



Rental Application



G E N E R A L I N F O	Date of Application _____, 20____	Number of individuals who will reside in the apartment _____
	Time of Application _____ a.m./p.m.	Number of bedrooms desired _____
Applicant Name _____		Co-Applicant Name _____
Phone () _____		Phone () _____
2 nd Phone () _____		2 nd Phone () _____
Maiden Name and/or any other names you have ever been known by _____		Maiden Name and/or any other names you have ever been known by _____


How did you hear about this property? _____

H O U S E H O L D C O M P O S I T I O N	Fill in the information requested below for each individual who will reside in the apartment (include the applicant and/or co-applicant):					
	Full Name	Relationship to Applicant	Gender	*Social Security Number	Birth Date	City & State of Birth
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
*List any household member, who was age 62 or older as of January 31, 2010, and who does not have a Social Security Number, who received HUD rental assistance at another location on January 31, 2010. _____						
List all states in which any household member has resided _____						
Are any of the individuals listed above enrolled in an institution of higher education? (College, business, or trade school, etc. This includes full-time or part-time status). <input type="checkbox"/> Yes <input type="checkbox"/> No Whom? _____						
Are you applying for a handicapped accessible unit only? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Will you accept a unit that is not handicapped accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No						

R E F E R E N C E S & E M E R G E N C Y C O N T A C T	APPLICANT	CO-APPLICANT
	List 2 people (who are not related to you) as personal references AND list 1 person to be contacted in case of an emergency.	List 2 people (who are not related to you) as personal references AND list 1 person to be contacted in case of an emergency.
	1st Personal Reference: Name _____ Address _____ City _____ State _____ Zip Code _____ Phone () _____	1st Personal Reference: Name _____ Address _____ City _____ State _____ Zip Code _____ Phone () _____
	2nd Personal Reference: Name _____ Address _____ City _____ State _____ Zip Code _____ Phone () _____	2nd Personal Reference: Name _____ Address _____ City _____ State _____ Zip Code _____ Phone () _____
Emergency Contact: Name _____ Relationship to Applicant _____ Address _____ City _____ State _____ Zip Code _____ Phone () _____	Emergency Contact: Name _____ Relationship to Applicant _____ Address _____ City _____ State _____ Zip Code _____ Phone () _____	

Note: If not enough spaces are provided on this page and the next page for you to list all of your income, assets, and expenses, please use the back of this page to provide additional information.

I N C O M E	<p style="text-align: center;">Applicant</p> <p><input type="checkbox"/> Wages \$ _____ for _____ Hours Weekly Employer Name _____ Phone Number () _____</p> <p><input type="checkbox"/> OWF or Cash Assistance \$ _____ Monthly</p> <p><input type="checkbox"/> Worker's Compensation \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly</p> <p><input type="checkbox"/> Unemployment Benefits \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly</p> <p><input type="checkbox"/> Child Support or Alimony \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Social Security \$ _____ Monthly</p> <p><input type="checkbox"/> Supplemental Security Income (SSI) \$ _____ Monthly</p> <p><input type="checkbox"/> Veteran's Administration (VA) Pension \$ _____ Monthly</p> <p><input type="checkbox"/> Other Pension \$ _____ Monthly</p> <p><input type="checkbox"/> Other Income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Annually</p> <p>Source _____</p> <p><input type="checkbox"/> I have no income from any source</p>	<p style="text-align: center;">Co-Applicant</p> <p><input type="checkbox"/> Wages \$ _____ for _____ Hours Weekly Employer Name _____ Phone Number () _____</p> <p><input type="checkbox"/> OWF or Cash Assistance \$ _____ Monthly</p> <p><input type="checkbox"/> Worker's Compensation \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly</p> <p><input type="checkbox"/> Unemployment Benefits \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly</p> <p><input type="checkbox"/> Child Support or Alimony \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Social Security \$ _____ Monthly</p> <p><input type="checkbox"/> Supplemental Security Income (SSI) \$ _____ Monthly</p> <p><input type="checkbox"/> Veteran's Administration (VA) Pension \$ _____ Monthly</p> <p><input type="checkbox"/> Other Pension \$ _____ Monthly</p> <p><input type="checkbox"/> Other Income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Annually</p> <p>Source _____</p> <p><input type="checkbox"/> I have no income from any source</p>
A S S E T S	<p style="text-align: center;">Applicant</p> <p>Name of Bank _____ Phone Number () _____</p> <p><input type="checkbox"/> Checking Account Balance \$ _____ Interest Rate _____</p> <p><input type="checkbox"/> Savings Account Balance \$ _____ Interest Rate _____</p> <p><input type="checkbox"/> Certificate of Deposit Balance \$ _____ Interest Rate _____</p> <p><input type="checkbox"/> Additional Account Balance \$ _____ Type of Account _____ Interest Rate _____</p> <p><input type="checkbox"/> Direct Express or any card where benefits are deposited \$ _____</p> <p><input type="checkbox"/> Whole Life Insurance Cash Value \$ _____ Dividend _____</p> <p><input type="checkbox"/> If you own any real estate, describe it briefly _____ _____</p> <p><input type="checkbox"/> Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years? If yes, list items: _____ _____</p> <p><input type="checkbox"/> I have no assets</p>	<p style="text-align: center;">Co-Applicant</p> <p>Name of Bank _____ Phone Number () _____</p> <p><input type="checkbox"/> Checking Account Balance \$ _____ Interest Rate _____</p> <p><input type="checkbox"/> Savings Account Balance \$ _____ Interest Rate _____</p> <p><input type="checkbox"/> Certificate of Deposit Balance \$ _____ Interest Rate _____</p> <p><input type="checkbox"/> Additional Account Balance \$ _____ Type of Account _____ Interest Rate _____</p> <p><input type="checkbox"/> Direct Express or any card where benefits are deposited \$ _____</p> <p><input type="checkbox"/> Whole Life Insurance Cash Value \$ _____ Dividend _____</p> <p><input type="checkbox"/> If you own any real estate, describe it briefly _____ _____</p> <p><input type="checkbox"/> Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years? If yes, list items: _____ _____</p> <p><input type="checkbox"/> I have no assets</p>

