

Application for Residency

Household Composition *(Who will live here?)*

Head of Household Information: *(this is the primary applicant)*

Name: _____

Gender: Male Female

Social Security Number: *(enter 9 digits on blanks provided)* _____

Birth Date: *(enter Month as MM, Day as DD and Year as YYYY)* _____

Phone Number: *(include area code)* (____) _____

Driver's License #: State Issued: _____ Number: _____

Email _____

Marital Status: Married Never Married Separated Divorced Widowed

Are you a Full Time Student? Yes _____ No _____

When and Where did you LAST attend School?

Name of School: _____

City, State: _____

What month/year did you last attend this School? _____

Spouse *(this is the person currently married to the Head of Household)*

Name: _____

Gender: Male Female

Social Security Number: *(enter 9 digits on blanks provided)* _____

Birth Date: *(enter Month as MM, Day as DD and Year as YYYY)* _____

Phone Number: *(include area code)* (____) _____

Driver's License #: State Issued: _____ Number: _____

Email _____

Marital Status: Married Never Married Separated Divorced Widowed

Are you a Full Time Student? Yes _____ No _____

When and Where did you LAST attend School?

Name of School: _____

City, State: _____

What month/year did you last attend this School? _____

Co-Head *(this means another adult that is an applicant but not the Spouse)*

Name: _____

Gender: Male Female

Social Security Number: *(enter 9 digits on blanks provided)* _____

Birth Date: *(enter Month as MM, Day as DD and Year as YYYY)* _____

Phone Number: *(include area code)* (____) _____

Driver's License #: State Issued: _____ Number: _____

Email _____

Marital Status: Married Never Married Separated Divorced Widowed

Are you a Full Time Student? Yes _____ No _____

When and Where did you LAST attend School?

Name of School: _____

City, State: _____

What month/year did you last attend this School? _____

Vehicle Information :

Owner: _____

Type : _____

Make and Color: _____

Model & Model Year: _____

License Plate and LP State: _____

Pet Information :

Owner: _____

Type & Breed: _____

Size & Color: _____

Name & Age: _____

Other Adult (this means another adult applicant that is not the Spouse)

Name: _____

Gender: circle one Male Female

Social Security Number: (enter 9 digits on blanks provided) _____ - _____ - _____

Birth Date: (enter Month as MM, Day as DD and Year as YYYY) _____ - _____ - _____

Phone Number: (include area code) (_____) _____ - _____

Driver's License State Issued: _____ Number: _____

Email _____

Marital Status: (circle one) Married Never Married Separated Divorced Widowed

Are you a Full Time Student? Yes _____ No _____

When and Where did you LAST attend School? _____

Name of School: _____

City, State: _____

What month/year did you last attend this School? _____

Dependent (child that will live with you that is under 18 years old)

Name: _____

Gender: circle one Male Female

Social Security Number: (enter 9 digits on blanks provided) _____ - _____ - _____

Birth Date: (enter Month as MM, Day as DD and Year as YYYY) _____ - _____ - _____

Does this child live with you 50% or more of the time? Yes _____ No _____

Is this Dependant a Full Time Student? Yes _____ No _____

Dependent (child that will live with you that is under 18 years old)

Name: _____

Gender: circle one Male Female

Social Security Number: (enter 9 digits on blanks provided) _____ - _____ - _____

Birth Date: (enter Month as MM, Day as DD and Year as YYYY) _____ - _____ - _____

Does this child live with you 50% or more of the time? Yes _____ No _____

Is this Dependant a Full Time Student? Yes _____ No _____

Dependent (child that will live with you that is under 18 years old)

Name: _____

Gender: circle one Male Female

Social Security Number: (enter 9 digits on blanks provided) _____ - _____ - _____

Birth Date: (enter Month as MM, Day as DD and Year as YYYY) _____ - _____ - _____

Does this child live with you 50% or more of the time? Yes _____ No _____

Is this Dependant a Full Time Student? Yes _____ No _____

Dependent (child that will live with you that is under 18 years old)

Name: _____

Gender: circle one Male Female

Social Security Number: (enter 9 digits on blanks provided) _____ - _____ - _____

Birth Date: (enter Month as MM, Day as DD and Year as YYYY) _____ - _____ - _____

Does this child live with you 50% or more of the time? Yes _____ No _____

Is this Dependant a Full Time Student? Yes _____ No _____

Do you expect any additions to the Household within the next 12 months?

