



Application

Property/Address: _____ **Date:** _____

Complete the following information for each household member that will occupy the unit including children:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number

Current Address: _____

Primary Phone: () _____ **Alternate Phone:** () _____

Email: _____

Employer Name & Ph: _____

Employer Name & Ph: _____

Housing References: List the **past 3 years** of housing references:

<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1. _____	_____	Own <input type="checkbox"/> Rent <input type="checkbox"/> To: _____	From: _____
Phone: () _____	_____		
2. _____	_____	Own <input type="checkbox"/> Rent <input type="checkbox"/> To: _____	From: _____
Phone: () _____	_____		
3. _____	_____	Own <input type="checkbox"/> Rent <input type="checkbox"/> To: _____	From: _____
Phone: () _____	_____		

Questionnaire

1. Do you expect the number of household members to change in the future? ☐ Yes ☐ No

If YES, explain how many members will be added or reduced, and when that change will take place.

2. Have any of the household members used names or a social security number other than the names and numbers used above? ☐ Yes ☐ No

If YES, explain _____

3. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any felony crime? ☐ Yes ☐ No

If YES, provide the nature of the crime(s): _____

Date: _____ State: _____ City: _____

4. Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? ☐ Yes ☐ No

If YES, Please explain _____

5. Are there any criminal charges pending now? ☐ Yes ☐ No

If YES, please explain _____

6. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? ☐ Yes ☐ No

If YES, explain _____

7. Have you ever filed or are you currently filing for bankruptcy? ☐ Yes ☐ No

If YES, give reason _____

Date of filing: _____

8. Why do you want to move from your current residence? _____

9. How did you hear about us? _____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Income Information:

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.) (Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Membe</u>	<u>Name of Company</u>	<u>Amount</u>
	<u>(note if self-employed)</u>	
_____	_____	_____

Total Income

Signature Clause:

Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

Signature

Date

Signature

Date

Signature

Date

Signature

Date

For Office Use Only	
Check here if Pre-Application is on file.	Application Date: _____ Time: _____ Desired Move-In Date: _____ Application Received By: _____ As Agent for Owner