

RENTAL APPLICATION

RETURN APPLICATION TO:

Global Property Management, Inc.
2009 Alta Dr.
Las Vegas, NV 89106
(702) 873-8882 Telephone
(702) 873-8942 Facsimile
frankh@cdpcn.com

We appreciate your interest in applying at one of our Beautiful Apartments. In an effort to expedite the Application Approval Process, please bring the following along with the completed Application and Sworn Statement of Anticipated Income and Assets Forms.

- *Valid Government Issued Photo ID*
- *Social Security Card*
- *Birth Certificate (Family Community Property)*
- *Proof of Income (3 Recent Check Stubs, Current Year SS Award/Benefits Letter, Current Year Pension/Annuity Award Letter, VA Pension Letter, Unemployment Payments Statement, etc.)*
- *Current Bank Statements (Checking, Savings, Money Market, Mutual Funds, etc)*
- *Proof of Real Estate, Bankruptcy, and/or Any Bad Debt Collections Payments.*

All Income and Assets must be verified by Management for qualifying you in any of our Affordable Housing Properties listed on this Website.



A. GENERAL INFORMATION

Who will live in the Home with you:

Full Name	Relationship	Birth Date	Sex	Soc. Sec. #

Current Home Address:			
Cell Phone #:			
Home Phone #:		Work Phone #:	

1. Do you have the right to legally enter into a lease? YES NO

2. Please state the name(s) of any household member(s) that you want to be made Co-Head(s). (Co-Head is defined as an individual who has the legal right to enter into a lease agreement and will share all the rights and responsibilities.)

3. Have you ever been convicted of a felony? YES NO If yes, please explain:

4. Have you ever been evicted from a dwelling for any reason? YES NO
If yes, please explain:

5. Does anyone live with you now who is not listed on page 1? YES NO
If yes, please explain:

6. Does anyone plan to live with you in the future who is not listed on page 1? YES NO
If yes, please explain:

B. HOUSING REFERENCES *(List ALL landlords during the past three years)*

5. Present address _____
Name of present landlord _____
Address of landlord _____
Landlord's cell & office telephone no. _____
Length of time at present address _____
Current monthly rent _____ Average monthly utility bills Electric \$____ Gas \$_____

Complete the following information for previous landlords:

6. Previous Landlord address _____
Name of landlord _____
Address of landlord _____
Landlord's telephone no. _____
Length of time at this address _____
Monthly rent _____ Average monthly utility bills _____
Reason for moving _____

3. Previous Landlord address _____
Name of landlord _____
Address of landlord _____
Landlord's telephone no. _____
Length of time at this address _____
Monthly rent _____ Average monthly utility bills _____
Reason for moving _____

C. EMPLOYMENT OR OTHER INCOME SOURCES (List ALL sources)

Applicant's present employer(s) _____

Other adult's present employer(s) _____

Other adult's present employer(s) _____

1. Applicant's employer's address _____

Employer's phone no. _____ Type of business _____

Position _____ Supervisor _____

How long employed? _____ From _____ To _____

2. Other adult's employer's address _____

Employer's phone no. _____ Type of business _____

Position _____ Supervisor _____

How long employed? _____ From _____ To _____

3. Other adult's employer's address _____

Employer's phone no. _____ Type of business _____

Position _____ Supervisor _____

How long employed? _____ From _____ To _____

D. ANNUAL INCOME

Include anticipated income from all sources for the next twelve months

Source	Applicant	Other Adult	Other Adult	Total
<i>Gross Employment Income (Include overtime, tips, etc.)</i>				
<i>Net Income from Self-Employment and/or Business</i>				
<i>Social Security, Pensions, Annuities, Insurance Settlements</i>				
<i>Unemployment Compensation, Severance Pay</i>				
<i>Workers Compensation, Disability or Death Benefits, Veteran's Benefits</i>				
<i>Alimony, Child Support</i>				
<i>A.F.D.C. or Other Public Aid, Recurring Monetary Gifts</i>				
<i>Other:</i>				
TOTAL ANTICIPATED INCOME:				

E. ASSETS

ALL INFORMATION SHOULD BE CALCULATED ON AN ANNUAL BASIS.

1. YES NO

Do you have any of the following: checking or savings accounts, Money Market funds, Trusts, IRA/Keog accounts, Certificates of Deposit (CDs), stocks, bonds, real estate, or other income-producing assets? If you answered "YES," describe all such accounts below.

ASSET SUMMARY

Type of Asset	Account Number or Other Description	Where Held	Balance/ * Fair Market Value (A)	Interest Rate	Income (B)
Total of Column (A)				Total of Column (B)	

* Fair Market Value is the value of the asset minus reasonable costs that were or would be incurred in selling or converting the asset to cash. These costs include: (1) penalties for early withdrawal; (2) broker/legal fees assessed to sell or convert the asset to cash; and (3) settlement costs for real estate transactions.

