

# RENTAL APPLICATION FOR AFFORDABLE HOUSING

(Please print clearly)

DATE: \_\_\_\_\_



APPLICANT		OTHERS TO RESIDE IN THE APARTMENT AND/OR ANYONE WHO MAY BE JOINING THE HOUSEHOLD IN THE NEXT 12 MONTHS:	
Full Name (Last, First, M.I.)		Full Legal Name	
Social Security Number			
Date of Birth		Date of Birth	
Cars (Color/Make/Lic#/State/Year)		<b>Student Status</b>	
Driver's License Number		Not a student <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Student <input type="checkbox"/>	
Contact Phone No.			
Pets <input type="checkbox"/> Yes <input type="checkbox"/> No	Size of Pet		
<b>Student Status</b>	Not a student <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Student <input type="checkbox"/>		

APPLICANT		APPLICANT	
<b>PRESENT ADDRESS:</b>		<b>PREVIOUS ADDRESS:</b>	
Street	_____	Street	_____
City/State/Zip	_____	City/State/Zip	_____
Monthly Payment	Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/>	Monthly Payment	Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/>
Dates	From: _____ To: _____	Dates	From: _____ To: _____
Landlord/Lender	_____	Landlord/Lender	_____
Phone	_____	Phone	_____

APPLICANT		APPLICANT	
<b>CURRENT EMPLOYER APPLICANT:</b>		<b>PREVIOUS EMPLOYER APPLICANT:</b>	
Name	_____	Name	_____
Address	_____	Address	_____
City/State/Zip	_____	City/State/Zip	_____
Date of Hire	_____	<b>Ending Date</b>	_____
Work Phone	_____ Fax # _____	Work Phone	_____ Fax # _____
Annual Income	\$ _____	Annual Income	\$ _____
Supervisor	_____	Supervisor	_____

EMERGENCY CONTACT INFORMATION	
<b>RELATIVE/CONTACT (Not Living With You) :</b>	<b>Reason for Contact: (Check all that apply)</b>
Name: _____	<input type="checkbox"/> Emergency <input type="checkbox"/> Assist with Recertification Process
Address: _____	<input type="checkbox"/> Unable to contact you <input type="checkbox"/> Change in lease terms
Phone: _____	<input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Change in rules & regulations
Relationship: _____	<input type="checkbox"/> Eviction from unit/Late payment of rent
	<input type="checkbox"/> Check this box if you choose not to provide the contact information

**By signing this application for residency I acknowledge the following:**  
 In the event that the Applicant becomes a resident in Owner's apartment community, Applicant's execution of this Application shall authorize the Owner, in the event of the Applicant's death to: (i) grant to the person designated above access to the Applicant's unit at a reasonable time and in the presence of the Owner or the Owner's agen, (ii) allow this perons to remove any of the Applicant's property or any other contents found in the Applicant's unit or any of the Applicant's property located in the mailbox, storerooms or common areas; and (iii) refund the Applicant's security deposit, loss lawful deductions, to this person. Applicant also authorizes the Owner/Owner's agent to allow this person access to remove all contents of the unit as well as property in the mailbox, storerooms and common areas in the event that Applicant becomes seriously ill.

<b>ANNUAL INCOME</b>			
Employment Income	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Self-Employment	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Unemployment benefits	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Worker's Compensation	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Contributions from family or friends?	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Social Security	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Pensions	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Retirement/Annuity	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Rental Income	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Do you have a <b>Court Order</b> for Child Support/Alimony?	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Do you <b>receive</b> Child Support/Alimony?	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
TANF	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Other	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$

<b>ASSETS</b>						
<b>List all assets for you and anyone under the age of 18.</b>						
Listing of All Assets			Cash Value	Annual interest or earnings from asset	Name of Financial Institution/Description of Asset	
Checking Account(s)	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		
Savings Account(s)	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		
Stocks/ Bonds	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		
CD/Money Market	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		
Mutual Funds	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		
IRA/401 K Account	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		
Trust Fund	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		
Whole Life Insurance	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		
Do you currently own a home or have you within the last two years?	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		
Other	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$		

**By signing this application for residency I acknowledge the following:**

**AUTHORIZATION:** Applicant represents that all of the above information is true and complete and authorizes the verification of same and performance of a credit check on Applicant as appropriate by all available means. In the event that Applicant provides any false or misleading information in this Application, Owner shall have the right to automatically reject this Application and the Application Deposit will be automatically forfeited by the Applicant. Applicant further acknowledges that an investigative consumer report includes information as to the character, general reputation, personal characteristics, and mode of living, whichever are applicable, of the Applicant may be made and that any person on which an investigative consumer report will be made has the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and also has the right to request a written summary of the person's right under The Fair Credit Reporting Act. Applicant hereby authorizes the Owner or the Owner's Agent to obtain and hereby instructs any consumer reporting agency designated by Owner or Owner's Agent to furnish a consumer report under The Fair Credit Reporting Act to Owner or Owner's Agent to use such consumer report in attempting to collect any amount due and owing under this Application, the Applicant's lease (to be executed after approval) or for any permissible purpose.

**SECURITY DEPOSIT:** If my application is accepted, I understand the security deposit (Pet and Premises) will become my refundable security deposit upon meeting the terms of the lease and the community rules and regulations. If, for any reason management decides to decline my application, then management will refund this good faith deposit, excluding the application fee, to me in full. If this application is approved, and I fail to occupy the premises on the agreed upon date, except for delay caused by construction or the holding over of a prior resident, I understand that management will assess damages against the deposit for the amount of rental loss of any expenses incurred due to my cancellation. As these costs are difficult to ascertain I agree to forfeit the refundable portion of the security deposit (premises only) as liquidated damages for the apartment I agreed to occupy. A credit, eviction, and criminal background will be done in order to qualify for residency. I have received, read, and understand the resident selection policy for the property at which I am applying. I hereby authorize the release of the information requested, including release of information by any bank or savings and loan, employer (present and former), and any lender.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

EQUAL HOUSING OPPORTUNITY  
 We Do Business in Accordance With the Federal Fair Housing Law  
 It is Illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap,  
 Familial Status, or National Origin