



Housing Application

Unit # _____
 Your Agent: _____
 Date: _____
 Property Name: _____
 Property Number: _____

FOR OFFICE USE ONLY	<input type="checkbox"/> Approved <input type="checkbox"/> Declined	Date notified: _____
	Apartment #: _____	Revised Apartment #: _____
	Apartment Size: _____	Move-in date: _____
	Security deposit: \$ _____	Application Fee: \$ _____
	Lease term: _____	Monthly rent: \$ _____
	Revised monthly rent: \$ _____	
Yardi info: P#: _____	T#: _____	

Full Name (Last, First, M.I.)	_____
Social Security Number	_____
Date of Birth	_____
Sex	_____
Cars (Color/make/license plate #/state/year)	_____
E-mail address	_____
Contact phone number (home/cell)	_____
Pets <input type="checkbox"/> Yes <input type="checkbox"/> No	Size of pet: _____ Breed of pet: _____
Do you have a Section 8 voucher?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student status	<input type="checkbox"/> Full time student <input type="checkbox"/> Part time student <input type="checkbox"/> Not a student

OTHERS TO RESIDE IN THE APARTMENT AND/OR ANYONE WHO MAY BE JOINING THE HOUSEHOLD IN THE NEXT 12 MONTHS: (IF NONE, MARK "NONE")
 NONE

Full Legal Name	Relationship to Applicant	Date of Birth	Sex	Student	Occupation	Social Security Number

PLEASE INCLUDED 2 YEARS OF HOUSING HISTORY

<p>CURRENT ADDRESS:</p> <p>Street _____</p> <p>City/county/state/zip _____</p> <p>Monthly payment _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with family</p> <p>Dates _____ From: _____ To: _____</p> <p>Landlord/lender _____</p> <p>Phone _____</p>	<p>PREVIOUS ADDRESS:</p> <p>Street _____</p> <p>City/county/state/zip _____</p> <p>Monthly payment _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with family</p> <p>Dates _____ From: _____ To: _____</p> <p>Landlord/lender _____</p> <p>Phone _____</p>
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<p>CURRENT EMPLOYER:</p> <p>Name _____</p> <p>Address _____</p> <p>City/county/state/zip _____</p> <p>Date of hire _____</p> <p>Work phone _____</p> <p>Position _____</p> <p>Annual income \$ _____</p> <p>Supervisor _____</p> <p>Fax number _____</p>	<p>PREVIOUS EMPLOYER:</p> <p>Name _____</p> <p>Address _____</p> <p>City/county/state/zip _____</p> <p>Date of hire _____</p> <p>Work phone _____</p> <p>Position _____</p> <p>Annual income \$ _____</p> <p>Supervisor _____</p> <p>Fax number _____</p>
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ANNUAL INCOME

Do you have income from or expect to have income from:

Please list anticipated annual income from each source for the next 12 months			
Employment income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Self-employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Rental income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Social security/pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Retirement/annuity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Contributions from friends or family	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Scholarships/grants/work study	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Unemployment benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Worker's compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Do you have a court order for child support/alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Do you receive child support/alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
TANF/AFDC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Veteran's administration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

ASSETS :

List all assets for you and for anyone else in the household under the age of 18 that you hold accounts for:

Listing of all assets			Cash value	Annual interest or earnings from asset	Name of financial institution/description of asset
Checking account(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	
Savings Account(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	
Cash on hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	
Stocks/bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	
CD/money market	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	
Mutual funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	
IRA/401 K account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	
Trust fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	
Whole life insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	
Do you currently own a home or have you within th last 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	

BACKGROUND INFORMATION

Have you or any other prospective residents or occupants listed on this application ever (check if applicable; you represent the answer as "NO" if you have not checked any item below):

<input type="checkbox"/> Been evicted or asked to move out?	<input type="checkbox"/> Broken a rental agreement or lease contract?
<input type="checkbox"/> Been or currently delinquent to a previous landlord?	<input type="checkbox"/> Declared bankruptcy? If so, when? _____
<input type="checkbox"/> Been convicted for either a felony, a sex-related offense or a misdemeanor? If yes, please explain: _____	
<input type="checkbox"/> Received deferred adjudication for either a felony, a sex related offense or misdemeanor? If yes, please explain: _____	
<input type="checkbox"/> Been arrested for any crime which has not been fully adjudicated (by dismissal, acquittal deferred adjudication or conviction)? If yes, please explain: _____	

RELATIVE/EMERGENCY CONTACT (Not living with you): Name _____ Relationship _____ Address _____ Phone _____	RELATIVE/EMERGENCY CONTACT (Not living with you): Name _____ Relationship _____ Address _____ Phone _____
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