

ONE Property Management



*Application fees of \$25.00 per person 18 and older must be turned in with the application. This must be a money order or cashiers check made payable to ONE Property Management.

Unit Size: _____ Property: _____ Move In Time Frame: _____ Source: _____

APPLICANT INFORMATION (HEAD OF HOUSEHOLD)

Applicant Name		Email	
Current Address		City	State Zip
Home Phone <input type="checkbox"/>	Work Phone <input type="checkbox"/>	Cell Phone <input type="checkbox"/>	
*Please check the box of the preferred contact number			

CO-APPLICANT INFORMATION

Applicant Name		Email	
Current Address		City	State Zip
Home Phone <input type="checkbox"/>	Work Phone <input type="checkbox"/>	Cell Phone <input type="checkbox"/>	
*Please check the box of the preferred contact number			

HOUSEHOLD COMPOSITION – Include *everyone* who will live in the home

MEMBER NAME *						
RELATIONSHIP TO HEAD OF HOUSEHOLD	HEAD OF HOUSEHOLD					
AGE						
SOCIAL SECURITY #						
DATE OF BIRTH						
DL/ID # AND STATE						
GENDER						
MARITAL STATUS						
RACE						
ETHNICITY						

*If additional space is needed, please continue on a separate page and attach.

Relationship to Head of Household:	Marital Status:	Race:	Ethnicity:
H Husband	M Married	1 American Indian or Alaska Native	1 Hispanic/Latino
W Wife	S Single	2 Asian	2 Other (Non-Hispanic/Latino)
SO Significant Other	SP Separated	3 Black or African American	3 Choose not to respond
D Daughter	D Divorced	4 Native Hawaiian or Other Pacific Islander	
S Son	W Widowed	5 White	
ON Other Non-Relative		6 Other	
OR Other Relative		7 Choose not to respond	

INCOME AND ASSET INSTRUCTIONS

1. Income and asset information must be included for each household member age 18 or older.
2. The Sources of Income and Assets summary tables must be completed for all items marked "Yes".
3. Use a separate line for each source.
4. Failure to complete the income and asset information and sources in their entirety will delay the application process.

HOUSEHOLD INCOME

DO YOU RECEIVE OR EXPECT TO RECEIVE:		YES	NO	MONTHLY AMOUNT
1	Wages, Salaries (includes overtime, tips, bonuses, commissions, self-employment)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Does any member work for someone who pays them cash?	<input type="checkbox"/>	<input type="checkbox"/>	
3	Regular Pay for a Member of the Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>	
4	Welfare or Disability Benefits (AFDC, TANF, FIP, SSDI, or SSI)	<input type="checkbox"/>	<input type="checkbox"/>	
5	Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	
6	Unemployment Benefits or Severance Pay	<input type="checkbox"/>	<input type="checkbox"/>	
7	Child Support Case Number(s):	<input type="checkbox"/>	<input type="checkbox"/>	
8	Alimony	<input type="checkbox"/>	<input type="checkbox"/>	
9	Social Security Payments	<input type="checkbox"/>	<input type="checkbox"/>	
10	Pensions (PERA, Railroad, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
11	Death Benefits	<input type="checkbox"/>	<input type="checkbox"/>	
12	Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	
13	Annuities or Life Insurance Dividends	<input type="checkbox"/>	<input type="checkbox"/>	
14	Lump Sum Payments (inheritance, insurance settlements, lottery winnings, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
15	Net Income from Rental Property	<input type="checkbox"/>	<input type="checkbox"/>	
16	Regular Cash Contributions or Gifts from Individuals Not Living in the Household	<input type="checkbox"/>	<input type="checkbox"/>	
17	Other (list):	<input type="checkbox"/>	<input type="checkbox"/>	

SOURCES OF INCOME SUMMARY

ITEM NUMBER FROM ABOVE	FAMILY MEMBER WHO RECEIVES THE INCOME	SOURCE OF INCOME (NAME OF EMPLOYER, SSDI, ETC.)
<i>Example: 1</i>	<i>Head</i>	<i>ABC Company</i>