*Yes _____ No _____

*If you DO Expect new additions to your Household, what is their name and age?

*Name: _____ Age: _____

Are any of the persons listed temporarily away? Yes _____ No _____

Are any of the persons listed Foster Children? Yes _____ No _____

Is any person listed only intended to live in the Household as a Live in Care Attendant? Yes _____ No _____

ALL Household Members have been or will be Full Time students within 5 calendar months of this year? Yes* _____ No** _____

**If NO, go to next page.

*If YES, answer the questions in this box:

Name of Educational Institution(s) attended by adult members: _____

Are the Full Time Students Married and entitled to file a joint tax return? Yes _____ No _____

Receiving TANF? (Temporary Assistance for Needy Families) Yes _____ No _____

Is anyone enrolled in JTPA or similar local, county or state program? Yes _____ No _____

Are you a single parent with children with neither you nor the children listed as dependants on anyone else's tax return? Yes _____ No _____

Where do you live now?

Do you Rent or Own this Home? (circle one) RENT OWN LIVE WITH RELATIVES

Street Address & Apt. #: _____

City, State and Zip Code _____

County _____

What is your Landlord's Name? _____

What is the Landlord's Phone #? (___ ___ ___) ___ ___ ___ - ___ ___ ___

What Date did you Move In? _____

Is this Federally Assisted Housing? Yes _____ No _____

How much do you Pay for Rent or Mortgage each month? \$ _____

Are you being evicted from this Residence? Yes _____ No _____

Where did you live before the current address above?

Do you Rent or Own this Home? (circle one) RENT OWN LIVE WITH RELATIVES

Street Address & Apt. #: _____

City, State and Zip Code _____

County _____

What was your Landlord's Name? _____

What is the Landlord's Phone #? (___ ___ ___) ___ ___ ___ - ___ ___ ___

What Date did you Move In? _____

What Date did you Move Out? _____

Was this Federally Assisted Housing? Yes _____ No _____

How much did you Pay each month? \$ _____

Please answer the following questions:

Have you or any member of your household ever been convicted of a felony or misdemeanor? Yes _____ No _____

If so please explain: _____

Have you or any member of your household ever been evicted or sued for rent? Yes* _____ No** _____

*If YES, answer the questions in this box:

**If NO, skip the questions in the box.

Box containing questions: Address you were evicted from, sued over or left early; Date you were evicted; Was this Federally Assisted housing?; Was there any drug-related activity involved?

Do you or any member of your Household owe money to any Public Housing Authority, HUD Apt. Community or previous landlord? Yes _____ No _____

Have you or any member of your household ever committed fraud in an Federally Assisted Housing program or been asked to repay money for knowingly misrepresenting Information for such these housing programs? Yes _____ No _____

Is anyone in the household currently receiving Section 8 rental assistance? Yes _____ No _____

Emergency Contact Information

What is the name of your Emergency Contact? _____

What is the relationship to this Contact? _____

What is their Phone Number at Home? (___ ___ ___) ___ ___ ___ - ___ ___ ___

What is their Work or Cell Phone Number? (___ ___ ___) ___ ___ ___ - ___ ___ ___

What is their Physical Street Address? _____

City, State and Zip Code _____

What is their E-Mail Address? _____

In the event of serious illness or death of resident, do you give Permission for the above person to remove and/or store all contents found in the dwelling, common areas or mailbox? Yes _____ No _____

Although we are not legally obligated, by checking Yes here you are also giving us authorization to call EMS or an ambulance at your expense.

Asset Information

An asset is something that you own of value that can be turned into cash.
If you have ANY of these assets, complete the requested information for each.

