

# St. Anne Residence APPLICATION



APPLICANT INFORMATION					
LAST NAME	FIRST	MIDDLE	DOB	SOCIAL SECURITY #	
EMAIL ADDRESS		CELL TELEPHONE NUMBER		CONTACT TELEPHONE NUMBER	
YOUR CURRENT RESIDENCE					
STREET ADDRESS		APT #	CITY	STATE	ZIP
HAVE YOU GIVEN LEGAL NOTICE TO VACATE? YES <input type="checkbox"/> NO <input type="checkbox"/>		RENT <input type="checkbox"/> OWN <input type="checkbox"/>	MOVE-IN DATE: MOVE-OUT DATE:	MONTHLY RENT \$	YOUR EMAIL
LANDLORD/MTG. COMPANY		CITY	STATE	ZIP	LANDLORD DAY PHONE
ROOMMATE(S) NAME(S)					
REASON FOR VACATING:			HOW DID YOU HEAR ABOUT US?		
YOUR PREVIOUS RESIDENCE					
STREET ADDRESS		APT #	CITY	STATE	ZIP
DID YOU GIVE LEGAL NOTICE TO VACATE? YES <input type="checkbox"/> NO <input type="checkbox"/>		RENT <input type="checkbox"/> OWN <input type="checkbox"/>	MOVE-IN DATE: MOVE-OUT DATE:	MONTHLY RENT \$	TELEPHONE
LANDLORD/MTG. COMPANY		CITY	STATE	ZIP	LANDLORD DAY PHONE
REASON FOR VACATING:			LIST ALL ROOMMATES:		
EMPLOYMENT / INCOME					
CURRENT EMPLOYER	POSITION	TELEPHONE	SUPERVISOR'S NAME	SALARY / MONTH	DATE OF HIRE
PREVIOUS EMPLOYER	POSITION	TELEPHONE	SUPERVISOR'S NAME	SALARY / MONTH	FROM: TO:
ADDITIONAL SOURCES OF MONTHLY INCOME (List all income to be included for qualification): \$ / Month			SOURCE:	TELEPHONE	
BANK NAME	BRANCH	TELEPHONE	CHECKING ACCT #	SAVINGS ACCT #	
EMERGENCY CONTACT					
NAME	RELATIONSHIP	ADDRESS		TELEPHONE	
How did you hear about us?					
Are you pregnant? YES <input type="checkbox"/> NO <input type="checkbox"/>		What is your due date?		Are you considering adoption? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Will you consent to pregnancy testing in our Health Center? YES <input type="checkbox"/> NO <input type="checkbox"/>				Are you considering abortion? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other children?	Ages?	Are you seeing a doctor? YES <input type="checkbox"/> NO <input type="checkbox"/>	Doctor's name?	Are you presently in a relationship with baby's father? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> No Smoking Allowed (Entire Premises) <input type="checkbox"/> Smoking Allowed (Entire Premises) <input type="checkbox"/> Smoking Allowed (Limited Area)					

Drug use? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Physical or mental health issues?					
<b>ADDITIONAL INFORMATION</b>					
LIST ALL VEHICLE TO BE PARKED ON SITE					
MAKE	MODEL	YEAR	COLOR	LICENSE#	STATE
		○ ●			
ARE YOU ENROLLED IN SCHOOL? YES <input type="checkbox"/> NO <input type="checkbox"/>			NAME OF SCHOOL? ○ ○		
HAVE YOU EVER BEEN EVICTED, OR ARE YOU CURRENTLY SUBJECT TO A PENDING EVICTION CASE? YES <input type="checkbox"/> NO <input type="checkbox"/>			IF YES, PROVIDE DATE(S) AND LOCATION(S): DO YOU HAVE RENTERS INSURANCE? YES <input type="checkbox"/> NO <input type="checkbox"/> Carrier: _____ Policy #: _____		
HAVE YOU OR EVER BEEN CONVICTED, PLEAD GUILTY, NO-CONTEST OR HAVE CURRENT PENDING CHARGES TO ANY FELONY OR MISDEMEANOR? YES <input type="checkbox"/> NO <input type="checkbox"/> DESCRIBE OFFENSE: DATE OF OFFENSE:					
ARE YOU OR ANY PERSON WHO WILL OCCUPY THE UNIT A REGISTERED SEX OFFENDER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, DATE AND LOCATION OF REGISTRATION:					
DO WE HAVE YOUR PERMISSION TO DO A BACKGROUND CHECK? YES <input type="checkbox"/> NO <input type="checkbox"/>					

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE