

APPLICATION FEE: \$ 15.00 EACH ADULT

THIS MUST BE PAID IN FULL TO CONSIDER THE APPLICATION COMPLETE.

DATE REC'D: _____

TIME REC'D: _____

INITIALS: _____

APPLICATION FOR APARTMENT RENTAL

IF IT IS DETERMINED THAT YOUR HOUSEHOLD QUALIFIES FOR AN APARTMENT AT THIS PROPERTY, BASED ON THE INFORMATION PROVIDED ON THIS APPLICATION AND THE INITIAL REVIEW, YOUR APPLICATION WILL BE PLACED ON A WAITING LIST. HOWEVER, IF IN THE FINAL PROCESSING IT IS DISCOVERED THAT YOUR HOUSEHOLD IS NOT ACTUALLY ELIGIBLE AND/OR QUALIFIED YOUR APPLICATION WILL BE REJECTED. WE WILL PROCESS YOUR APPLICATION ACCORDING TO OUR STANDARD PROCEDURES, WHICH ARE SUMMARIZED IN THE RESIDENT SELECTION CRITERIA POSTED IN THE MANAGEMENT OFFICE.

DO NOT LEAVE ANY SECTIONS BLANK- INSERT N/A IF IT DOES NOT APPLY.

HEAD OF HOUSEHOLD

1. NAME: _____

2. CONTACT #: () _____

3. WORK #: () _____

SPOUSE/CO-APPLICANT

1. NAME: _____

2. CONTACT #: () _____

3. WORK #: () _____

4. HAVE YOU, YOUR SPOUSE, OR YOUR CO-APPLICANT EVER BEEN EVICTED OR OTHERWISE REMOVED FROM RENTAL HOUSING? ____ YES ____ NO

IF YES, PLEASE PROVIDE THE RENTAL ADDRESS, LANDLORD NAME, DATE, AND REASON:

(A) HAVE THERE BEEN INSTANCES WHEN YOU HAVE NOT COMPLIED WITH AN OCCUPANCY AGREEMENT OR LEASE OR HAVE HAD

TROUBLE DOING SO? ____ YES ____ NO

IF YES, PLEASE EXPLAIN. _____

5. HAS ANY PLACE WHERE YOU, YOUR SPOUSE, OR YOUR CO-APPLICANT WAS LIVING BEEN DESTROYED OR DAMAGED BY FIRE? ____ YES ____ NO

IF YES, PLEASE PROVIDE THE RENTAL ADDRESS AND DATE:

6. HAVE YOU EVER LIVED AT THIS COMPLEX BEFORE? ____ YES ____ NO. IF YES, WHEN? _____

7. HAS ANYONE LISTED ON THIS APPLICATION EVER APPLIED FOR AN APARTMENT AT THIS COMPLEX BEFORE? ____ YES ____ NO IF YES, WHEN? _____

8. DO YOU KNOW ANYONE CURRENTLY RESIDING AT THIS COMPLEX? ____ YES ____ NO

IF YES, WHO? _____

9. DO YOU RECEIVE RENTAL ASSISTANCE AT YOUR CURRENT RESIDENCE? ____ YES ____ NO

IF YES, WHAT TYPE? ____ SECTION 8 (SITE BASED) ____ SECTION 8 (VOUCHER) ____ OTHER

10. HAVE YOU, YOUR SPOUSE, OR YOUR CO-APPLICANT EVER APPLIED FOR A GOVERNMENT-SUBSIDIZED APARTMENT BEFORE? ____ YES ____ NO

IF YES, WHEN AND WHERE? _____

11. HOUSEHOLD COMPOSITION

LIST ALL PERSONS, INCLUDING YOU, WHO WILL RESIDE IN THE APARTMENT.