Types of Assets: Checking, Savings Accounts, or Money Markets, Employment Pay Cards, Cash on Hand, CDs (Certificates of Deposits), Treasury Bills, Stocks, Bonds, Mutual Funds, Real Estate, or Rental Property, Real Estate Contracts, Personal Property held as an Investment, (such as art, coins or cars) Annuity, Pension Fund, 401K, 403b, IRA, Keough Account, Safe Deposit Box, Trust Fund, Whole Life Insurance Policy, or other assets.

Within the past two (2) years, have you sold or given away assets that were worth more than \$1,000 for less than market value? *Yes _____ No _____

*** If YES, is the above answer, complete the Disposed of Asset Affidavit.**

Type of Asset: (choose from above list) _____
Who actually owns this asset? _____
Name of the Institution or Bank that holds this Asset: _____
Phone Number to this Institution or Bank: (_____) _____ - _____
How much is the Asset worth currently? \$ _____
How much will you receive each Year from this Asset? \$ _____
Do you or any family member have the right to withdraw funds from this account? Yes _____ No _____

Type of Asset: (choose from above list) _____
Who actually owns this asset? _____
Name of the Institution or Bank that holds this Asset: _____
Phone Number to this Institution or Bank: (_____) _____ - _____
How much is the Asset worth currently? \$ _____
How much will you receive each Year from this Asset? \$ _____
Do you or any family member have the right to withdraw funds from this account? Yes _____ No _____

Type of Asset: (choose from above list) _____
Who actually owns this asset? _____
Name of the Institution or Bank that holds this Asset: _____
Phone Number to this Institution or Bank: (_____) _____ - _____
How much is the Asset worth currently? \$ _____
How much will you receive each Year from this Asset? \$ _____
Do you or any family member have the right to withdraw funds from this account? Yes _____ No _____

Real Estate Asset Only:

Did you sell a home/land in the past 2 years? *Yes _____ No _____

*If yes to above, what was done with the sale proceeds? _____

Do you own any Real Estate? Yes* _____ No** _____

****If NO, go to next page.**

***If YES, answer the questions in this box:**

List the name of the person who owns this Real Estate? _____
What is the current market value? (provide tax appraisal) \$ _____
What is the total mortgage payoff? (provide most recent mortgage statement) \$ _____
Is the Real Estate currently listed for sale (provide listing agreement) Yes _____ No _____
Is the Real Estate being leased to someone?* (provide lease contract) Yes _____ No _____
If you are leasing it, how much do they pay you for rent per month? \$ _____

Employment Income Information

This section requests information about any money received in the home as a result of employment. Please list below ALL sources and amounts of income.

Is any Adult member of this household NOT Employed?

*Yes _____ No _____
*Name: _____ Age: _____
*Yes _____ No _____
*Name: _____ Age: _____

*If there is an Adult member NOT employed, list Name and Age:

Does any Adult member of this household have ZERO Income?

*If there is an Adult member with ZERO Income, list Name and Age:

Choose from these Types of Employment: Full, Part-time or Seasonal Employment for anyone 18 or older, (including self-employed).

Type of Employment: (choose from list above)

Which person in the home holds this job?

When did you start working this job?

Start Date: ____/____/____ If not employed now, End Date: ____/____/____

What is the Employer's name?

What is the Employer's Physical Street Address?

City, State and Zip Code:

What is the Employer's Phone Number?

(____) ____ - ____ - ____

What is the Supervisor's Name?

What is the estimated Total Gross Income per year?

\$ _____

Type of Employment: (choose from list above)

Please enter previous employer if stopped working within last 30 days

Which person in the home holds this job?

When did you start working this job?

Start Date: ____/____/____ If not employed now, End Date: ____/____/____

What is the Employer's name?

What is the Employer's Physical Street Address?

City, State and Zip Code:

What is the Employer's Phone Number?

(____) ____ - ____ - ____

What is the Supervisor's Name?

What is the estimated Total Gross Income per year?

\$ _____

If no one in the Household is Currently working and you left all of the Employment Information above blank on purpose, then all adults must initial below. I (we) also understand that I (we) will complete a Non-Employed Certification, and possibly a Zero Income Certification.

