



Application for Rental Housing



Section 1-Residents information

Household Information (List all persons who will occupy the apartment)						
	Full Name <i>Last/First (Middle)</i>	Birth Date <i>Month, Date, Year</i>	Sex	Relationship	Last 4 Digit Social Security #	Occupation(If Student, name of School)
1			M F			
2			M F			
3			M F			
4			M F			
5			M F			
6			M F			
7			M F			
8			M F			
9			M F			

Do you expect any additions to the household within the next twelve (12) months? Name & Relationship: If yes Explain:	Yes No	Are there any household members who under normal conditions would live with you? (For example, a household member away in the military.) If yes Explain:	Yes No
Will any of the above household members live anywhere except apartment? Explain:	Yes No	Are there any other persons who will live in the apartment on a less than full time basis? If yes Explain:	Yes No
Are you being displaced by government action or a presidential declared disaster? If yes Explain:	Yes No	Is any member of your household currently or planning to be a student enrolled in an institution of Higher Education? If yes Explain:	Yes No
Do you have custody of your Child(ren)?	Yes No	Will you or any ADULT household member require a live-in care attendant to live independently?	Yes No

Student Status	
Are all of the residents students?	Yes No
If yes, is the household comprised of a single parent and child, neither of whom is a dependent of a third party?	Yes No
If yes, is the Applicant and Co-Applicant married and file a joint tax return?	Yes No
If yes, does the household receive public assistance and what type of assistance is being received?	Yes No
Are you or any other household member (INCLUDING MINORS) currently a full-time student or expected to be one in the next 12 months?	Yes No

Race/Ethnicity of head of household: _____

Section 2-Rental History

Please enter the information requested for your current address and five (5) years most recent addresses. Include places where you were not listed on lease and places where you live under different name.

Current Residence: If available please includes 5 years rental history (Minimum 24 months)		
Current Address: _____	Current Phone # of Residence: _____	
Type : House Apartment Studio 1 BR 2 BR 3 BR 4 BR		
Landlord Name: _____	Manager's Name: _____	Manager/Landlord Phone # _____
Length of Time at Current Residence: ____	Reason for Leaving: _____	
Monthly Rent: _____	Security Deposit: _____	Paid Utilities: _____
Is there anyone living with you now that was not living with you at the time of move-in? Yes No		
If yes, Name & Relationship: _____		Explanation: _____

Prior Residence 1										
Prior Address:						Did you Fulfill the Lease Term:	Yes	No		
Type :	House	Apartment	Studio	1 BR	2 BR	3 BR	4 BR	Full Refund of Security Deposit:	Yes	No
Landlord Name:				Manager's Name:				Manager/Landlord Phone #		
Length of Time at Current Residence:				Reason for Leaving:						
Monthly Rent:				Security Deposit:				Paid Utilities:		
Is there anyone living with you now that was not living with you at the time of move-in?								Yes	No	
If yes, Name & Relationship:					Explanation:					

Prior Residence 2										
Prior Address:						Did you Fulfill the Lease Term:	Yes	No		
Type :	House	Apartment	Studio	1 BR	2 BR	3 BR	4 BR	Full Refund of Security Deposit:	Yes	No
Landlord Name:				Manager's Name:				Manager/Landlord Phone #		
Length of Time at Current Residence:				Reason for Leaving:						
Monthly Rent:				Security Deposit:				Paid Utilities:		
Is there anyone living with you now that was not living with you at the time of move-in?								Yes	No	
If yes, Name & Relationship:					Explanation:					

Income Information *Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned such as a grant or benefit, it is counted for all household members including minors.

Section 3-Indicate Earnings as Gross Wages (Before Taxes)

List all full-time, part-time and/or seasonal employment for head, spouse/co-applicant and other members age 18 or older, including self-employed.

Household Member	Place of Employment	Employer Address	Employee's Telephone	Name of supervisor	Estimated Total Earning for the Coming Year

Income from Other Sources

List non-employment income for all household members. This includes income from rental property, social security, SSI, public assistance, general relief, unemployment compensation, alimony, child support, worker compensation, disability compensation, VA benefit, retirement pension, insurance benefit and all other income.

Household Member	Type of Income	Name of Source of Income	Address of Source of Income	Contact Person Name and Telephone Number	Estimated Total Earning for the Coming Year

Assets	
Assets include:	Cash (wherever held), trust corps, equity in real estate or capital investments, notes receivable, stocks, bonds, money market accounts, IRAs, retirement & pension funds, and luxury personal property (gems, jewelry, art, coin collections, etc)
Assets do not include:	Necessary personal property such as clothing, furniture, daily-use autos, tools, dishes, etc. Also excluded is any special equipment for use by the handicapped, cash value of life insurance policies, and assets of a business.
Are the assets (as defined above) of the whole household more than \$5,000?	
	Yes No
If yes, what are the anticipated earnings on all household assets for the next year?	
	\$ _____

Interest, Dividend Income, Assets

List assets of all household members, checking & savings account, stock, bond, trust, money market, certificate of deposit, IRA and Keogh account, treasure bills, credit union shares, land, real estate etc:

Household Member	Description of Asset	Name of Source of Income	Address of Source of Income	Estimated Current Value	Estimated Annual income

Have you sold or given away, real property or other assets in the past two year? Yes No
 If yes, what was the market value of the Assets? \$ _____

Do you or any other household members expect any changes to your income in the next twelve (12) months? Yes No
 If yes, please explain: _____

Are you or any other ADULT household member claiming zero income? Yes No
 If yes, Household member Name & Explanation: _____

General information

NOTE: Due to the implementation of the Civil Rights Restoration Act, the Fair Housing Amendment Act and Section 504 of the Rehabilitation Act Management/Owner must ask all application the same questions/information.