FULL NAME	RELATIONSHIP	SEX	BIRTH DATE	SOC. SEC. NUMBER
	SELF			

12. LIST THE NAME THE NON-CUSTODIAL PARENT(S): _____

13. WILL THE NON-CUSTODIAL PARENT(S) BE STAYING WITH YOU AT ANY TIME? ____Yes ____No

(A) WHERE IS THE NON-CUSTODIAL PARENT(S) CURRENTLY LIVING? _____

14. HAS THE NON-CUSTODIAL PARENT(S) BEEN INVOLVED IN ANY CRIMINAL ACTIVITY? ____Yes ____No

15. IF THE ANSWER TO QUESTION 13 OR 14 IS YES, EXPLAIN: _____

16. INCOME FROM EMPLOYMENT

LIST ALL EMPLOYMENT FOR ALL MEMBERS OF YOUR HOUSEHOLD.

HH MEMBER	PLACE OF EMPLOYMENT	EMPLOYER PHONE NUMBER	SUPERVISOR	EST. TOT. EARN. COMING YEAR \$.

17. INCOME FROM ALL OTHER SOURCES

HH MEMBER.	SOURCE OF INCOME OR HOUSEHOLD SUPPORT	CONTACT PERSON NAME AND PHONE NUMBER	TOTAL RECEIVED PER YEAR

18. RENTAL HISTORY

PLEASE ENTER THE INFORMATION REQUESTED FOR YOUR CURRENT ADDRESS AND THE TWO MOST RECENT PRIOR ADDRESSES WITHIN THE PAST 5 YEARS. ENTER ONLY YOUR RESIDENCES AT THE AGE OF 18 YEARS OLD AND OLDER.

CURRENT STREET ADDRESS	CITY, STATE, AND ZIP	MONTHLY RENT	NAME RENTED UNDER
LANDLORD NAME	LANDLORD PHONE #		
NAMES OF HOUSEHOLD MEMBERS		REASON FOR MOVING	
MOVE-IN DATE		SECURITY DEP. \$	
DO YOU HAVE AN EXECUTED LEASE AGREEMENT AT THE ABOVE ADDRESS?		____ YES ____ NO	

PREVIOUS STREET ADDRESS	CITY, STATE, AND ZIP	MONTHLY RENT	NAME RENTED UNDER
LANDLORD NAME	LANDLORD PHONE #		
NAMES OF HOUSEHOLD MEMBERS			
MOVE-IN DATE		MOVE OUT DATE	
DID YOU FULFILL THE LEASE TERM? ____ YES ____ NO		REASON FOR MOVING	

PREVIOUS STREET ADDRESS	CITY, STATE, AND ZIP	MONTHLY RENT	NAME RENTED UNDER
LANDLORD NAME	LANDLORD PHONE #		
NAMES OF HOUSEHOLD MEMBERS			
MOVE-IN DATE		MOVE OUT DATE	
DID YOU FULFILL THE LEASE TERM? ____ YES ____ NO		REASON FOR MOVING	

19. WHAT SIZE OF UNIT ARE YOU REQUESTING? ____2 BEDROOM ____3 BEDROOM ____4 BEDROOM

20. HAVE YOU EVER BEEN CONVICTED OF A FELONY? ____Yes ____No

21. HAVE YOU EVER BEEN CONVICTED OF A DRUG VIOLATION (USE, ATTEMPTED USE, POSSESSION, MANUFACTURE, SALE, OR DISTRIBUTION)? ____Yes ____No

22. CRIMINAL ACTIVITY

EXAMPLES OF CRIMINAL ACTIVITY INCLUDE BUT ARE NOT LIMITED TO:

- | | |
|----------------------------------|-------------------------------------|
| 1. HOMICIDE/MURDER | 7. DRUG TRAFFICKING/USE/POSSESSION |
| 2. RAPE OR CHILD MOLESTING | 8. CHILD ABUSE/DOMESTIC VIOLENCE |
| 3. BURGLARY/ROBBERY/LARCENY | 9. PUBLIC INTOX./DRUNK & DISORDERLY |
| 4. THREATS OR HARASSMENT | 10. RECEIVING STOLEN GOODS |
| 5. DESTRUCT. OF PROP. /VANDALISM | 11. FRAUD |
| 6. ASSAULT OR FIGHTING | 12. PROSTITUTION |
| | 13. DISORDERLY CONDUCT |