Initial: _____ Initial: _____ Initial: _____ Initial: _____

Office Use Only: List total of Employment Income: \$ _____

Other Income Information

Types of Other Income: Rental Property, Unemployment Compensation, Worker's Compensation, Social Security, SSI, Child Support, Alimony, AFDC/TANF, Public Assistance, Pensions, or Retirement Funds, Annuity, Insurance Policy Payments, death benefits, or VA benefits, not GI Benefits, Severance Payments, Disability Benefits, Regular Cash Contributions, Monetary Gifts, Special Financial Assistance in the form of Grants, Scholarships or Private Sources, or any other type of income.

Type of Other Income

Which person in the home receives this income?

When did you start getting this income?

Start Date: ____/____/____ If not receiving now, End Date: ____/____/____

What is the Source of this Income and Who Pays It?

What is Income Source's Physical Street Address?

City, State and Zip Code:

What is the Income Source's Phone Number?

(____) ____ - ____ - ____

What is the Income Source's Contact Name?

What is the estimated Total Gross Income per year?

\$ _____

Type of Other Income:

Which person in the home receives this income?

When did you start getting this income?

Start Date: ____/____/____ If not receiving now, End Date: ____/____/____

What is the Source of this Income and Who Pays It?

What is Income Source's Physical Street Address?

City, State and Zip Code:

What is the Income Source's Phone Number?

(____) ____ - ____ - ____

What is the Income Source's Contact Name?

What is the estimated Total Gross Income per year?

\$ _____

Office Use Only: List total of Other Income: \$ _____

If no one in the Household has any Other Income sources and you left all of the Other Income Information above blank on purpose, then all adults must initial below. I (we) also understand that I (we) will complete a Non-Employed Certification, and possibly a Zero Income Certification.

Initial: _____ Initial: _____ Initial: _____ Initial: _____

If you have more than 2 jobs in the household or more than 2 other sources of income, ask the Office Staff for an additional "INCOME INFORMATION SHEET."

1. Lease Execution. The Lease to be executed by the parties is attached. Should either party add special conditions to the Lease, such additions must be specifically noted on the attached Lease Contract before execution.

2. Fees and Deposit. The following fees apply to this Agreement:

Application deposit: \$ _____; Application fee: \$ _____;

Administrative fee: \$ _____; Other fee/deposit \$ _____

Total of above amount: \$ _____.

3. Application Fee. A nonrefundable Application Fee has been delivered by you to one of our representatives in the amount referenced above. This payment partially reduces our costs relating to administrative expenses

4. Application Deposit. The Application Deposit is in addition to any non-refundable Application Fee delivered to any of our representatives. You are advised that this Application Deposit is not a Security Deposit and may or may not be refundable. The Application Deposit will either: (a) be credited toward the required security deposit when all parties have executed the Lease, (b) become refundable if you are not approved; OR (c) be retained by Management as liquidated damages if you elect not to sign the lease after approval, you attempt to withdraw, you provide information on the lease application which Management determines or concludes to be false or you fail to answer any question on the application.

5. Approval of Lease Application After Signing of Lease. If Management approves your Application after you and all co-applicants have fully signed and delivered the Lease, Management will (a) notify you or any co-applicant of approval, (b) credit the Application Deposit toward the security deposit, and (c) sign the Lease Contract.

6. Lease Application Approval Before Lease is Signed. If Management approves your Application before you and all co-applicants have fully executed and delivered the Lease, Management will (a) notify you or at least one co-applicant (where applicable) of our approval, (b) credit the Application Deposit toward the security deposit; (c) sign the Lease Contract (after you and all co-applicants have signed).

