checkbox"/> | _____         |
| <input type="checkbox"/> | <input type="checkbox"/> | _____         |
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| <input type="checkbox"/> | <input type="checkbox"/> | _____         |
| <input type="checkbox"/> | <input type="checkbox"/> | _____         |
| <input type="checkbox"/> | <input type="checkbox"/> | _____         |

FAMILY MEMBER	SOURCE(S) OF INCOME/EMPLOYER NAME(S)	ANTICIPATED ANNUAL INCOME	DO YOU HAVE MORE THAN ONE JOB?
1	A. B.		
2	A. B.		
3	A. B.		
4	A. B.		
5	A. B.		
6	A. B.		

4. List all checking and savings accounts (including IRA's, 401(k)'s, Keogh accounts and Certificates of Deposit) of all household members, including accounts disposed of during the past two years.

FINANCIAL INSTITUTION	ACCOUNT NUMBER	BALANCE	AMOUNT OF INTEREST RCVD

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation.

5. List the value of all stocks, bonds, trusts, pension contributions, whole life insurance policies or other assets: \_\_\_\_\_
6. Do you own a home or other real estate?  Yes  No
7. Did you have any assets in the last two years not listed above?  Yes  No
- If yes, did you dispose of the assets for less than fair market value? (This means that the assets were either given away or sold for less than market value.)  
 Yes  No

If yes, what were the assets? \_\_\_\_\_  
the market value at the time of disposition? \_\_\_\_\_  
the amount received? \_\_\_\_\_  
the date you disposed of the assets? \_\_\_\_\_

Any assets disposed of for less than fair market value in the two years before the date of this Certification will be counted as assets if the difference between the market value and the amount received exceeds \$1,000.

8. The total combined asset value for this household is \$5,000 or less:  Yes  No

**Employment Information** \*\* (for all additional household members age 18 or older who are currently employed or were previously employed, please attach a separate piece of paper with the following information).

**Applicant's Present Primary Employment:**

Employed by: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Position Occupied: \_\_\_\_\_

Gross Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

**Applicant's Present Secondary Employment:**

Employed by: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Position Occupied: \_\_\_\_\_

Gross Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

**Previous Employment: (if less than one year at current employment)**

Employed by: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Position Occupied: \_\_\_\_\_

Gross Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

**Monthly Household Payments:** ( Payments of 3 months or more duration: e.g., automobile loan payments, college loans, insurance premiums, etc.).

To: \_\_\_\_\_ For: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

To: \_\_\_\_\_ For: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

To: \_\_\_\_\_ For: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**Additional Information:**

Has applicant / co-applicant ever:

- filed for bankruptcy Yes \_\_\_\_\_ No \_\_\_\_\_  
     If yes, Date filed \_\_\_\_\_ Date granted \_\_\_\_\_
- been evicted or had a judgment issued against him/her Yes \_\_\_\_\_ No \_\_\_\_\_
- any outstanding judgments Yes \_\_\_\_\_ No \_\_\_\_\_
- convicted of a crime Yes \_\_\_\_\_ No \_\_\_\_\_
- a cosigner or endorser on a note Yes \_\_\_\_\_ No \_\_\_\_\_
- obligated to pay alimony, child support Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is "yes" to any of the questions above, please attach a written explanation.

Number of Vehicles: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag Number: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag Number: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

Telephone Numbers: \_\_\_\_\_

Relationship: \_\_\_\_\_

I, \_\_\_\_\_, hereby apply to lease a  
Applicant Name

\_\_\_\_\_ bedroom apartment located at: \_\_\_\_\_  
No. Bedrooms Name of Property Unit Number

Applicant(s) authorize RPJ Housing and/or its agents to obtain an investigative criminal background check, rental report, credit report, verification of employment, verification of household income and assets in connection with the rental application. This report may include, but not be limited to, credit standings, character, criminal activity, rental history, and mode of living.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Signature

Applicant(s) understand(s) that the above information is being collected to determine eligibility for residency. Applicant(s) certifies/certify that he/she/they have revealed all income received and assets currently held or previously disposed of and that he/she/they have no assets other than those listed on this form (other than personal property). Applicant(s) further certifies/certify that the statements made in this Application are true and complete to the best of his/her/their knowledge and belief and is/are aware that false statements may be cause for termination of the lease and may be punishable under Federal law. Signatures of all persons 18 or over:

Signature of Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant(s) acknowledge(s) that in the event an apartment is not available for immediate occupancy, their rental application will be placed on a waiting list. When the appropriate size unit becomes available and applicant(s) name is next on our waiting list, applicant(s) will be notified by telephone, at which time applicant(s) must begin our full application process necessary for rental.

Applicant(s) acknowledge(s) that the apartment will be rented to the first approved applicant that can take occupancy on the date the apartment becomes available. Applicant(s) must be in compliance with the current resident selection criteria and income guidelines that are in place at the time the apartment becomes available.

Applicant(s) is/are required to contact the rental office, in writing, every three months if they wish to remain on the waiting list. Applicant(s) acknowledge that their name will be removed from the waiting list for failure to notify the rental office as required.

Applicant(s) has/have read this application and hereby states and represents that the information provided in the application is complete and accurate. Applicant(s) acknowledge that providing any false or misleading information will result in denial of the application. Applicants(s) acknowledge and agree that in the event applicant(s) enters into a lease with RPJ Housing, the lease may be cancelled in the event any of the information provided in this application, or any other documents furnished is materially inaccurate or incomplete.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

----- Office Use -----

Applicant Identification Information:

Type if ID Used: \_\_\_\_\_

Address Listed on ID: \_\_\_\_\_

Issue Date of ID: \_\_\_\_\_

CoApplicant Identification Information:

Type if ID Used: \_\_\_\_\_

Address Listed on ID: \_\_\_\_\_

Issue Date of ID: \_\_\_\_\_