HOUSEHOLD ASSETS – AOSSEY APPLICANTS ONLY

DO YOU HAVE MONEY HELD IN:		YES	NO	AMOUNT
1	Checking Accounts	<input type="checkbox"/>	<input type="checkbox"/>	
2	Savings Accounts	<input type="checkbox"/>	<input type="checkbox"/>	
3	Stocks	<input type="checkbox"/>	<input type="checkbox"/>	
4	Capital Investments	<input type="checkbox"/>	<input type="checkbox"/>	
5	Bonds	<input type="checkbox"/>	<input type="checkbox"/>	
6	Trusts	<input type="checkbox"/>	<input type="checkbox"/>	
7	Securities	<input type="checkbox"/>	<input type="checkbox"/>	
8	IRA/KEOGH Accounts	<input type="checkbox"/>	<input type="checkbox"/>	
9	Certificates of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	
10	Pension/Retirement Funds	<input type="checkbox"/>	<input type="checkbox"/>	
11	Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	
12	Treasury Bills (savings bonds etc)	<input type="checkbox"/>	<input type="checkbox"/>	
13	Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	
14	Insurance Settlement	<input type="checkbox"/>	<input type="checkbox"/>	
15	Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes?	<input type="checkbox"/>	<input type="checkbox"/>	
16	Are any assets held jointly with another person?	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes, list person's name, asset(s) held jointly, and the relationship to the applicant:			
17	Other (list):	<input type="checkbox"/>	<input type="checkbox"/>	
18	Do you currently own a home or purchasing a home on contract?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are property taxes current?	<input type="checkbox"/>	<input type="checkbox"/>	
	Household Member:			
	Address, City, State, Zip:			
	Mortgage Institution :			
19	Mortgage Balance :			
	Have you sold or disposed of any asset for less than fair market value in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	
	Household Member:			
	Asset Estimated Value:			
	Date Sold or Disposed of:			
	Amount Received:			

SOURCES OF ASSETS - SUMMARY

ITEM NUMBER FROM ABOVE	FAMILY MEMBER WHO HAS THE ASSET	SOURCE OF ASSET (NAME OF BANK, COMPANY, ETC.)
<i>Example: 1</i>	<i>Head</i>	<i>ABC Bank</i>

QUESTIONS

1. Have you ever filed for bankruptcy? Yes No (circle One)
If yes, explain: _____
2. Have you ever been convicted of a felony or misdemeanor? Yes No (circle one)
If yes, explain: _____
3. Have you ever been evicted from an apartment for any reason? Yes No (circle one)
If yes, explain: _____
4. Are you or anyone in the household currently or soon to become a student? Yes No (circle one)
Full Time Part Time (circle one)
List name of student(s) _____
5. What is your household type? Single/Non elderly Elderly (62 or older)
 Two Parent Single Parent
 Other
6. Are you separated but not divorced from your spouse? Yes No (circle one)
7. Are any household members temporarily absent? Yes No (circle one)
Who? _____ How long? _____
- Do you expect any changes to your household within the next 12 months?
Yes No (circle one)
If yes, please explain: _____
8. Are you receiving Section 8 Assistance? Agency _____ Phone# _____

REFERENCES

(List all addresses and applicable landlord references for the past three years)

Present address: _____ City: _____ State: _____ Zip: _____

From: _____ To: _____ (Mth/Yr) Reason for Leaving: _____

Do you own this residence? Yes No (circle one)

If **NO**, do you rent this residence? Yes No (circle one)

Landlord: _____ Landlord Phone # _____ Fax # _____

Rent per Month: \$ _____

Previous address: _____ City: _____ State: _____ Zip: _____

From: _____ To: _____ (Mth/Yr) Reason for Leaving: _____

Do you own this residence? Yes No (circle one)

If **NO**, do you rent this residence? Yes No (circle one)

Landlord: _____ Landlord Phone # _____ Fax # _____

Rent per Month: \$ _____

Previous address: _____ City: _____ State: _____ Zip: _____

From: _____ To: _____ (Mth/Yr) Reason for Leaving: _____

Do you own this residence? **Yes** **No** (circle one)

If **NO**, do you rent this residence? **Yes** **No** (circle one)

