

PRELIMINARY APPLICATION FOR RUNSEN HOUSE

PLEASE READ ALL INSTRUCTIONS. IMPROPER OR INCOMPLETE APPLICATIONS WILL BE RETURNED TO YOU. YOU MUST COMPLETE BOTH SIDES TO BE CONSIDERED A CANDIDATE FOR RESIDENCY

1a HEAD OF HOUSEHOLD INFORMATION												
APPLICANT (Last, First , Middle name)												
CURRENT ADDRESS												
CITY				STATE			ZIP			COUNTY		
HOME TELEPHONE				CELL PHONE			EMAIL					
SOCIAL SECURITY #				DATE OF BIRTH			DRIVER'S LICENSE#/STATE					
2a HEAD OF HOUSEHOLD RESIDENCE INFORMATION												
HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS?						DO YOU OWN OR RENT?			MONTHLY PMT			
NAME OF PRESENT LANDLORD / MORTGAGE COMPANY						LANDLORD NAME			TELEPHONE #			
ADDRESS OF PRESENT LANDLORD / MORTGAGE COMPANY												
PREVIOUS ADDRESS						HOW LONG?			TELEPHONE#			
1b CO-TENANT INFORMATION												
APPLICANT (Last, First , Middle name)												
CURRENT ADDRESS												
CITY				STATE			ZIP			COUNTY		
HOME TELEPHONE				CELL PHONE			EMAIL					
SOCIAL SECURITY #				DATE OF BIRTH			DRIVER'S LICENSE#/STATE					
2b CO-TENANT RESIDENCE INFORMATION												
HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS?						DO YOU OWN OR RENT?			MONTHLY PMT			
NAME OF PRESENT LANDLORD / MORTGAGE COMPANY						LANDLORD NAME			TELEPHONE #			
ADDRESS OF PRESENT LANDLORD / MORTGAGE COMPANY												
PREVIOUS ADDRESS						HOW LONG?						
3 HOUSEHOLD COMPOSITION/CURRENT GROSS ANNUAL INCOME FROM ALL SOURCES PENSION, SOCIAL SECURITY, ASSET INCOME SUCH AS DIVIDENDS/INTEREST, INVESTMENTS, ETC. SEE #4 TO LIST ASSETS												
NAME (First and Last)				DATE OF BIRTH MO DAY YR			SEX M/F	CURRENT GROSS ANNUAL INCOME				
1 HEAD								\$				
2 CO TENANT								\$				

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4 TYPE OF ASSET Savings/ Checking Accts, CD, Stocks, Bonds, Real Estate, Annuity, IRA, ETC	CURRENT MARKET VALUE	ESTIMATED ANNUAL INCOME FROM ASSET	ANNUAL INTEREST %
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

5a EMPLOYMENT HEAD OF HOUSEHOLD (for additional information, please attach additional sheets)

EMPLOYED BY		JOB TITLE	
CONTACT NAME AND TITLE			
ADDRESS			
CITY		STATE	ZIP
MONTHLY GROSS INCOME \$	YEARS AT JOB	FULL TIME PART TIME	WORK #

5B EMPLOYMENT CO-TENANT (for additional information, , please attach additional sheets)

EMPLOYED BY		JOB TITLE	
CONTACT NAME AND TITLE			
ADDRESS			
CITY		STATE	ZIP CODE
MONTHLY GROSS INCOME \$	YEARS AT JOB	FULL TIME PART TIME	WORK #

Certification of Accuracy and Release of Authorization

I hereby declare and certify that the information provided by me in making this application is true, correct and complete to the best of my knowledge. I understand and acknowledge that if any misstatement or omission of fact on this application will be grounds for denial of residency. I grant consent for all persons named in connection with this application to be contacted and further acknowledge and authorize my prospective landlord to utilize any investigative suppliers or sources it may deem necessary in determining my suitability for residency, which may include: credit report agencies, public records repositories, and investigative agencies for the purpose of a criminal records search. I also hereby indemnify Runsen Associates, Inc., Runsen Associates, LP and Runsen House or any prospective landlords against all damages, potential or otherwise, stemming from the release of any negative information contained in the requested investigative report.

HEAD OF HOUSEHOLD SIGNATURE	DATE
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CO-TENANT SIGNATURE	DATE
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DATE RECEIVED	TIME RECEIVED
RECEIVED BY	