7. Failure to Execute Lease After Approval. The Lease must be fully executed by you and all co-applicants within 2 days after Management gives you or any co-applicant notice (in person or by telephone) of our approval of your Application, or, alternatively, within 4 days after we mail our approval to you. These time frames can only be modified by written authorization from Management. If Management approves your Application and you or any co-applicant fails to sign the lease per the terms of this Agreement, Management may retain the application deposit as liquidated damages, and Management as well as Ownership will be relieved of any further legal obligations to you under this Agreement

8. Withdrawal of Application Before Approval. If Management has not yet approved your Application, AND the Lease has not been fully executed, and if you or any co-applicant withdraws an Application, Management will be entitled to keep all application deposits as liquidated damages, and will have no further obligation to you.

9. Waiver of Rejection Period. In consideration of (a) the additional time it takes to verify eligibility of Affordable Housing resident, and (b) Management's taking the rental dwelling off the market during the verification process, Management and applicant agree that the 7-day statutory rejection period is waived. Instead, applicant's completed application will be automatically rejected at the earlier of (a) the 60th day after date of application, or (b) the 7th day after Management received written replies from all employers, lenders, financial institutions, former spouses paying child support, educational institutions, government agencies and entities to whom inquiries are required to be made by law to qualify resident.

10. Completion of Application. Applications will not be processed until all required supportive documentation, application fees, security deposits and any other required fee or information are received.

11. Non-approval. In the event that your application or that of any co-applicant is disapproved, Management will refund all application deposits within 30 days of disapproval. Management may issue a refund check in any manner it deems appropriate including the issuance of a refund check made payable to all co-applicants and mailed to one applicant.

12. Deadline Extensions. Any stated deadline in this Agreement for signing, approving, or refunding which happens to fall on a weekend will be extended to the following Monday. Any stated deadline in this Agreement for signing, approving, or refunding which happens to fall on a state or federal holiday, will be extended to the end of the following day.

13. Notices. Any notice Management gives you or any co-applicant is considered notice to all co-applicants. Any notice received by Management from you or your co-applicant is considered notice from all co-applicants.

14. Access to Leased Premises. Management will only provide keys and/or access devices subsequent to: (a) all parties having signed the Lease and all associated rental documents; and (b) full payment of all applicable rents and security deposit(s).

15. Satisfactory Investigation. Our approval of this Application is contingent upon our receipt of a satisfactory report of your rental history, credit history and other information that we deem necessary.

16. Age Certification and Submission of Applications. By signing this Application, you certify that all persons over eighteen years of age who will be occupying the Apartment unit have completed and provided to us a separate Application for Residency, and that each such occupant of the Apartment unit will sign the Lease at the time required by us.

17. Verification of Credit Information and Continuing Right to Review. You authorize us, through our designated agent or employees, to obtain and verify all credit information for the purpose of determining whether or not to lease the apartment unit to you. You understand that should you enter into the Lease for the apartment unit, we and our designated agents and employees will have a continuing right to review your credit information, rental application, payment history and occupancy history for account review purposes and for improving application methods.

18. Acknowledgement. By signing this Application, you certify that all information contained in this Application is true, correct and complete. You authorize us to verify same through any means, including consumer reporting agencies and other rental housing owners. If you fail to answer any question or give false information, we may reject the application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the losing party. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations. Fax signatures are legally binding.

19. Right to Review Lease. Before you submit an application or pay any application fee or security deposit, you have the right to review the Rental Application and Lease Contract, as well as any community rules or policies we have. You may also consult an attorney. These documents are binding legal documents when signed. We will not take a particular dwelling off the market until we receive a completed application and any other required information or monies to rent that dwelling. Additional provisions or changes may be made in the Lease Contract if agreed to in writing by all parties. You are entitled to an original of the Lease Contract after it is fully signed. Should you have any questions, please let us know and we will gladly answer them.

20. Special Provisions:

21. Signatures. Our representative's signature below is consent only to the above application agreement. It does not bind us to accept applicant or to sign the proposed Lease Contract. By accepting the Deposit and the Application Fee from you, we are not obligated to approve this Application or rent the Apartment unit to you.

_____/_____/_____
Applicant Signature Date

_____/_____/_____
Co-Applicant Signature Date

_____/_____/_____
Co-Applicant Signature Date

_____/_____/_____
Management Agent's Signature Date

_____/_____/_____
Co-Applicant Signature Date