ALL INFORMATION LISTED HEREIN IS STRICTLY CONFIDENTIAL. The following applies to head of the household, co-head of household, spouse, and all family members 18 years of age and older who will reside in the apartment.

Have you or any other family members listed on this application ever used different names from the names shown on the rental application? Yes No

If yes, please list names used and date when such names were use: _____

Do you pay rent where you currently living Yes No

Can you show your ability to pay rent on time, such as rent receipt for last six (6) months? Yes No
 If no, do you make any regular payments (car loan, installment loan, credit card, utility bills etc)? Yes No

If you make no regular payment how can we verify your ability to make payments on time and in future? _____

Do you pay your own bills at this time? Yes No
 If no, who currently pays your bills? _____

Have you ever filed for Bankruptcy? Yes No
 Have you ever had any credit problem? Yes No
 If yes, please explain: _____

Are there any house rules of tenancy where you live? Yes No
 If there are such rules, do you have any trouble following them? Yes No
 If yes, please explain the circumstances: _____

Do you or any members of your household have any trouble getting along with your neighbors where you live? Yes No

Have you or any of your household members ever started house/apartment fire? Yes No

Have you or any of your household members damaged or destroyed anything at any previous place of residency? Yes No
 If yes, please explain what happen and why: _____

If yes, were you charged for the damages and did you make payment? Yes No

Have you or any members of your household lived in subsidized housing before? Yes No
 If yes, was your assistance terminated for fraud or failure to cooperate with recertification procedures? Yes No

Have eviction proceedings ever been initiated against any household members? Yes No

Have you or any members of your household ever been served a notice from management for any of the followings:
 Nonpayment of Rent Yes No
 Unauthorized Occupancy Yes No
 Any areas of lease violation or House Rules Yes No
 If yes, please explain: _____

Does anyone in your household currently use illegal drugs or abuse alcohol? Yes No

Have you or any household member ever been convicted or drug related crime? Yes No

Have you or any member of your household listed on this application been involved in any criminal activities or ever convicted of a felony, or any violent crime, or misdemeanor that might adversely affect the health, safety, comfort or welfare of other residents? Yes No

Example of criminal activities included but not limited to:

Illegal drug use or trafficking	Homicide or murder	Rape or child molesting or child disturbing
Assault, fighting	Destruction of Property, vandalism	Threat or harassment
Theft, burglary, robbery or larceny	Fraud	Prostitution
Domestic violence	Receiving stolen goods	Spousal abuse

Disorderly conduct-public drunkenness or under drug influence Yes No
 If yes, please explain: _____

Is any member of your household subject to a lifetime registration requirement under state sex offender registry? Yes No

Vehicles			
List any cars, trucks or other vehicles owned. (Parking will be provided for <u>one vehicle</u> . Please mark the license plate of the vehicle which will be parked)			
Type of Vehicle:	Year/Make:	Color:	License Plate #:
Type of Vehicle:	Year/Make:	Color:	License Plate #:
Type of Vehicle:	Year/Make:	Color:	License Plate #:

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

We certify that all information given in this application hereto is true, complete and accurate. We understand that if any of the this information is false, misleading or incomplete management may declare our application or if move-in had occurred, terminate our Rental Agreement

We authorized the Property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to previous and current landlords, or other sources for credit and verification confirmation which may be released to appropriate federal, state or local agencies.

If our application is approved and move-in occurs, we certify that only those persons listed on this application will occupy the apartment that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes to household address, telephone numbers, income and/or household composition.

We have read and understand the information in this application, in particular the information contained in the instruction for Head of Household, and we agree to comply with such information.

We understand that if this application is place in waiting list, we may request sample copies of Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth herein, including specifically all conditions regarding pets, rent, damages and Security Deposits.

We authorized management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15U.S.C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and criminal record check.

Notice: Pursuant to Civil Code Section 1785.26, you are hereby notified that a negative credit report reflecting on your credit record may be submitted in the future to a credit reporting agency if you fail to fulfill the terms of your rental/credit obligations or if you default in those obligations in any way.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available for its needs.

Important: I also understand, it is my responsibility to contact the Manager (in writing), at lease every 6 months in order to keep my application on the waiting list.

I/we have been advised and understand that residency at _____ **TOWN HOMES** entails certain income restrictions and that residency is subject to qualification. I/we agree that in addition to execution of a Lease Agreement that I/we will execute a tenant certification attesting to the information contained herein which certification will be made under the penalty of perjury.

I/we hereby waived any claim to damages by reason of non-acceptance

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Signatures are on next page

