



RETURN TO: _____

SECTION 1 APPLICATION

Development Name: _____

Development Address: _____

Development type: MULTI-FAMILY ELDERLY

Today's Date: _____ No. of Bedrooms needed: _____

Other needs: _____

Please provide date of birth for all persons who will be living in the household. Proof of age will be requested if you are applying to live in a designated elderly development. Acceptable age verifications include a copy of (1) a birth certificate, (2) a valid State Driver's License or (3) a valid state I.D. Card.

	APPLICANT			Relation HOH	Social Sec. #	Date of Birth
	Last	First	MI			
1						
2						
3						
4						
5						
6						

A GENERAL INFORMATION

1. Do you own a pet? _____ If so, what kind? _____ Weight _____

2. Do you have the right to legally enter into a lease? _____

3. Please state the name(s) of any household member(s) that will be made Co-head(s). A Co-Head is defined as an individual who has the legal right to enter into a lease agreement and will share all of the rights and responsibilities.) _____

4. Have you ever filed bankruptcy? Y OR N If yes, please explain:

5. Have you ever been convicted of a felony? Y OR N If yes, please explain:

6. Have you ever been evicted from an apartment? Y OR N If yes, please explain:

B. HOUSING REFERENCE List ALL Landlords for every applicant for the last 3 years.
Additional pages if necessary.

APPLICANT #1

1 APPLICANT NAME: _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE # DAY _____ EVENING _____
LANDLORDS NAME _____ LANDLORD PH # _____
LANDLORDS ADDRESS: _____ CITY STATE ZIP
PREVIOUS ADDRESS _____ CITY STATE ZIP
PHONE # DAY _____ EVENING _____
LANDLORDS NAME _____ LANDLORD PH # _____
LANDLORDS ADDRESS: _____ CITY STATE ZIP

APPLICANT #2

2 APPLICANT NAME: _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE # DAY _____ EVENING _____
LANDLORDS NAME _____ LANDLORD PH # _____
LANDLORDS ADDRESS: _____ CITY STATE ZIP
PREVIOUS ADDRESS _____ CITY STATE ZIP
PHONE# DAY _____ EVENING _____
LANDLORDS NAME _____ LANDLORD PH# _____
LANDLORDS ADDRESS: _____ CITY STATE ZIP

APPLICANT #3

3 APPLICANT NAME: _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE # DAY _____ EVENING _____
LANDLORDS NAME _____ LANDLORD PH # _____
LANDLORDS ADDRESS: _____ CITY STATE ZIP
PREVIOUS ADDRESS _____ CITY STATE ZIP
PHONE # DAY _____ EVENING _____
LANDLORDS NAME _____ LANDLORD PH # _____
LANDLORDS ADDRESS: _____ CITY STATE ZIP

C. EMPLOYMENT/INCOME SOURCES

1 NAME OF APPLICANT: _____ Length of Employment _____
INCOME SOURCES: _____ MONTHLY GROSS: \$ _____
CONTACT PERSON: _____ PHONE #: _____
ADDITIONAL SOURCES: _____ MONTHLY GROSS: \$ _____

2 NAME OF APPLICANT: _____ Length of Employment _____
INCOME SOURCES: _____ MONTHLY GROSS: \$ _____
CONTACT PERSON: _____ PHONE #: _____
ADDITIONAL SOURCES: _____ MONTHLY GROSS: \$ _____

3 NAME OF APPLICANT: _____ Length of Employment _____
INCOME SOURCES: _____ MONTHLY GROSS: \$ _____
CONTACT PERSON: _____ PHONE #: _____
ADDITIONAL SOURCES: _____ MONTHLY GROSS: \$ _____

D VEHICLE & DRIVER INFO

1 DRIVERS LICENSE #: _____ STATE ISSUED: _____
CAR MAKE/MODEL: _____ COLOR: _____ YEAR _____ PLATE # _____

2 DRIVERS LICENSE #: _____ STATE ISSUED: _____
CAR MAKE/MODEL: _____ COLOR: _____ YEAR _____ PLATE # _____

3 DRIVERS LICENSE #: _____ STATE ISSUED: _____
CAR MAKE/MODEL: _____ COLOR: _____ YEAR _____ PLATE # _____

E PERSONAL REFERENCE DO NOT INCLUDE FAMILY MEMBERS

1. NAME OF APPLICANT: _____

a. REFERENCE NAME: _____ No. OF YRS KNOWN: _____
ADDRESS: _____ PHONE #: _____
CITY STATE ZIP
MGMT NOTES: _____

b. REFERENCE NAME: _____ No. OF YRS KNOWN: _____
ADDRESS: _____ PHONE #: _____
CITY STATE ZIP
MGMT NOTES: _____

2 NAME OF APPLICANT: _____

a. REFERENCE NAME: _____ No. OF YRS KNOWN: _____
ADDRESS: _____ PHONE #: _____
CITY STATE ZIP
MGMT NOTES: _____

b. REFERENCE NAME: _____ No. OF YRS KNOWN: _____
ADDRESS: _____ PHONE #: _____
CITY STATE ZIP
MGMT NOTES: _____

3 NAME OF APPLICANT: _____

a. REFERENCE NAME: _____ No. OF YRS KNOWN: _____

ADDRESS: _____ CITY STATE ZIP PHONE #: _____

b. REFERENCE NAME: _____ No. OF YRS KNOWN: _____

ADDRESS: _____ CITY STATE ZIP PHONE #: _____

F. EMERGENCY CONTACTS

1 CONTACT NAME: _____ DAY PHONE # _____

RELATION TO APPLICANT: _____ EVENING PHONE # _____

2 CONTACT NAME: _____ DAY PHONE # _____

RELATION TO APPLICANT: _____ EVENING PHONE # _____

3 CONTACT NAME: _____ DAY PHONE # _____

RELATION TO APPLICANT: _____ EVENING PHONE # _____

G. BANK INFORMATION

	NAME OF APPLICANT	NAME OF BANK	ACCT TYPE	BALANCE
1				
2				
3				

H. SIGNATURE CLAUSE

I/We certify that the answers given herein are true and complete to the best of my/our knowledge. I/We authorize investigation of all statements contained in this application for residency as may be necessary. I understand that any misrepresentation may result in the denial of my/our application. [I/We authorize (Apt. Name) _____ its subsidiaries, and its agents to investigate my/our credit worthiness through any credit bureau or other reasonable means. I/We have read this application and understand it.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER/MANAGING AGENT.

It is our aim to ensure that this apartment community is a drug-free zone. The use and/or sale of controlled substances will not be tolerated. By signing this form, I/We verify my/our support for this policy.

ALL PERSONS DESIGNATED AS HEAD OR CO-HEAD(S) MUST SIGN BELOW.

HEAD APPLICANT

DATE

CO-HEAD APPLICANT

DATE

CO-HEAD APPLICANT

DATE

FOR OFFICE USE ONLY: Date of Interview: _____ Apt # _____ Move-in Date _____