Landlord: _____ Landlord Phone # _____ Fax # _____

Rent per Month: \$ _____

Applicant Current Employer: _____

Address: _____

Dates Employed: _____

Supervisor: _____ Supervisor's Phone: _____

Salary: \$ _____ per _____ Number of Hours Worked per Week: _____

Applicant Previous Employer: _____

Address: _____

Dates Employed: _____

Supervisor: _____ Supervisor's Phone: _____

Salary: \$ _____ per _____ Number of Hours Worked per Week: _____

Co-Applicant Current Employer: _____

Address: _____

Dates Employed: _____

Supervisor: _____ Supervisor's Phone: _____

Salary: \$ _____ per _____ Number of Hours Worked per Week: _____

Co-Applicant Previous Employer: _____

Address: _____

Dates Employed: _____

Supervisor: _____ Supervisor's Phone: _____

Salary: \$ _____ per _____ Number of Hours Worked per Week: _____

EMERGENCY CONTACT

Name: _____

Phone Number: _____

Address: _____

Relationship: _____

VEHICLE INFORMATION

Owner: _____

Owner: _____

Make, Model, Color: _____

Make, Model, Color: _____

Plate, State: _____

Plate, State: _____

CHECKLIST FOR DOCUMENTATION THAT MUST BE SUBMITTED WITH APPLICATION

***ALL SOURCE DOCUMENTS MUST NOT BE OLDER THAN 30 DAYS PRIOR TO APPLICATION SUBMISSION.**

MISCELLANEOUS DOCUMENTS (PROVIDE COPIES FOR ALL DOCUMENTS)		
	If self-employed, copies of last three years of tax returns including W-2's and Profit and Loss. You can get free transcript of your tax return and/or wage information from the IRS office at 425 2 nd Street SE in downtown Cedar Rapids.	
	Copies of valid Driver's License/Passport or Identification Card (proof of immigration status if not U.S. Citizen)	
	List of addresses of residences for the past 3 years, including names and addresses of landlords and dates of residence	
INCOME VERIFICATIONS (PROVIDE COPIES FOR ALL DOCUMENTS) – BY ITEM NUMBER FROM PAGE 2		
1	Wages, Salaries (includes overtime, tips, bonuses, commissions, self-employment)	Two <u>months</u> of consecutive pay stubs showing gross year to date pay received or if self-employed copies of last 3 years tax returns including Profit and Loss
2 16	Does any member work for someone who pays them cash? - Regular Cash Contributions or Gifts from Individuals Not Living in the Household	Signed statement from person paying stating how much is paid and how often
3	Regular Pay for a Member of the Armed Forces	Three months of consecutive pay stubs showing gross year to date pay received
4 5 9 10 11 12 14	Welfare or Disability Benefits (AFDC, TANF, FIP, SSDI, or SSI) -- Worker's Compensation -- Social Security Payments -- Pensions (PERA, Railroad, etc) -- Death Benefits -- Retirement Benefits -- Lump Sum Payments (inheritance, insurance settlements, lottery winnings, etc)	Current award letter (dated within the past 30 days)
6	Unemployment Benefits or Severance Pay	Current printout from Iowa Workforce Development for unemployment or severance pay award letter
7	Child Support	Copy of court order for child support or statement from DHS showing payment history of 2 years or more
8	Alimony	Copy of legal award, or if no court order, signed statement from person paying stating how much is paid and how often
13	Annuities or Life Insurance Dividends	Current statement showing amount year to date received
15	Net Income from Rental Property	Copy of lease showing current rent amount
17	Other (list)	Current documentation stating how much is paid and how often
ASSET VERIFICATIONS (PROVIDE COPIES FOR ALL DOCUMENTS) – BY ITEM NUMBER FROM PAGE 3		
1 2	Checking Accounts - Savings Accounts	Six <u>months</u> of consecutive current statements – must show bank name, account number, and account owner
3 4 5 6 7 8 9 10 11 14	Stocks -- Capital Investments -- Bonds -- Trusts -- Securities -- IRA/KEOGH Accounts -- Certificates of Deposit -- Pension/Retirement Funds -- Mutual Funds -- Insurance Settlement	Current statement/account balance (dated within the past 30 days)
12	Treasury Bills (Savings Bonds etc)	Calculator print out from Treasury Direct.Com showing current value of Treasury Bills
13	Safety Deposit Box	Signed statement showing items and value
15	Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes?	Current appraisal showing value
16	Are any assets held jointly with another person?	Find asset in asset list and submit required documents
17	Other (list):	Documentation showing current value
18	Do you currently own a Home or a Contract for Deed?	Current statement from mortgage institution showing principal balance (official payout not needed)
19	Have you sold or disposed of any asset for less than fair market value in the last two years?	Documentation showing estimated value and amount received

