



**APPLICATION**

APPLICANT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ APT. #: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  SEPARATED  WIDOW/WIDOWER

**INDICATE TWO PEOPLE WHO GENERALLY KNOW HOW TO CONTACT YOU:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

How did you hear about us?  Friend/Family  Internet  Other: \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

LIST THE HEAD OF HOUSEHOLD AND ALL OTHER FAMILY MEMBERS WHO WILL BE LIVING IN THE APARTMENT/LOFT. GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD OF HOUSEHOLD

LAST NAME	FIRST NAME	RELATIONSHIP	BIRTH DATE	SEX	SOC. SEC. #
1.		<b>HEAD</b>			
2.					
3.					
4.					



**APPLICATION**

DO YOU OWN A CAR?  YES  NO LICENSE PLATE NUMBER: \_\_\_\_\_  N/A

**CURRENT HOUSING STATUS**

HOW MANY PEOPLE LIVE IN YOUR HOME NOW? \_\_\_\_\_  
ARE YOU BEING EVICTED?  YES  NO. IF YES, EXPLAIN THE CIRCUMSTANCES: \_\_\_\_\_

HAS YOUR RESIDENCY/TENANCY EVER BEEN TERMINATED FOR FRAUD, NON-PAYMENT OF RENT, OR FAILURE TO COMPLY WITH LEASE?  YES  NO

DO YOU PLAN TO HAVE ANYONE LIVING WITH YOU IN THE FUTURE WHO IS NOT LISTED ABOVE?  
 YES  NO. IF YES, EXPLAIN: \_\_\_\_\_

**PAST 24 MONTHS OF HOUSING HISTORY REQUIRED:**

**CURRENT** LANDLORD NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
LANDLORD'S ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_  
FAX: \_\_\_\_\_ DATE OF MOVE-IN: \_\_\_\_\_ DATE OF MOVE-OUT: \_\_\_\_\_

PREVIOUS LANDLORD NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
LANDLORD'S ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_  
FAX: \_\_\_\_\_ DATE OF MOVE-IN: \_\_\_\_\_ DATE OF MOVE-OUT: \_\_\_\_\_

HAVE YOU LIVED IN ANY OTHER STATE IN THE PAST 5 YEARS? (if yes please list states)  YES OR  NO

**INCOME INFORMATION**

DO YOU NOW RECEIVE OR EXPECT TO RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES? IF INCOME WILL BE USED TO DETERMINE ELIGIBILITY YOU WILL NEED TO PROVIDE 2 MONTHS PROOF OF INCOME FROM SOURCE.

- |                          |  |                          |   |
|--------------------------|--|--------------------------|---|
| <b>YES</b>               | <b>NO SOURCE</b>   | <b>YES</b>               | <b>NO SOURCE</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> EMPLOYMENT                          | <input type="checkbox"/> | <input type="checkbox"/> AFDC / TANF / WELFARE / GA     |
| <input type="checkbox"/> | <input type="checkbox"/> SELF EMPLOYMENT                     | <input type="checkbox"/> | <input type="checkbox"/> UNEMPLOYMENT COMPENSATION      |
| <input type="checkbox"/> | <input type="checkbox"/> SOCIAL SECURITY / SSI / SSDI        | <input type="checkbox"/> | <input type="checkbox"/> PENSION / RETIREMENT FUND      |
| <input type="checkbox"/> | <input type="checkbox"/> SCHOLARSHIP / STUDENT FINANCIAL AID | <input type="checkbox"/> | <input type="checkbox"/> DISABILITY / DEATH BENEFITS    |
| <input type="checkbox"/> | <input type="checkbox"/> INSURANCE POLICY                    | <input type="checkbox"/> | <input type="checkbox"/> SEVERANCE PAY                  |
| <input type="checkbox"/> | <input type="checkbox"/> ANNUITIES                           | <input type="checkbox"/> | <input type="checkbox"/> STRIKE BENEFITS                |
| <input type="checkbox"/> | <input type="checkbox"/> ALIMONY / SPOUSAL / CHILD SUPPORT   | <input type="checkbox"/> | <input type="checkbox"/> ARMED FORCES PAY OR ALLOWANCES |
| <input type="checkbox"/> | <input type="checkbox"/> REGULAR CASH CONTRIBUTIONS/ GIFTS   | <input type="checkbox"/> | <input type="checkbox"/> OTHER SPECIFY: _____           |



**APPLICATION**

**BACKGROUND STATUS**

- YES  NO      HAVE YOU BEEN CONVICTED OF A FELONY OR ANY DRUG RELATED CHARGE WITHIN THE PAST 7 YEARS?
- YES  NO      ARE YOU SUBJECT TO LIFETIME REGISTRATION AS A SEX OFFENDER?

**By Signing below, you are giving permission to run both a credit and criminal back ground check. A copy of report will be furnished upon request. You further understand that there is an application fee of \$45 per adult and this is non refundable. Application fee can be paid with cash or money order.**

HEAD OF HOUSEHOLD (PLEASE PRINT): \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER ADULT # 2 (PLEASE PRINT): \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER ADULT #3 (PLEASE PRINT): \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_