

APPLICATION FOR HOUSING

Date & Time Stamp

Please Print Clearly

Dear Applicant:

The information on this form is needed to determine if your household is eligible. Please complete this **entire** form and leave **no blanks**. If there are any questions that you do not understand, please contact the management office personnel. We thank you in advance for your cooperation.

This is an application for housing at:	Project: <<community>>
Please complete this application and return to:	<<community>> Leasing Office

GENERAL INFORMATION

Applicant Name(s): <<full_name>> **Driver's License #** **State**

Address: <<address_line1>> <<address_line2>> <<city>> <<state>> <<zip>>

Phone Number to Best Reach you () _____ **or** () _____

Bedroom size requested: Townhome (select properties) One BR Two BR Three BR Four BR

Do you have a voucher? Y N If yes, from where? _____

How did you hear about us?
Drove by Magazine/Paper (name)_____ Housing Friend _____ Banner

	Name	Relationship to Head of HH	Birth Date	Gender	Social Security #/ Alien Registration #	Student Status F/T= Full Time P/T= Part Time	Receiving Income
1.		Head	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N
2.		<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N
3.		<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N
4.		<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N
5.		<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N
6.		<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N
7.		<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N

COMPOSITION INFORMATION

Were any of the household members a full-time student within the last calendar year? Y N who? _____

Are any of the household members listed above foster children? Y N who? _____

Are any of the household members listed above a live-in attendant? Y N who? _____

Are any household members temporarily absent from the home? Y N who? _____

Indicate reason for temporary absence: _____

Do you anticipate any other members will join your household within the next 12 months? Y N

(Pregnancy, Adoption, Marriage, ETC) If yes, explain: _____

Check only if applicable.

Have you or any occupant listed in this Application ever:

- been evicted or asked to move out?
- moved out of a dwelling before the end of the lease term without the owner's consent?
- declared bankruptcy?
- been sued for rent?
- been sued for property damage?
- been convicted or received probation (other than deferred adjudication) for a felony or sex crime?

Please indicate below the year, the location, and type of each felony or sex crime for which you were convicted or received probation. We may need to discuss more facts before making a decision. You represent the answer is "no" to any item not checked above.

ANNUAL INCOME

(List ALL income of adults and children in your household, except for the earned income from employment by persons under the age of 18)

Identify income from any of the following sources, including periodic payments:		Head of Household	Co-Head/ Spouse	Other Adult Member(s)	Child or Dependent	Total
Salary	<input type="checkbox"/> Y <input type="checkbox"/> N					
Overtime Pay	<input type="checkbox"/> Y <input type="checkbox"/> N					
Commissions/Fees	<input type="checkbox"/> Y <input type="checkbox"/> N					
Tips and Bonuses	<input type="checkbox"/> Y <input type="checkbox"/> N					
Salary from 2nd job	<input type="checkbox"/> Y <input type="checkbox"/> N					
Temporary Income	<input type="checkbox"/> Y <input type="checkbox"/> N					
Income from Military	<input type="checkbox"/> Y <input type="checkbox"/> N					
Interest/Dividends	<input type="checkbox"/> Y <input type="checkbox"/> N					
Business Net Income	<input type="checkbox"/> Y <input type="checkbox"/> N					
Net Rental Income	<input type="checkbox"/> Y <input type="checkbox"/> N					
Social Security	<input type="checkbox"/> Y <input type="checkbox"/> N					
Supplemental Security Income	<input type="checkbox"/> Y <input type="checkbox"/> N					
Pension	<input type="checkbox"/> Y <input type="checkbox"/> N					
Retirement Funds	<input type="checkbox"/> Y <input type="checkbox"/> N					

Familial Support	<input type="checkbox"/> Y <input type="checkbox"/> N					
Unemployment Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N					
Workers' Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N					
Alimony	<input type="checkbox"/> Y <input type="checkbox"/> N					
Child Support (Circle Type –Even if not paid) Voluntary Court Ordered	<input type="checkbox"/> Y <input type="checkbox"/> N					
AFDC/TANF	<input type="checkbox"/> Y <input type="checkbox"/> N					
Educational Scholarship/Grant	<input type="checkbox"/> Y <input type="checkbox"/> N					
Other: Explain: _____	<input type="checkbox"/> Y <input type="checkbox"/> N					

