

FOR OFFICE USE ONLY:

APPLICANT
CO-APPLICANT

GUARANTOR

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)

1.	Applicant's Name				Married	Single			
	Date of Birth	F	<u></u>						
	Soc. Sec. No.	Appl	icant's State Driver's Li	cense No. or I.D. Type	State	Exp. Date			
2.	Information about others who will occupy the apartment (separate Application required for all adults except spouse.)								
	Name		Re	Relationship		Date of Birth			
	<u>-</u>								
	·								
	d)								
3.	Will a pet of any type I	ive in your ap	partment? ☐ Yes ☐ No	(Management must view		tion approval.)			
	Name	Age	Breed	Color	Weight	Licensed / Date			
	Name	Age	Breed	Color	Weight	Licensed / Date			
4.	Residence Information	n: Add	dress Apt #	City / State	Zip Code	Amount of Rent			
	From / / to	/ /	Name of Landlord	L	andlord Phone				
	If less than two years at your present address, list previous addresses below:								
		Add	dress Apt #	City / State	Zip Code	Amount of Rent			
	Former Residence								
	From / / to	/ /	Name of Landlord	L	andlord Phone				
5.	Applicant Employed B	у		Address					
	From / / to	/ /	Phone	Po	sition				
	Supervisor's Name			Gross Monthly Income					
	Other Source of Incom	ne for Rental	Payment	_					
6.	Spouse's Name				Soc. Sec. No.				
	Date of Birth	F	Present Phone No.	Email a	ddress				
	Spouse's State Driver'	s License No	. or I.D. Type		State	Exp. Date			
7.	Spouse Employed By			Address					
	From / / to	/ /	Phone	Po	sition				
	Supervisor's Name			Gross Monthly Income					
8.	Have you or your spou	ıse ever beer	n evicted or asked to te	erminate a lease? 🖵 Yes	☐ No If yes, please	explain			





or ha	nd any criminal offen	your occupants ever been convict se(s) disposed of other than by ac			٠,	
or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"? \rightharpoonup \rightharpoo						
Vehicle	es you would like to	o park on property				
	-		Color:	Plate #:	State:	
Year:	Make:	Model:	Color:	Plate #:	State:	
11.						
Person	(s) you want respo	onsible for your personal proper	ty in Case of Emergency	y (Other Than Co-Leas	e Holders)	
	For Lease Holder		For Additional Lease Holder			
Name:			Name:			
Address:			Address:			
Relations	ship:		Relationship:			
Phone Number:			Phone Number:			
informati for reject complete Applicati misleadir AGENC with reg	on, reference and c tion of this Applicati e a comprehensive on information after ng information is cor Y DISCLOSURE: A gard to the rental	redit records. Applicant acknowled ion if discovered before move-in. evaluation of this Agreement before move-in and may convert the property and Allison-Shelton of your apartment and all term	dges that false information Applicant acknowledges ore move-in; however, ma oposed Rental Agreemer int agrees to the terms of the Real Estate Services, In as and conditions contains	n contained herein const that management may anagement reserves that to a month-to-month he "Deposit to Hold Agr nc., employees repres ained in this rental ap	titutes grounds not be able to e right to verify term if false o reement."	
(Applicant's	s Signature)	Date	(Management's Receipt)		 Date	





APPLICATION FOR PROSPECTIVE RESIDENT

Rancho Cielo

Dear Prospective Resident,

We are so excited you have chosen to make **Rancho Cielo** your future home! We are sure you will be pleased living here and enjoy the many amenities our community has to offer. To make the application process as smooth as possible, refer to the list below of the few things we will need from you.

- Please complete the entire application; for information that does not apply, list **N/A**, do not leave any lines blank. In order to process your application, be sure to provide us with accurate phone numbers requested.
- Signature(s) on the bottom of the first and second page.
- Please provide one month's worth of your most recent paycheck stubs to verify income.
- An office member must view your driver's license or state issued ID when you turn in your completed application to verify the number.
- You must return the completed application within 24 hours from the time you leave your holding deposit. Failure to
 do so will result in the cancellation of your apartment reservation and the holding deposit becomes non-refundable.
- If you cancel the move in on your apartment after 48 hours of leaving your holding deposit, your deposit becomes a non-refundable fee.
- Upon move-in, we will need to make a photocopy of a state issued identification card for each occupant over the age of 18.

I/We agree to have **Rancho Cielo** verify My/Our rental history, My/Our employment, My/Our Criminal history, and My/Our Credit history. I/We also agree to the conditions and terms listed above.

(Applicant's Signature)	Date	(Management's Receipt)	Date





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. Unit #: Applicant Name: Applicants Estimated GROSS Monthly Income (prior to deductions or taxes withheld): \$ ____ 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. 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. 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): a one multiple Checking account(s). Average 6 month balance \$ _ I have (check one): one multiple Savings account(s). Average 6 month balance \$___ I have (check one): one multiple Money Market account(s). Average 6 month balance \$_____ I have (check one): one 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

