

PREAPPLICATION

NOTE: NO PETS ALLOWED WITHOUT MANAGEMENT APPROVAL

Contact Information:

Applicant Name First Middle Last State ID # State

Co-Applicant Name First Middle Last State ID # State

Email Phone Number Alternate Phone Number

Street Address City State Zip

Landlord Name Phone#

General Information:

How did you hear about us?

What date would you like to move?

What is your reason for moving?

What size unit are you interested in (number of bedrooms)?

Emergency Contact:

In case of emergency, notify: Phone

Street Address City State Zip

Relationship

In case of serious illness or death, is the above authorized to enter apartment and remove contents? YES NO

Applicant Screening Information:

Does an adult member of your household have a checking account? YES NO

Does your household have two years positive rental history? YES NO

What is your household annual gross income from all sources?

Has anyone in your household had an eviction filed against you? YES NO

If yes, please explain:

Employment Information:

For Applicant - Name of Business Phone #

For Co-Applicant - Name of Business Phone #

For Management Use Only:

Date Application Submitted:

Date & Amount of Application Fee Paid:



APPLICATION FOR RESIDENCY

IF ANY ERROR OCCURS ON APPLICATION, PLEASE PUT ONE LINE THROUGH IT, MAKE CORRECTION, INITIAL CORRECTION, AND DATE IT.

Providing or certifying false information is fraud and among other consequences you could face eviction, imprisonment for up to 5 years and fines of up to \$10,000 for committing housing fraud.

Therefore, please be careful when you fill out this application. You must list:

1. All sources of income for all household members including money received on behalf of your dependents.
2. All assets and income from assets.
3. Any business or asset that you sold in the last two years for less than full value.
4. Accurate student information for all household members
5. The names of everyone who will be living in this household.

I/We have read and understand the above listed requirements.

Applicant Signature

Co-Applicant Signature

Co-Applicant Signature

HOUSEHOLD COMPOSITION (List all persons who will occupy the apartment during the next 12 months. Please only list dependents who will live in this household at least 50% of the time and dependents who are currently away at school but plan to occupy the apartment.)

NAME (First, Middle Initial, Last)	SEX (M/F)	AGE	DOB	*FULL-TIME STUDENT (YES/NO)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER
					Self	

Do you anticipate a change in family size in the next 12 months? YES NO

If yes, please explain _____

MARITAL STATUS APPLICANT: Married Single Divorced Separated Widowed

• Have you ever gone by another name, such as maiden name or married name? YES NO

• If yes please fill in former name: _____

MARITAL STATUS CO-APPLICANT: Married Single Divorced Separated Widowed

• Have you ever gone by another name, such as maiden name or married name? YES NO

• If yes please fill in former name: _____

Will you receive any rental assistance from an agency at time of move in or in the next 12 months? YES NO

If yes, from which agency? _____



Student Information

Have any adults (18 and older) been, or will be, full-time students this calendar year YES NO

If yes, list the months you attended: _____

Educational institution attended by those 18 & over during current calendar year: _____

*NOTE: Households made up entirely of full-time students are not eligible to live in units receiving housing credits. A full-time student is defined as any individual, regardless of age, who has been or will be a full-time student during five calendar months during a calendar year at a regular educational organization. The student meets all of the educational organization's requirements for full-time student status to be considered a full-time student. There are five exceptions to the full-time student restriction:

- Are any of the students listed above: NAME
- a) Single parents and/or their children, who are not dependents of another individual? _____
 - b) Receiving assistance under Title IV of the Social Security Act? _____
 - c) Married to another household member and has filed a joint income tax return? _____
 - d) Enrolled in a federal, state, or local job training program? _____
 - e) Currently or previously been in the foster care system? _____

Income Information

Employment Income (Applicant)

Place of Employment	Annual Gross Income

Employment Income (Co-Applicant)

Place of Employment	Annual Gross Income

OTHER INCOME List all other types of income for all household members that you will receive over the next 12 months. This needs to include, but is not limited to self-employment, VA benefits, unemployment benefits, child support, back child support, alimony, back alimony, Social Security benefits, public assistance, pension, income from retirement funds, death benefits, insurance or annuities, worker's compensation, severance pay and anticipated employment. Also include regular cash contributions and bills that are in your name and that someone else is paying for you.

NAME	TYPE OF INCOME/CONTACT	MONTHLY GROSS AMOUNT



It our policy to rent to qualified persons regardless of race, color, religion, sex, national origin, handicap, or familial status, and in compliance with all federal, state, and local laws.

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below and/or the State and Local Agencies/Department's service provider.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, credit and criminal history, employment, income and assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|--|--|-------------------------------------|
| Past and Present Employers | Welfare Agencies | Veterans Administrations |
| Support and Alimony Providers | Educational Institutions | Retirement Systems |
| State Unemployment Agencies | Social Security Administration | Medical and Child Care |
| Banks and other Financial Institutions | Previous Landlords (including Public Housing Agencies) | |
| Credit Reporting Agencies | Household Members | Criminal History Reporting Agencies |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect. **Everyone 18 years of age and older must sign this form.**

SIGNATURES

_____ Signature of Applicant/Resident	_____ Printed Applicant/Resident Name	_____ Date
_____ Signature of CO/Applicant Resident	_____ Printed Co/Applicant/Resident Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date
_____ Apartment Community Name	_____ Contact	_____ Phone



THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

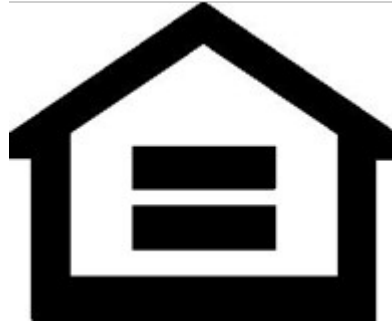




We Do Business in Accordance With the Federal Fair

Housing Law

(The Fair Housing Amendments Act of 1988)



EQUAL HOUSING

OPPORTUNITY

It is Illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin

In the sale or rental of housing or residential lots
In the financing of housing
In the appraisal of housing

In advertising, the sale, or rental of housing
In the provision of real estate brokerage services
Blockbusting is also illegal

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:

1-800-669-9777 (Toll Free)
1-800-927-9275 (TTY)
www.hud.gov/fairhousing

U.S. Department of Housing and Urban Development

Assistant Secretary for Fair Housing and Equal Opportunity

Washington, D.C. 20410

Previous editions are obsolete

form HUD-928.1 (8/2011)

I am aware of my rights to Fair Housing.

Tenant Signature

Date

Tenant Signature

Date

