

# THE MEADOWS



**ALL SECTION 8 VOUCHER HOLDERS PLEASE SPEAK WITH PROPERTY MANAGER  
BEFORE COMPLETING THIS PRE-APPLICATION**

## PRE- APPLICATION

DATE RECEIVED: \_\_\_\_\_ TIME RECEIVED \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

SSN: \_\_\_\_\_ Annual Income: \_\_\_\_\_

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

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Desired bedroom size \_\_\_\_\_

### Family Information :

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you require a handicapped accessible unit?  Yes  No

How did you hear about us? \_\_\_\_\_

If any information changes after submitting this application, all changes must be made here at the office in person, if you have any questions please feel free to contact us at 501-982-2267

## HOUSEHOLD INCOME CERTIFICATION

Check all boxes below that pertain to ANY/ ALL MEMBERS of the household.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Employment/Wages  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Tips  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Bonuses   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Other Income from Work  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Social Security (all ages)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Supplemental Security Income  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Pensions  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Retirement  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Military (18 or older)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Public Assistance (TANF)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. General Public Assistance  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Alimony  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Child Support  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Unemployment Benefits  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Recurring gifts from person<br>not living in the unit (rent<br>payments, utility payments,<br>or cash) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Checking   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Savings  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Cash from Investments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 19. Real Estate                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Cash on Hand                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Gambling (Lottery or<br>Casino winnings) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Married Students that work               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Self Employment                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The information on this form will be used to determine maximum income eligibility. Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

\_\_\_\_\_  
Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Signature

\_\_\_\_\_  
Date