(A) HAVE YOU OR ANY FAMILY MEMBERS LISTED ON THIS APPLICATION EVER BEEN INVOLVED IN ANY CRIMINAL ACTIVITY THAT MIGHT ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELFARE OF OTHER RESIDENTS IF IT HAPPENED AT THE PROPERTY? ____Yes ____No

(B) CAN AND WILL ALL HOUSEHOLD MEMBERS AVOID BEING INVOLVED IN ANY CRIMINAL ACTIVITY ON OR NEAR THIS APARTMENT COMPLEX? ____Yes ____No

IF THE ANSWER TO ANY PART OF QUESTION #20-#22, WITH THE EXCEPTION OF (22B) IS YES, EXPLAIN:

LIST ANY OTHER NAMES USED BY PERSONS LISTED UNDER QUESTION #11:

NOTE: A NATIONAL CRIMINAL BACKGROUND CHECK WILL BE CONDUCTED ON ALL PERSONS AGE 18+ LISTED AS A HOUSEHOLD MEMBER.

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

_____ I/ WE CERTIFY THAT ALL INFORMATION GIVEN IN THIS APPLICATION AND ANY ADDENDUM THERETO IS TRUE, COMPLETE AND ACCURATE. WE UNDERSTAND THAT IF ANY OF THIS INFORMATION IS FALSE, MISLEADING OR INCOMPLETE, MANAGEMENT MAY DECLINE OUR APPLICATION OR, IF MOVE-IN HAS OCCURRED, TERMINATE OUR RENTAL AGREEMENT.

_____ I/ WE AUTHORIZE (OSCEOLA APARTMENTS, LLC D/B/A) OSCEOLA PATIO HOMES TO MAKE ANY AND ALL INQUIRIES TO VERIFY THIS INFORMATION EITHER DIRECTLY OR THROUGH INFORMATION EXCHANGED NOW OR LATER WITH RENTAL AND CREDIT SCREENING SERVICES, AND TO CONTACT PREVIOUS AND CURRENT LANDLORDS OR OTHER SOURCES FOR CREDIT AND VERIFICATION CONFIRMATION WHICH MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE OR LOCAL AGENCIES.

_____ I/ WE AGREE TO NOTIFY MANAGEMENT IN WRITING REGARDING ANY CHANGES IN HOUSEHOLD ADDRESS, TELEPHONE NUMBERS, INCOME, AND HOUSEHOLD COMPOSITION WHILE ACTIVE ON THE WAITING LIST.

_____ I/WE HAVE BEEN NOTIFIED THAT THE RESIDENT SELECTION CRITERIA, WHICH SUMMARIZES THE PROCEDURES FOR PROCESSING APPLICATIONS, IS POSTED IN THE MANAGEMENT OFFICE.

_____ I/ WE UNDERSTAND THAT IF THIS APPLICATION IS PLACED ON A WAITING LIST, WE MAY REQUEST SAMPLE COPIES OF THE RENTAL AGREEMENT AND HOUSE RULES. IF THIS APPLICATION IS APPROVED AND MOVE-IN OCCURS, WE CERTIFY THAT WE WILL ACCEPT AND COMPLY WITH ALL CONDITIONS OF OCCUPANCY AS SET FORTH THEREIN, INCLUDING SPECIFICALLY ALL CONDITIONS REGARDING PETS, RENT, DAMAGES, AND SECURITY DEPOSITS.

_____ I/ WE AUTHORIZE MANAGEMENT TO OBTAIN ONE OR MORE "CONSUMER REPORTS" AS DEFINED IN THE FAIR CREDIT REPORTING ACT, 15 U.S. C. SECTION 1681A(D), SEEKING INFORMATION ON OUR CREDITWORTHINESS, CREDIT STANDING, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, OR MODE OF LIVING, ALSO TO INCLUDE RENTAL REFERENCES AND CRIMINAL BACKGROUND INQUIRIES.

CERTIFICATION

I/WE UNDERSTAND THAT I/WE MUST PAY A SECURITY DEPOSIT FOR THIS UNIT IN THE AMOUNT OF \$250.00.

I/WE CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY.

DATE

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE/ CO-HEAD/ CO-APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

DATE

SIGNATURE OF CO-APPLICANT