

Application

PERSONAL INFORMATION							
Full name of applicant				Home phone number		Date of birth	Age
Social Security #		Drivers license #	State issued	Marital status (check one) Widowed Separated Divorced		Single	Married (# of years)
Full name of co-applicant				Home phone number		Date of birth	Age
Social Security #		Drivers license #	State issued	Marital status (check one) Widowed Separated Divorced		Single	Married (# of years)
List all others who will be occupying the apartment							
Name			Date of birth	Age	Soc Sec. #		Relationship
Name			Date of birth	Age	Soc Sec. #		Relationship
Name			Date of birth	Age	Soc Sec. #		Relationship
Name			Date of birth	Age	Soc Sec. #		Relationship

HOUSING INFORMATION				If additional space is needed, please attach a separate page. MUST HAVE 2 YEARS OF CONTINUOUS HISTORY.				
A P P L I C A N T	Applicant's Present Address (check one) Apartment Leased Home Own Home Other:							
	Present Street Address				Apt. #	City		State and Zip
	Present landlord/mortgage company				Monthly rent or mortgage \$		Dates From: / To: /	
	Address of landlord/mortgage company			Landlord/mortgage company Phone #		Is landlord a relative? Yes No Relationship		
	Is your lease/mortgage in any other name? Yes No If yes, please explain and provide name.						What is your reason for moving?	
	Applicant's Previous Address (check one) Apartment Leased Home Own Home Other:							
	Previous Street Address				Apt. #	City		State and Zip
	Previous landlord/mortgage company				Monthly rent or mortgage \$		Dates From: / To: /	
	Address of landlord/mortgage company			Landlord/mortgage company Phone #		Is landlord a relative? Yes No Relationship		
	Is your lease/mortgage in any other name? Yes No If yes, please explain and provide name.						What is your reason for moving?	

C O - A P P L I C A N T	Co-Applicant's Present Address (check one)				
	Apartment Leased Home Own Home Other:				
	Present Street Address		Apt. #	City	State and Zip
	Present landlord/mortgage company		Monthly rent or mortgage \$	Dates From: / To: /	
	Address of landlord/mortgage company		Landlord/mortgage co. Phone #	Is landlord a relative? Yes No Relationship	
	Is your lease/mortgage in any other name? Yes No If yes, please explain and provide name.			What is your reason for moving?	
	Co-Applicant's Previous Address (check one)				
	Apartment Leased Home Own Home Other:				
	Previous Street Address		Apt. #	City	State and Zip
	Previous landlord/mortgage company		Monthly rent or mortgage \$	Dates From: / To: /	
Address of landlord/mortgage company		Landlord/mortgage co. Phone #	Is landlord a relative? Yes No Relationship		
Is your lease/mortgage in any other name? Yes No If yes, please explain and provide name.			What is your reason for moving?		

APARTMENT REQUIREMENTS AND OTHER MATERIAL INFORMATION		
Number of bedrooms needed?	Date you are needing an apartment?	Where did you hear about us?
Will you be or are you currently receiving Section 8 rental assistance? If yes, list Agency Name, contact person and phone number.		Yes No
Have you or any member of your household violated Section 8 guidelines rendering your Section 8 assistance ineligible?		Yes No
Is there anyone living with you now who won't be living with you at this property? Who? / Explain:		Yes No
Do you expect any additions to your household within the next twelve months? Who? / Explain:		Yes No
Are there any absent household members who under normal conditions would live with you? Who? / Explain:		Yes No
Does an adult of this household have primary physical custody of every child listed on this application? If not – Explain:		Yes No
Does your household have or anticipate having any pets other than those used as service animal? Describe:		Yes No
Have you or any one else named on this application filed for bankruptcy? Explain (provide dates):		Yes No
Have you or any one else named on this application been convicted of a felony or misdemeanor? Explain:		Yes No
Have you or any one else named on this application required to register as a sex offender? Explain:		Yes No

Have you or any one else named on this application had legal action taken against you for nonpayment of a bill? Explain:	Yes	No
Have you or any one else named on this application broken a rental agreement or lease contract? Explain:	Yes	No
Have you or any one else named on this application been sued for property damage? Explain:	Yes	No
Have you or any one else named on this application been evicted or asked to move from a rental unit of any type including an apartment, home, mobile home or trailer? Explain:	Yes	No

MISCELLANEOUS INFORMATION				
How many autos would you keep at this property?				
Make	Model	Year	Color	License # and State
In case of emergency, notify:		Work phone #	Home phone #	Relationship to Applicant
In case of emergency, notify:		Work phone #	Home phone #	Relationship to Co-Applicant
Street Address:		City/State/Zip	In the event of serious illness or death of resident, the above person may or may not enter, remove and/ or store all contents found in the dwelling, common areas, or mailbox.	

