ZEN HOMES

Tel# 670.322.7901 Fax# 670.235.0908

EQUAL HOUSING OPPORTUNITY

Application Checklist

The following documents are required to apply for the rental of Zen Homes units.

- Completed application with ALL adult members present upon submission
- Copy of Photo ID - ALL Household Members
- Copy of Social Security Card - ALL Household Members
- 6 Months Bank Statements
- W2 and Tax Return of previous year
- Police Clearance
- 6 recent pay stubs or evidence on income benefits

  Example: Certification of Benefits from Social Security, Retirement, Investments etc.

- Business Income
- Corporation Report
- Business Tax - Profit & Loss

Applies for Self-Employed

*** Additional documents may be required upon request.**

All requirements will be collected at your interview and submitted in for processing. Once your application has been reviewed you will be contacted regarding our determination.

Annual Household Income Limits for Zen Homes

1 Person	$25,440
2 Person	$29,100
3 Person	$32,700
4 Person	$36,360
5 Person	$39,240
6 Person	$42,180
7 Person	$45,060
8 Person	$48,000

ZEN HOMES

Tel# 670.322.7901 Fax# 670.235.0908

EQUAL HOUSING OPPORTUNITY

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	**ZEN HOMES**
Please complete this application and return to:	**Zen Homes Manager Inc.** **P.O. Box 504357 CK Saipan MP 96950**

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____
First Name M.I. Surname Suffix

Mailing Address: _____
P.O. Box / Street City State ZIP

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Are you currently:

☐ **RENTING** ☐ **RENTING (Sec. 8 assisted)** ☐ **HOMEOWNER** ☐ **Other (specify):** _____

Amount of current monthly rental (if Sec. 8 assisted, include Sec. 8 benefit amount): $_____

If a Section 8 voucher holder, list your share of the current monthly rental? $_____

Amount of current monthly mortgage payment: $_____

If a Homeowner, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you: ☐ Electricity ☐ Water ☐ Gas ☐ Other (specify): _____

Approximate monthly cost of utilities paid by you ***(excluding phone and cable TV)***: $_____

Check utilities assisted by **NMHC**: ☐ Electricity ☐ Water ☐ Gas ☐ Other: _____

Approximate monthly utility allowance you receive from **NMHC**: $_____

No. of bedrooms in current unit:

ZEN HOMES

Tel# 670.322.7901 Fax# 670.235.0908

EQUAL HOUSING OPPORTUNITY

B. HOUSEHOLD COMPOSITION						
	Name	**Relationship to head**	**Birth Date**	**Age** (optional)	**SS#**	**Student Y/N**
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the last twelve months? ☐ Yes ☐ No
If yes, explain:
Do you anticipate any changes in household composition in the next twelve months? ☐ Yes ☐ No
If yes, explain:
Is there someone not listed above who would normally be living with the household? ☐ Yes ☐ No
If yes, explain:

Will **ALL** of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	☐ Yes	☐ No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	☐ Yes	☐ No
Are any full-time student(s) a TANF (Welfare) or a title IV (Financial Aid) recipient?	☐ Yes	☐ No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return and whose children are not dependents of anyone than a parent?	☐ Yes	☐ No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	☐ Yes	☐ No

ZEN HOMES

Tel# 670.322.7901 Fax# 670.235.0908

EQUAL HOUSING OPPORTUNITY

C. INCOME

List ALL sources of income as requested below.
If your income sources are too numerous to list here, please request an additional form.
If a section doesn't apply, please indicate **NONE**.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security (Income based on earned credits from taxable work)	$
	Social Security (Income based on earned credits from taxable work)	$
	Social Security (Income based on earned credits from taxable work)	$
	Social Security (Income based on earned credits from taxable work)	$
	SSI (Social Security Income) Benefits (Cash Assistance for 65 or older/Blind/Disabled)	$
	SSI (Social Security Income) Benefits (Cash Assistance for 65 or older/Blind/Disabled)	$
	Pension (list source)	$
	Pension (list source)	$
	Veteran's Benefits (list claim #)	$
	Veteran's Benefits (list claim #)	$
	Unemployment Compensation	$
	Unemployment Compensation	$
	Title IV (Financial Aid)/TANF (Temporary Assistance for Needy Families-Welfare)	$
	Title IV (Financial Aid)/TANF (Temporary Assistance for Needy Families-Welfare)	$
	Contributions to the Household (monetary or not)	$
	Full-Time Student Income (18 & Over Only)	$
	Full-Time Student Income (18 & Over Only)	$
	Interest Income (source)	$
	Interest Income (source)	$
	Long Term Medical Care Insurance Payments in excess of $180/day	$
	Scheduled Payments from Investments	$