2. YES NO Do you own any stocks or bonds?

Type/Name _____

3. YES NO Do you own any real estate including a primary residence, farm, vacation home, vacant land, rental property, or other investments?

If yes, please explain: _____

4. YES NO Do you hold any personal property as an investment (i.e., coin collection or antique car)? **DO NOT include necessary personal items such as a car or furniture.**

If yes, please explain: _____

Value: \$ _____

5. Enter Total Assets (A) from Box B, preceding page. \$ _____

6. Total the amounts from questions 1 through 6.

TOTAL ASSETS \$ _____

F. PERSONAL REFERENCES *(Excluding family members)*

Name _____

Address _____

_____ Cell Phone No. _____ Home # _____

F. VEHICLE/DRIVER I.D.

7. Driver's License # _____ State Issued _____

Car Make _____ Color _____ Year ____ Lic. # _____

8. Driver's License # _____ State Issued _____

Car Make _____ Color _____ Year ____ Lic. # _____

9. Driver's License # _____ State Issued _____

Car Make _____ Color _____ Year ____ Lic. # _____

G. EMERGENCY CONTACT *(Please list someone in the immediate area if possible.)*

Name _____

Address _____

_____ Phone No. _____

H. SIGNATURE CLAUSE

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for residency as may be necessary. I understand that any misrepresentation may result in the denial of my application. I authorize Global Property Management Group, Inc., its subsidiaries, and its agents to investigate my credit worthiness through any credit bureau or other reasonable means. I have read this application and understand it.

This application is not a rental agreement, contract or lease. All applications are subject to the approval of the owner or managing agent.

It is our aim to ensure that this community is a drug free zone. The use and sale of controlled substances will not be tolerated. **By signing this application form, I verify my support for this policy.**

ALL PERSONS DESIGNATED AS HEAD OR CO-HEAD(S) MUST SIGN BELOW.

Signature

Date

Co-Head(s) Signature

Date

OFFICE USE ONLY

1.) Date of Interview:

2.) Desired Home Address:

3.) Desired Move-in Date:

GLOBAL PROPERTY MANAGEMENT GROUP, INC.

SWORN STATEMENT OF ANTICIPATED INCOME AND ASSETS (TO BE COMPLETED BY ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER)

Unit # _____ Name _____

Date of Birth _____ Social Security # _____ Marital Status _____

Names, Birth Dates and Social Security Numbers of All Other Unit Occupants _____

PLEASE CHECK YES OR NO FOR EACH ITEM, AND: IF YES, INCLUDE ALL INCOME ANTICIPATED
12 MONTHS. IF NO, PLACE ZEROES OR N/A IN ALL BLANKS TO THE RIGHT.

FOR THE UPCOMING

YES NO

1. ___ ___ Are you employed, or do you anticipate being employed in the upcoming 12 months?

- \$ _____ a. Annual employment income
- \$ _____ b. Annual over-time income
- \$ _____ c. Annual bonus income
- \$ _____ d. Annual commission income
- \$ _____ e. Annual tip income

2. ___ ___ Are you presently, or do you anticipate being, employed at more than one job (NOT self-employed)?

\$

- _____ a. Annual employment income
- \$ _____ b. Annual over-time income
- \$ _____ c. Annual bonus income
- \$ _____ d. Annual commission income
- \$ _____ e. Annual tip income

3. ___ ___ Are you, or do you anticipate being, self-employed?

- \$ _____ a. Annual net business income

4. ___ ___ Are you, or do you anticipate, being a member of the Armed Forces (Active, National Guard or Reserves)?

- \$ _____ a. Annual income (all pay and allowances *excluding* "hostile fire pay")

5. ___ ___ Do you currently receive, or do you anticipate receiving, unemployment benefits?

- \$ _____ a. Weekly income

6. ___ ___ Are you currently receiving child support?

- \$ _____ a. Monthly income

A. ___ ___ Are you entitled to, or do you anticipate receiving child support in the upcoming 12 months?

- \$ _____ a. Monthly income

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

- ___ Child Support Enforcement Agency
- ___ Court of Law
- ___ Directly from Individual
- ___ Other

Name of Agency: _____

Name of Court: _____

Name of Person: _____

Explain: _____

B. ___ ___ If money is not actually received, are you taking legal action to remedy?

7. ___ ___ Are you currently receiving alimony?

- \$ _____ a. Monthly income

A. ___ ___ Do you anticipate receiving alimony in the upcoming 12 months?

- \$ _____ a. Monthly income

8. ___ ___ Are you, or do you anticipate, receiving TANF(Temporary Assistance for Needy Families– formerly AFDC)?