CURRENT EMPLOYMENT CONTACT INFORMATION

Household Member's Name		Occupation		Work Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	<input type="checkbox"/> _Hourly <input type="checkbox"/> _Weekly <input type="checkbox"/> _bi-weekly <input type="checkbox"/> _twice a month Salary \$ _____ <input type="checkbox"/> _Monthly <input type="checkbox"/> _Yearly <input type="checkbox"/> _Other _____			# of hours worked per week	Work Fax

Household Member's Name		Occupation		Work Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	<input type="checkbox"/> _Hourly <input type="checkbox"/> _Weekly <input type="checkbox"/> _bi-weekly <input type="checkbox"/> _twice a month Salary \$ _____ <input type="checkbox"/> _Monthly <input type="checkbox"/> _Yearly <input type="checkbox"/> _Other _____			# of hours worked per week	Work Fax

Household Member's Name		Occupation		Work Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	<input type="checkbox"/> _Hourly <input type="checkbox"/> _Weekly <input type="checkbox"/> _bi-weekly <input type="checkbox"/> _twice a month Salary \$ _____ <input type="checkbox"/> _Monthly <input type="checkbox"/> _Yearly <input type="checkbox"/> _Other _____			# of hours worked per week	Work Fax

HOUSEHOLD ASSET INFORMATION

1. Has anyone in the household given away anything of value within the last two years? Y N If yes, who? _____
 (if a home was released due to foreclosure, bankruptcy or divorce, answer no)

Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal): _____

2. Has anyone in the household owned a home in the last two years? Y N If yes, who? _____

Do they currently own it? Y N If No, when was it disposed of? _____

If Yes, Is it being rented Y N

Is it sitting vacant? Y N

Is it in the process of being sold? Y N

HOUSEHOLD ASSETS (Identify if anyone has any of the following types of assets, including dependents under the age of 18)

Identify All Asset Sources		Cash Value	Asset Income (Interest/Dividends)	Name of Financial Institution	Account Number
Checking Account	<input type="checkbox"/> Y <input type="checkbox"/> N				
Additional Checking Account(s)	<input type="checkbox"/> Y <input type="checkbox"/> N				
Savings Account	<input type="checkbox"/> Y <input type="checkbox"/> N				
Additional Savings Account(s)	<input type="checkbox"/> Y <input type="checkbox"/> N				
Credit Union Account(s)	<input type="checkbox"/> Y <input type="checkbox"/> N				
Stocks, Bonds, Mutual Funds*	<input type="checkbox"/> Y <input type="checkbox"/> N				
Real Estate or Home	<input type="checkbox"/> Y <input type="checkbox"/> N				
IRA/Keogh Account(s)*	<input type="checkbox"/> Y <input type="checkbox"/> N				
Retirement/Pension Fund(s)*	<input type="checkbox"/> Y <input type="checkbox"/> N				
Trust Fund(s)	<input type="checkbox"/> Y <input type="checkbox"/> N				
Mortgage Note Held	<input type="checkbox"/> Y <input type="checkbox"/> N				
Whole Life Insurance Cash Value*	<input type="checkbox"/> Y <input type="checkbox"/> N				
Real Estate/Land*	<input type="checkbox"/> Y <input type="checkbox"/> N				
Other: _____	<input type="checkbox"/> Y <input type="checkbox"/> N				

REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

In case of emergency notify:	
Address:	
Relationship:	Phone #:

VEHICLE AND PET INFORMATION (if applicable)
 List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:
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Year/Make:		Color:
Type of Vehicle:		License Plate #:
Year/Make:		Color:
Do you own any pets?	Yes	No
If yes, describe:		Weight:

APPLICATION AGREEMENT

The following Application Agreement will be signed by you and all co-applicants prior to signing a Lease. While some of the information below may not yet apply to your situation, there are some provisions that may become applicable prior to signing a Lease. In order to continue with this Application, you'll need to review the Application Agreement carefully and acknowledge that you accept the terms.

