

PERSONAL INFORMATION / HOUSEHOLD COMPOSITION				
Name				
Social Security #	Drivers license #	State issued	Marital status (check one) <input type="checkbox"/> Single (Never Been Married) <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Do you or does any member of your household have a condition that requires special needs? <input type="checkbox"/> NO <input type="checkbox"/> YES				
<input type="checkbox"/> 1 level apt – must have ground floor no stairs <input type="checkbox"/> 1 level apt – no stairs in unit but 2nd or 3rd floor ok <input type="checkbox"/> a separate bedroom				
<input type="checkbox"/> vision-impaired <input type="checkbox"/> hearing impaired <input type="checkbox"/> disabled parking space <input type="checkbox"/> physical modifications to apt <input type="checkbox"/> live in aid				
Applicant Email:			Applicant Cell phone number	
List all others who will be occupying the apartment				
Name	Date of Birth	Age	Soc. Sec. #	Relationship to Applicant
TOTAL INCOME AND ASSETS				
Employer Business Name:		<input type="checkbox"/> I am not employed		
Employment Total Weekly Gross Income (wages, tips, bonuses, etc.)		Employer Contact Name and Phone number:		
Monthly Gross Income (not employment)		Please check SOURCE below: <input type="checkbox"/> Child Support <input type="checkbox"/> SSI or SSD <input type="checkbox"/> Gift from friend or relative <input type="checkbox"/> Public Assistance <input type="checkbox"/> Pension / Retirement <input type="checkbox"/> Uemployment		
Cash Value of All Assets:		Income from All Assets:		
Have you disposed of any assets for less than Fair Market Value in the last 2 years?				

APARTMENT INFORMATION
Do you expect any additions to your household within the next 12 months?
Does your household have or anticipate having any pets?

MISCELLANEOUS INFORMATION
Number of Bedrooms needed?
Date you are needing an appointment?
Where did you hear about us?
Will you be receiving rental assistance? If yes, list agency name and contact phone number

I certify that answers given herein are true and complete to the best of my knowledge. I authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history reports, criminal history reports and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquires shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fee(s) and deposit(s) as liquidated damages for owner's time and expenses of processing this application, and (3) terminate resident's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules, and financial obligations. Owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

Signature of Applicant

Date



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.