ZEN HOMES

Tel# 670.322.7901 Fax# 670.235.0908

EQUAL HOUSING OPPORTUNITY

Household Member Name	Source of Income	Monthly Amount
	Employment amount	$
	Employer:	
	Employer's Contact #:	
	Position Held: How long employed:	
	Employment amount	$
	Employer:	
	Employer's Contact #:	
	Position Held: How long employed:	
	Employment amount	$
	Employer:	
	Employer's Contact #:	
	Position Held: How long employed:	
	Alimony	
	Are you ***legally entitled*** to receive alimony?	☐ Yes ☐ No
	If yes, list the amount you are ***entitled*** to receive.	$
	Do you receive alimony?	☐ Yes ☐ No
	If yes list amount you receive.	$
	Child Support	
	Are you ***legally entitled*** to receive child support?	☐ Yes ☐ No
	If yes list the amount you are ***entitled*** to receive.	$
	Do you receive child support?	☐ Yes ☐ No
	If yes, list the amount you receive.	$
	Other Income	$
	Other Income	$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		$
Do you anticipate any changes in this income in the next 12 months?		☐ **Yes** ☐ **No**
Is any member of the household legally entitled to receive income assistance?		☐ **Yes** ☐ **No**
Is any member of the household likely to receive income or assistance ***(monetary or not)*** from someone who is not a member of the household as listed on Page 2 etc)?		☐ **Yes** ☐ **No**
If yes to any of the above, explain:		
Is the income received?		☐ **Yes** ☐ **No**

ZEN HOMES

Tel# 670.322.7901 Fax# 670.235.0908

EQUAL HOUSING OPPORTUNITY

D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, please indicate NONE

Checking Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
Savings Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
Money Market Accounts	#	Bank	Balance $
	#	Bank	Balance $
Certificates of Deposit	#	Bank	Balance $
Trust Account	#	Bank	Balance $
Savings Bonds	#	Maturity Date	Value $

Life Insurance Policy	Company:	#	Cash Value $
Life Insurance Policy	Company:	#	Cash Value $

Mutual Funds	Name:	#Shares:	Interest or Dividend $	Value $
Stock	Name:	#Shares:	Dividend Paid $	Value $
Bonds	Name:	#Shares:	Interest or Dividend $	Value $
Investment Property				Appraised Value $

Real Estate Property: Do you own any property?	☐ Yes ☐ No
If yes, Type of property	
Location of property	
Appraised Market Value	$
Mortgage or outstanding loans balance due	$
Amount of annual insurance premium	$
Amount of most recent tax bill	$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	☐ Yes ☐ No
If yes, describe:	
Do they have access to the asset(s)?	☐ Yes ☐ No

Have you sold/disposed of any property in the last 2 years	☐ Yes ☐ No
If yes, Type of property	
Market value when sold/disposed	$
Amount sold/disposed for	$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	☐ Yes ☐ No
If yes, describe the asset:	
Date of disposition:	
Amount disposed	$

Do you have any other assets not listed above (excluding personal property)?	☐ Yes ☐ No
If yes, please list:	

E. ADDITIONAL INFORMATION	
Are you or any member of your family currently using an illegal substance?	☐ Yes ☐ No
Have you or any member of your family ever been convicted of a felony?	☐ Yes ☐ No
If yes, describe	
Have you or any member of your family ever been evicted from any housing?	☐ Yes ☐ No
If yes, describe	
Have you ever filed for bankruptcy?	☐ Yes ☐ No
If yes, describe	
Briefly describe your reasons for applying:	

F. REFERENCE INFORMATION		
Current Landlord	Name:	Contact #
	Address:	How Long?
Prior Landlord	Name:	Contact #
	Address:	How Long?

Credit Reference #1:	Account #:
Address:	Phone #:
Credit Reference #2:	Account #:
Address:	Phone #:
Credit Reference #3:	Account #:
Address:	Phone #:

Personal Reference #1:	Account #:
Address:	Phone #:
Personal Reference #2:	Account #:
Address:	Phone #:
Personal Reference #3:	Account #:
Address:	Phone #:

In case of emergency notify:	Relationship:
Address:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)	
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with management will be necessary for more than on vehicle.	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:

ZEN HOMES

Tel# 670.322.7901 Fax# 670.235.0908

EQUAL HOUSING OPPORTUNITY

H. REFERRAL SOURCE			
Tell us how you heard about Zen Homes?			
	Name	Contact#	Location
Family / Friend / Other (person):			
Zen Homes Tenant:			
Real Estate Agent / Company:			
Zen Homes Advertisement (specify):			
Other (specify):			

Certification by Applicant(s)

1. As a Zen Homes representative, I am making you aware that no one else can join the household without prior management approval. Do you understand this clearly? ☐ Yes ☐ No

2. Do you understand if we discover during the verification process that others will be living in your household not listed on the application or on this interview checklist that is grounds to cancel your application? ☐ Yes ☐ No

3. As a Zen Homes representative, I am also making you aware that we do not allow **pets** in the community as described in Zen Homes Community Rules and Regulations, and having a pet(s) will be in violation. Do you understand this clearly? ☐ Yes ☐ No

* *

I/We certify that all questions on this application have been asked of me/us at my/our personal interview with management. I/We have understood and answered all questions. I/We have reviewed my/our answers on this application. I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

_____ _____
(Signature of Tenant) Date

_____ _____
(Signature of Co-Tenant) Date

_____ _____
(Signature of Co-Tenant) Date

_____ _____
(Signature of Co-Tenant) Date

_____ _____
(Signature of Owner Representative/Manager) Date