1. **Apartment Lease Information.** The Lease contemplated by the parties will be the current Lease. Special information and conditions must be explicitly noted on the Lease.
 2. **Approval when Lease is signed in advance.** If you and all co-applicants have already signed the Lease when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease, and then credit the application deposit of all applicants toward the required security deposit.
 3. **Approval when Lease isn't yet signed.** If you and all co-applicants have not signed the Lease when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease when you and all co-applicants have signed, and then credit the application deposit toward the required security deposit.
 4. **If you fail to sign Lease after approval.** Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease within 3 days after we give you our approval in person or by telephone or within 5 days after we mail you our approval. If you or any co-applicants fails to sign as required your **Application will be deemed withdrawn**, and we may keep the application deposit as liquidated damages, and terminate all further obligations under this Agreement.
 5. **If you withdraw before approval.** If you or any co-applicants withdraws an Application or notifies us that you've changed your mind about renting the dwelling unit, we'll be entitled to retain all application deposits as liquidated damages, and the parties will then have no further obligation to each other.
 6. **Approval/non-approval.** If we do not approve your Application within 7 days after the date we received a completed Application, your Application will be considered "disapproved." Notification may be in person or by mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval. The 7-day time period may be changed only by separate written agreement.
 7. **Refund after non-approval.** If you or any co-applicant is disapproved or deemed disapproved under Paragraph 6, we'll refund all application deposits within 30 days of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.
 8. **Extension of deadline.** If the deadline for approving or refunding under paragraphs 6 or 7 falls on a Saturday, Sunday, or a state or federal holiday; the deadline will be extended to the end of the next business day.
 9. **Keys or access devices.** We'll furnish keys and/or access devices only after: (1) all parties have signed the Lease and other rental documents referred to in the Lease; and (2) all applicable rents and security deposits have been paid in full.
 10. **Application submission.** Submission of an Application does not guarantee approval or acceptance. It does not bind us to accept the applicant or to sign a Lease. Images on our website may represent a sample of a unit and may not reflect specific details of any unit. For information not found on our website regarding unit availability, unit characteristics, pricing or other questions, please call or visit our office.
- Notice to or from co-applicants.** Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicants is considered notice from all co-applicants.

DISCLOSURES

1. **Application fee (non-refundable).** You agree to pay to our representative the non-refundable application fee in the amount indicated in paragraph 3. Payment of the application fee does not guarantee that your Application will be accepted. The application fee offsets the cost of screening an applicant for acceptance.
2. **Application deposit (may or may not be refundable).** In addition to any application fees, you agree to pay to our representative an application deposit in the amount indicated in paragraph 3. The application deposit is not a security deposit. The application deposit will be credited toward the required security deposit when the Lease has been signed by all parties; OR, it will be refunded under paragraph 7 if the applicant is not approved; OR, it will be retained by us as liquidated damages if you fail to sign or withdraw under paragraphs 4 and 5 of the Application Agreement.
3. **Fees due.** Your Application will not be processed until we receive your completed Application (and the completed Application of all co-applicants, if applicable) and the following fees:
 - a. Application fee (non-refundable): \$ _____
 - b. Application deposit (may or may not be refundable): \$ _____
4. **Completed Application.** Your Application will not be considered "complete" and will not be processed until we receive the following documentation and fees:
 - a. Your completed Application;
 - b. Completed Applications for each co-applicant (if applicable);
 - c. Application fees for all applicants;
 - d. Application deposit.

Payment Authorization

I authorize _____ (name of owner/agent) to collect payment of the application fees and application deposit in the amounts specified under paragraph 3 of the Disclosures.

Non-sufficient funds and dishonored payments. If a check from an applicant is returned to us by a bank or other entity for any reason, if any credit card or debit card payment from applicant to us is rejected, or if we are unable, through no fault of our own or our bank, to successfully process and ACH debit, credit card, or debit card transaction, then:

1. Applicant shall pay a charge of \$ _____ for each returned payment; and
2. We reserve the right to refer the matter for criminal prosecution.

CERTIFICATION

You declare that all your statements in this Application are true and complete. **Applicant’s submission of this Application, including payment of any fees or deposits, is being done only after applicant has fully investigated to its satisfaction, those facts which applicant deems material and necessary to the decision to apply for a rental unit.** You authorize us to verify your information through any means, including consumer-reporting agencies and other rental-housing owners. **You acknowledge that you had an opportunity to review our rental-selection criteria, which include reasons your Application may be denied, such as criminal history, credit history, current income and rental history. You understand that if you do not meet our rental-selection criteria or if you fail to answer any question or give false information, we may reject the Application, retain all application fees 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, the prevailing party may recover from the non-prevailing party all attorney’s fees and litigation costs. 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, the rules, and financial obligations. Fax or electronic signatures are legally binding. You acknowledge that our privacy policy is available to you.

Rights to review the Lease. Before you submit an Application or pay any fees or deposits, you have the right to review the Application and Lease, 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 if agreed to in writing by all parties. You are entitled to a copy of the Lease after it is fully signed.

Please sign below if you certify the information listed on this Application to be true and accurate.

SIGNATURE (S):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date

If at time of Move In, application is more than 120 days old, resident must certify below.

I certify that the information listed on this application is still true and accurate.

Applicant	Date
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