APPLICATION FEE & SIGNATURE CLAUSE ('For Landlord Purposes Only')

Applicant submits the sum of \$ _____ which is non-refundable processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment. This application along with an applicant questionnaire completed by each adult in the household must be completed in total and signed before Management will process it. I/We certify that answers given herein are true and complete to the best of my/our knowledge. I/We authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history reports, criminal history reports and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquires shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fee(s) and deposit (/fee as liquidated damages for owner's time and expenses of processing this application, and (3) terminate resident's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules, and financial obligations only. Owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Signature of Lessor's Representative

Date

TENANT INCOME CERTIFICATION QUESTIONNAIRE	
NAME: _____	WORK PHONE NUMBER: () _____
____ INITIAL CERTIFICATION	HOME PHONE NUMBER: () _____
____ RE-CERTIFICATION	
____ OTHER	ARE YOU A SECTION 8 RECIPIENT? ____ YES ____ NO

INCOME INFORMATION

	YES	NO		MONTHLY GROSS INCOME
			I am self employed. (List nature of self employment) _____	(use <u>net</u> income from business) \$ _____
			I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensations: List the businesses and/or companies that pay you: Name and address of Employer 1) _____ _____ _____	
			Name and address of Employer 2) _____ _____ _____	1) \$ _____ 2) \$ _____
			I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
			I receive unemployment benefits.	\$ _____
			I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
			I receive social security/ SSI payments	\$ _____
			The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
			I receive disability or death benefits other than Social Security.	\$ _____
			I receive Public Assistance Income (example: TANF, AFDC)	\$ _____
			I am entitled to receive child support payments. I am currently receiving child support payments If yes, from how many persons do you receive support? _____ I am/are currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____	\$ _____ \$ _____
			I receive alimony/spousal maintenance payments.	\$ _____
			I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. (Circle One) If yes, list sources: 1) _____ 2) _____	1) \$ _____ 2) \$ _____
			I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____

ASSET INFORMATION

	YES	NO		INTEREST RATE	CASH VALUE
			I have a checking account(s). If yes, list bank(s) Account # 1) _____ 2) _____	1) _____ % 2) _____ %	1) \$ _____ 2) \$ _____
			I have a savings account(s). If yes, list bank(s) Account # 1) _____ 2) _____	1) _____ % 2) _____ %	1) \$ _____ 2) \$ _____
			I have a revocable/irrevocable trust(s). (Circle One) If yes, list bank(s) 1) _____	1) _____ %	1) \$ _____
			I own real estate. If yes, provide description: _____		1) \$ _____
			I own stocks, bonds, or Treasury Bills. If yes, list source/bank names: 1) _____ 2) _____ 3) _____	1) _____ % 2) _____ % 3) _____ %	1) \$ _____ 2) \$ _____ 3) \$ _____
			I have Certificates of Deposit (CD) or Money Market Account(s). (Circle One) If yes, list source/bank names: 1) _____ 2) _____ 3) _____	1) _____ % 2) _____ % 3) _____ %	1) \$ _____ 2) \$ _____ 3) \$ _____
			I have an IRA/Lump Sum Pension/Keogh Account/401 K. (Circle One) If yes, list source/bank names: 1) _____ 2) _____	1) _____ % 2) _____ %	1) \$ _____ 2) \$ _____
			I have whole/term life insurance policy: (Circle One) If yes, how many policies _____		\$ _____
			I have disposed of assets (i.e. give away one/assets) for less than the fair market value in the past 2 years. If yes, list items and dates disposed: 1) _____ 2) _____		1) \$ _____ 2) \$ _____
			I have income from assets or sources other than those listed above. If yes, list items and dates disposed: 1) _____ 2) _____	1) _____ % 2) _____ %	1) \$ _____ 2) \$ _____

STUDENT STATUS

YES NO

		Are you currently a full time, were a full time student in the last 12 months or expect to be a full time student in the next 12 months? (IF YOU MARKED "NO", PLEASE STOP AND SIGN BELOW)
		Living with an adult (18+) who is not a full time student.
		Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)
		Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program or receive a Grant.
		Married and filing a joint return.
		Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual.

Name of Institution: _____ Phone Number: _____

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE