

<p>FOR OFFICE USE ONLY:</p> <p><input type="checkbox"/> APPLICANT</p> <p><input type="checkbox"/> CO-APPLICANT</p> <p><input type="checkbox"/> GUARANTOR</p>

WELCOME

Please read carefully each paragraph of this agreement. There is no fine print or deceptive language. We want you to have a clear understanding of what is offered to you and what we expect of you.
 We will verify answers on the rental application so that we may give other residents reasonable assurance of good neighbors. We hope you see the benefits of this policy once you become one of our residents.
 We respect your right for confidentiality in giving us this information and for privacy in living in your apartment. We will do our best to make your residency enjoyable and a pleasant experience. **Thank you for your application.**

RENTAL APPLICATION (all spaces must be filled in)

- Applicant's Name _____ Married _____ Single _____

Date of Birth _____ Present Phone No. _____ Email address _____

Soc. Sec. No. _____ Applicant's State Driver's License No. or I.D. Type _____ State _____ Exp. Date _____
- Information about others who will occupy the apartment (separate Application required for all adults except spouse.)

Name	Relationship	Date of Birth
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
d) _____	_____	_____
- Will a pet of any type live in your apartment? Yes No (Management must view pet prior to application approval.)

Name	Age	Breed	Color	Weight	Licensed / Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
- Residence Information:

Address	Apt #	City / State	Zip Code	Amount of Rent
Current Residence _____				
From / /	to / /	Name of Landlord _____	Landlord Phone _____	
If less than two years at your present address, list previous addresses below:				
Former Residence _____				
From / /	to / /	Name of Landlord _____	Landlord Phone _____	
- Applicant Employed By _____ Address _____

From / / to / / Phone _____ Position _____

Supervisor's Name _____ Gross Monthly Income _____

Other Source of Income for Rental Payment _____
- Spouse's Name _____ Soc. Sec. No. _____

Date of Birth _____ Present Phone No. _____ Email address _____

Spouse's State Driver's License No. or I.D. Type _____ State _____ Exp. Date _____
- Spouse Employed By _____ Address _____

From / / to / / Phone _____ Position _____

Supervisor's Name _____ Gross Monthly Income _____
- Have you or your spouse ever been evicted or asked to terminate a lease? Yes No If yes, please explain _____

APPLICANT QUESTIONNAIRE

All household members 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete a separate questionnaire. Check "Yes" or "No" to each question as they apply to you. **Form to be completed by the applicant.**

Applicant Name: _____ Unit #: _____

Applicants Estimated **GROSS** Monthly Income (prior to deductions or taxes withheld): \$ _____

Yes	No	Question
		I filed a tax return last year for myself, jointly with my spouse, and/or for my business.
		I am married and am entitled to file a joint tax return. Spouses Name _____
		I am employed and receive wages. Estimated Monthly Gross Income \$ _____
		I am employed and receive overtime/tips/commissions/bonuses. Estimated Monthly Amount(s) \$ _____
		I am self-employed and/or own a business. Last Year's Earnings \$ _____
		I have secured new employment and will begin during the next 30 days (from eff. Date of certification).
		I am on leave of absence from work. If yes, for how long? _____
		I receive income from Unemployment, Workers Compensation and/or Disability Compensation. Amount \$ _____
		I receive/am entitled to receive Child Support and/or Alimony payments. Amount \$ _____
		I receive Social Security (SS), Supplemental Security (SSI), or Social Security Disability (SSD) income. Amount \$ _____
		I receive Welfare/Public Assistance (i.e. AFDC, TANF, etc) (exclude Food Stamps). Amount \$ _____
		I receive Section 8 or other Rental Assistance. Agency providing Assistance _____
		I am, or will be in the next 12 months, a Part-time or Full-time Student (financial assistance verification may be needed if receiving Section 8).
		If YES, provide the name of Educational Facility _____
		I receive income from a household member(s) temporarily absent from the unit. Amount \$ _____
		I receive income from a household member(s) permanently confined to a hospital or nursing home. \$ _____
		I receive periodic payments from family, friends, church, etc. Amount \$ _____
		I receive income from a foster child (unearned) or foster adult (earned/unearned) who resides with me. \$ _____
		I receive periodic income from Long-Term Care insurance, Disability, and/or Death Benefits. Amount \$ _____
		I have a Pension, Annuity, IRA, Keogh, 401K, Trust, and/or other retirement account(s). Value \$ _____
		I receive income from a Pension, Annuity, IRA, Keogh, 401K, Trust, and/or other retirement account(s). \$ _____
		Are there any anticipated changes in the Household composition over the next 12 months?
		If YES, list anticipated changes here _____
		I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple Checking account(s). Average 6 month balance \$ _____
		I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple Savings account(s). Average 6 month balance \$ _____
		I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple Money Market account(s). Average 6 month balance \$ _____
		I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple Certificate of Deposit(s). Average 6 month balance \$ _____
		I have cash on hand or in a safe deposit box. Value \$ _____
		I have investments in Stocks, Bonds, Treasury Bills and/or Mutual Funds. Value \$ _____
		I own Real Estate or am in the process of selling real estate. Current Value \$ _____
		I hold a Mortgage or Deed of Trust. Current Value \$ _____
		I have a Life Insurance policy (exclude Term Life). Current Value \$ _____
		I have other forms of income or assets not specified above (i.e., Adoption Assistance, Resident Stipend, etc.). _____
		I have disposed of assets for more than \$1,000 less than Fair Market Value (FMV) during the past two years.

I have assets: **No** **OR** **Yes - Combined household assets are under \$5000**
 Yes - Combined household assets are \$5000 or more (obtain third-party verification)

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. I further certify that this will be my permanent residence and that I do not maintain another subsidized rental at any other location.

 (Applicant) Date