E X P E N S E S	Applicant	Co-Applicant
	<p>If you are employed or a student, indicate the cost of child care while you are at work or at school: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly _____ Hours per <input type="checkbox"/> Week <input type="checkbox"/> Month</p> <p>If you are 62 years of age or older or disabled, you are entitled to a \$400.00 deduction from your annual income, and qualify to deduct any of the following medical costs. Please indicate any medical costs paid on a recurring basis. (Indicate only amount for which you are not reimbursed from any source). <input type="checkbox"/> Check here if you qualify for the \$400.00 deduction described above. <input type="checkbox"/> Medicare Premiums \$ _____ Monthly <input type="checkbox"/> Health Insurance Premiums \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Doctor Visits \$ _____ Per Visit Number of Visits Per Year _____ <input type="checkbox"/> Prescription Medication \$ _____ Monthly <input type="checkbox"/> Other Medical Expenses: Type _____ \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually</p>	<p>If you are employed or a student, indicate the cost of child care while you are at work or at school: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly _____ Hours per <input type="checkbox"/> Week <input type="checkbox"/> Month</p> <p>If you are 62 years of age or older or disabled, you are entitled to a \$400.00 deduction from your annual income, and qualify to deduct any of the following medical costs. Please indicate any medical costs paid on a recurring basis. (Indicate only amount for which you are not reimbursed from any source). <input type="checkbox"/> Check here if you qualify for the \$400.00 deduction described above. <input type="checkbox"/> Medicare Premiums \$ _____ Monthly <input type="checkbox"/> Health Insurance Premiums \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Doctor Visits \$ _____ Per Visit Number of Visits Per Year _____ <input type="checkbox"/> Prescription Medication \$ _____ Monthly <input type="checkbox"/> Other Medical Expenses: Type _____ \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually</p>
	<p>Have you ever lived in an apartment in this community or any other apartment community owned or managed by Premier Management, LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when? _____ Where? _____</p>	<p>Have you ever lived in an apartment in this community or any other apartment community owned or managed by Premier Management, LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when? _____ Where? _____</p>
	Applicant	Co-Applicant
R E S I D E N T I A L H I S T O R Y	<p>If this information does not cover a period of at least 3 years, please use the back of this page to provide additional information.</p> <p>Present Address _____ City _____ State _____ Zip Code _____ Length of Residency _____ Rent \$ _____ Landlord's Name _____ Landlord's Address _____ City _____ State _____ Zip Code _____ Landlord's Phone () _____</p> <p>Previous Address _____ City _____ State _____ Zip Code _____ Length of Residency _____ Rent \$ _____ Landlord's Name _____ Landlord's Address _____ City _____ State _____ Zip Code _____ Landlord's Phone () _____</p>	<p>If this information does not cover a period of at least 3 years, please use the back of this page to provide additional information.</p> <p>Present Address _____ City _____ State _____ Zip Code _____ Length of Residency _____ Rent \$ _____ Landlord's Name _____ Landlord's Address _____ City _____ State _____ Zip Code _____ Landlord's Phone () _____</p> <p>Previous Address _____ City _____ State _____ Zip Code _____ Length of Residency _____ Rent \$ _____ Landlord's Name _____ Landlord's Address _____ City _____ State _____ Zip Code _____ Landlord's Phone () _____</p>

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IDENTIFICATION IS REQUIRED. Please present your driver's license or another form of identification, and READ THE FOLLOWING PARAGRAPH BEFORE SIGNING THIS APPLICATION:

By my signature below, I understand and agree that my credit and references will be checked and all other information provided on this application may be verified by a representative of this apartment community or Premier Management, LLC.

I certify that if I am accepted for residency in this apartment community, this will be my permanent residence and I will not maintain a separate residence in a different location.

I FURTHER CERTIFY THAT THE FACTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, FALSIFIED OR FRAUDULENT STATEMENTS MADE ON THE APPLICATION WILL LEAD TO THE REJECTION OF THIS APPLICATION. **CREDIT INQUIRIES WILL BE PROCESSED THROUGH MERIT CHEQUE.**

Is anyone in the household subject to a lifetime sex offender registration requirement? Yes No
 If yes, whom? _____
 Has anyone in this household ever been convicted of a crime/offense (excluding minor traffic offenses) Yes No
 If yes, list County _____ and State _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Applicant	Co-Applicant
_____ Applicant's Signature Date	_____ Co-Applicant's Signature Date
_____ Manager's Signature Date	_____ Manager's Signature Date
Identification Viewed: <input type="checkbox"/> Driver's License Number _____ <input type="checkbox"/> Other I.D. _____	Identification Viewed: <input type="checkbox"/> Driver's License Number _____ <input type="checkbox"/> Other I.D. _____
License Number & Make of Automobile (s): 1st Auto _____ 2nd Auto _____	License Number & Make of Automobile (s): 1st Auto _____ 2nd Auto _____

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The information regarding race, ethnicity and gender designation solicited on the application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal law prohibiting discrimination against tenant applications on the basis of race, color, national origin, sex, age, disability, religion and familial status are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and gender of the individual applicants on the basis of visual observation or surname.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Gender:

- Male
- Female

Race: (Mark one or more)

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian or Other Pacific
- White

Marital Status of Applicant:

- Single
- Married
- Separated
- Widowed

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).**