

PERSONAL INFORMATION (All Lease holders over the age of 18 must fill out an application)			
Full name of applicant	Email	Home/Cell #	Date of birth
Social Security Number	Driver's License No. & State Issued	Marital Status (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
List all others who will be occupying the apartment.			
Name	Date of Birth	Social Security Number	Relationship
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RENTAL/MORTGAGE INFORMATION		If additional space is needed, please attach separate page. MUST HAVE 2 YEARS OF CONTINUOUS HISTORY.	
Applicant's Present Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other (please state):			
Present Street Address	Apt #	City/State/Zip	
Present landlord/mortgage company	Monthly rent or mortgage \$	Dates From: / / To: / /	
Address of landlord/mortgage company	Landlord/mortgage co. phone #	Is landlord a relative? - relationship	
Is your lease/mortgage in any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and provide name.		What is your reason for moving?	
Applicant's Previous Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other (please state):			
Previous Street Address	Apt #	City/State/Zip	
Previous landlord/mortgage company	Monthly rent or mortgage \$	Dates From: / / To: / /	
Address of landlord/mortgage company	Landlord/mortgage co. phone #	Was landlord a relative? - relationship	
Was your lease/mortgage in any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and provide name.		What was your reason for moving?	
Have you ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. Property Name, Management Co., Residency dates, Eviction date:			

EMPLOYMENT INFORMATION		MUST HAVE 2 YEARS OF CONTINUOUS HISTORY		
Applicant's present employer	Address		City/State/Zip	
Position/Job Title	Monthly gross income \$	Dates of Employment	Work phone #	Work fax #
Supervisor's name/title/phone #	Other income (child support, alimony, Social Security Pension, etc.) List source and amount.			
Applicant's previous employer	Address		City/State/Zip	
Position/Job Title	Monthly gross income \$	Dates of Employment	Work phone #	Work fax #
Supervisor's name/title/phone #				

EMERGENCY CONTACT			
In case of emergency, notify:	Work phone number	Home phone number	Relationship
Street Address	City/State/Zip	In the event of serious illness or death of a resident, the above person <input type="checkbox"/> may <input type="checkbox"/> may not enter, remove and/or store all contents found in dwelling, common areas, or mailbox (Please check appropriate box).	

MISCELLANEOUS INFORMATION		
Do you own a pet?   YES   NO Must have permission from Management to house a pet	At full growth Height:   Weight:	Description:
We DO NOT insure your personal property. Do you presently have personal property insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO Water beds are not permitted without proof of Renter's Insurance with a minimum \$10,000 coverage.		
Move In date desired:	Lease term desired:	Apartment type/address desired:

**APPLICANT HEREBY REPRESENTS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

I understand that I have applied to live in an apartment governed by the Low Income Housing Tax Credit Program. This program requires the management to certify all of my income asset and eligibility information as part of determining my household's eligibility. Management must determine this prior to granting my eligibility and, if such eligibility is granted, each subsequent year I remain in the apartment. I understand that this application is preliminary only and involves no obligation of the owners or its agents to approve it or to deliver occupancy of the proposed premises. The applicant appearing below hereby authorizes the holder of this application to investigate the current and past history of applicant's occupancy, employment and whatever credit bureaus, criminal reports or other sources available, that the owner or agent deems necessary in determining the approval of the application. I understand the application fee of \$ \_\_\_\_\_ is a non-refundable fee for the credit and processing charge and is not considered rent. I also understand that the Security Deposit submitted of \$ \_\_\_\_\_ is non-refundable after 72 hours of signing the application and will be applied to the future rent charges upon approval, or will be returned in full if denied. The 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. This application must be signed before it will be processed by Management.

Signature of Applicant	Date	Signature of Management
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