- \$ _____ a. Monthly income

YES NO

9. ___ ___ Are you, or do you anticipate, receiving Social Security income?
\$ _____ a. Monthly income
10. ___ ___ Are you, or do you anticipate, receiving Supplemental Social Security Income (SSI)?
\$ _____ a. Monthly income
11. ___ ___ Are you, or do you anticipate, receiving Worker's Compensation?
\$ _____ a. Monthly income
12. ___ ___ Are you, or do you anticipate, receiving money regularly from your family, church, friends, etc.?
\$ _____ a. Monthly income
13. ___ ___ Are you, or do you anticipate, receiving income from a pension/annuity/retirement fund?
\$ _____ a. Monthly income
14. ___ ___ Are you, or do you anticipate, receiving Veteran's Benefits? (do *not* include GI Bill educational benefits)
\$ _____ a. Monthly income
15. ___ ___ Are you, or do you anticipate, receiving any other income from public assistance programs?
(do *not* include Section 8 or Food Stamps)
\$ _____ a. Monthly income
16. ___ ___ Are you, or do you anticipate, receiving any income from any type of settlement, or from lottery winnings?
\$ _____ a. Monthly income
17. ___ ___ Are you receiving any OTHER form of regular or periodic income?
\$ _____ a. Frequency (weekly, monthly, etc)? Describe: _____
18. ___ ___ Do you have a checking account(s)? Number of accounts _____
\$ _____ a. Current value of account(s) \$ _____ Earned annual interest
19. ___ ___ Do you have a savings account(s)? Number of accounts _____
\$ _____ a. Current value of account(s) \$ _____ Earned annual interest
20. ___ ___ Do you have a money market account(s)? Number of accounts _____
\$ _____ a. Current value of account(s) \$ _____ Earned annual interest
21. ___ ___ Do you have mutual funds? Number of accounts _____
\$ _____ a. Current value of account(s) \$ _____ Earned annual income/interest
22. ___ ___ Do you own a certificate of deposit(s) (CDs)? Number of CDs _____
\$ _____ a. Current value of account(s) \$ _____ Earned annual interest
23. ___ ___ Do you have a trust fund(s)? Number of funds _____
\$ _____ a. Current value of account(s) \$ _____ Earned annual interest
24. ___ ___ Do you have whole life or universal life insurance policies? (Do *not* include term life insurance)
\$ _____ a. Cash surrender value
25. ___ ___ Do you have a pension from which you are *not* receiving regular payments?
\$ _____ a. Current value of account(s) \$ _____ Earned annual interest
26. ___ ___ Do you own any stocks/bonds (NOT held in a retirement plan)?
\$ _____ a. Current value of account(s) \$ _____ Earned annual interest
or dividends
27. ___ ___ Do you have a 401(K), IRA or Keogh that you are not yet eligible to receive?
\$ _____ a. Current value of account(s) \$ _____ Earned annual interest
28. ___ ___ Do you own any treasury bills?
\$ _____ a. Current value (or current Contract amount) \$ _____ Earned annual interest
29. ___ ___ Net Income from rental property (Attach tax return with Schedule C)
\$ _____ a. Current value or contract amount \$ _____ Earned annual interest
30. ___ ___ Do you own OR are you in the process of selling any real estate?
\$ _____ a. Current value or contract amount \$ _____ Earned annual income

Household Name: _____ Unit: _____

YES NO

31. ___ ___ Have you disposed of or given away assets within the last two years for less than fair market value?
\$ _____ a. Fair Market Value of Asset(s) at time of disposition
\$ _____ b. Actual proceeds from the disposition of asset(s)
\$ _____ c. Subtract b. from a. (if greater than \$1,000 then this is an asset)
32. ___ ___ Do you own any personal property held strictly as an investment asset? (art, coins, etc.)
\$ _____ a. Current value
33. ___ ___ Are any assets held in the name of any minors in your household?
\$ _____ a. Current value or contract amount
\$ _____ b. Earned annual interest
_____ c. Type of asset
34. ___ ___ Are you currently attending or planning to attend school?
___ Full time for 5 or more months of the upcoming year
___ Part time
35. ___ ___ a. Are you married to a full-time student?
___ ___ b. Did you file a joint tax return last year?
36. ___ ___ Are you a single parent with minor children?
___ ___ a. Are you or any of your children currently being claimed as a dependent on another person's tax return?
___ ___ b. Will you or any of your children be claimed as a dependent on another person's tax return in the upcoming twelve months?
37. ___ ___ Are you enrolled in and receiving assistance under the Job Training Partnership Act or similar program?
38. ___ ___ Are all household members (including minors) full-time students?
39. ___ ___ Does the household agree to complete the annual recertification process? This includes:
- An interview with management to determine continued program eligibility
 - Verification of all Income and assets
 - Any other eligibility Information

I understand that the Landlord is relying on this information in filing its federal tax returns and that a state agency and the Internal Revenue Service may review this information to determine my eligibility to reside in housing provided under the Low Income Housing Tax Credit Program. Further, I understand that it is a criminal offense to willfully make a false statement of misrepresentation to any department or agency of the United States as to any matter within its jurisdiction, and that if any material misrepresentation is made herein, I could be subject to prosecution and/or my application will be denied and/or my tenancy terminated. I hereby swear to the best of my knowledge that the above information is true and complete as of the date below, and authorize the landlord to make inquires to verify statements herein.

Signature _____

Date _____