



RENTAL APPLICATION

Desired Community Name _____ Desired Move-in Date ____ / ____ /20____

Desired Apartment Size (check one) 1BR 2 BR 3 BR 4 BR

To be filled out by Applicant only. Complete all fields or list NONE. Please Print. Circle Yes or No where applicable. All Applicants over 18 years of age must complete a separate application. (USE BLACK INK ONLY)

Applicant Information

Applicant Name: Last _____ First _____ MI _____
Social Security # _____ Driver's License # _____ State _____
Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Email _____

Apartment Occupants

List all dependents and other persons including absent household and unborn members that will be living (50% of the leasing period) in the apartment.

Household member name	Relationship to Head of Household	Birth Date	Age	Gender	Student Y or N	If Student, Full-Time or Part-Time
	Head of Household					

Do you have custody of all minors (17 and under) listed above? Yes No None

“Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?” Yes No If yes, the full name of the institution attending: _____.

Do you anticipate any changes in the household composition in the next 12 months? Yes No

If yes, what is the change: _____ and when is it expected to occur: _____

Residential Information / Employment / Income History (MUST PROVIDE 2 YEARS OF RESIDENTIAL HISTORY)

Current Address _____ Street _____ Apt # _____ City _____ State _____ Zip _____

Length of Occupancy: From _____ To _____ Do you: Own Rent Family Monthly Payment \$ _____

Community/Landlord _____ Phone (____) _____ - _____

Previous Address _____ Street _____ Apt # _____ City _____ State _____ Zip _____

Length of Occupancy: From _____ To _____ Do you: Own Rent Family Monthly Payment \$ _____

Community/Landlord _____ Phone (____) _____ - _____

Present Employer _____ **Position** _____

Employer's Local Address _____

Street _____ Suite # _____ City _____ State _____ Zip _____
 Phone (____) _____ - _____ FAX (____) _____ - _____

Date employed from: _____ Gross: Wkly Bi-Wkly Bi-Mthly Mthly Salary \$ _____

Other Current employment: Yes No

If yes, Other Employer _____ **Position** _____

Employer's Local Address _____

Street _____ Suite # _____ City _____ State _____ Zip _____
 Phone (____) _____ - _____ FAX (____) _____ - _____

Date employed from: _____ Gross: Wkly Bi-Wkly Bi-Mthly Mthly Salary \$ _____

Previous Employer _____ Phone (____) _____ - _____

Dates employed: From _____ To _____ Gross: Wkly Bi-Wkly Bi-Mthly Mthly Salary \$ _____

Other Sources of Income

Do you receive or have you been awarded (for yourself or on behalf of someone else) any of the following?				
Income Source	Check Box		\$ Amount Received	List How It Is Received
	Yes	No		Weekly, Monthly, Annually
Social Security/ S.S.I./ S.S.D.				
Alimony				
T.A.N.F. (Cash Assistance)				
Retirement Income				
Unemployment Compensation				
Disability / Workman's Compensation				
Annuity Payments				
Armed Forces Reserve				
Recurring Periodic Income				
Foster Care /Adoption Maintenance				
Gift Contributions				
Unreported or Undeclared Tips				
Rental Income				
Anticipated Seasonal / Summer Employment				

Do you receive child support? Yes No		If yes, for either question please complete the below for all children in the household.				
Are you pending court ordered support? Yes No		Check Box		Source	\$ Amount Received	List How It Is Received
Child Name	Yes	No	Court Ordered, Voluntary, None	Weekly, Bi-Weekly, Monthly, Bi-Monthly, Annually		

Are currently unemployed? Yes No

If yes, are you claiming zero income for the next 12 months? Yes No

If yes, Full Legal Name _____ Source of Support _____

Household Asset Verification

Assets	Yes	No	Amount/Average Balance	Interest
Checking				
Savings				
Trust Funds / Land Contracts / Lump Sum Receipts				
IRA / Certificate of Deposit / Money Market				
401K / Stocks / Bond / Keogh Accounts				
Investments / Safety Deposit Box				
Whole Life Insurance / Capital Investments				
Cash on Hand / Personal Property held as an Investment				
Other / Retirement / Pension Funds				

Are the combined household Assets more than \$5,000.00? Yes No

Do you own a home? Yes No

Have you disposed of any assets in the past 2 years? Yes No

If yes, for less than fair market value? Yes No If yes, value of assets disposed \$ _____

General Information

Current Marital Status: (circle one) Single Married Divorced Separated Widowed

If separated or estranged, Full Name of Spouse _____

If reconciliation occurs prior to expiration of the lease and my spouse wishes to reside with me, our entire household must re-qualify as a new household.

Would you or any member of the household benefit from an accessible unit? Yes No

If yes, please circle all that apply: Mobility / Vision / Hearing Impaired

Are you or anyone in the household currently enlisted or enlisting in the military or reserves? Yes No

If yes, please print Full Legal Name _____

Do You Have a Section 8 Voucher? Yes No Source: _____

Do you have a pet? Yes No Breed _____ Weight _____ Color _____ Name _____

Have you ever been evicted from a rental property? Yes No

Have you or any member of your household who will be residing in the apartment ever been charged with:

Misdemeanor? Yes No

Felony? Yes No

Do you own a vehicle? Yes No Make _____ Model _____ Color _____ Tag # _____

Voluntary Statistical Data

Information in this addendum is gathered for statistical use only.

No resident / applicant is required to give such information unless they desire to do so.

Refusal to provide information will not affect any rights the household members have as residents or applicants

There is no penalty for households that do not complete the form.

New Households

Prior Housing Information

(Answer for household head)

Monthly rent payment _____

Monthly house payment _____

ZIP Code _____

If your household elects not to participate

HOH must check the box below and initial in the space provided

HOH initial we choose not to participate _____

All Households

Current Employment

(Answer for household head)

Occupation _____

ZIP Code _____

Primary Transportation Mode

(Answer for household head)

Motor vehicle _____

Public transportation _____

Other _____

Additional Household Information

A member of the household:

(Check all that Apply)

Receives Medicare benefits _____

Receives Medicaid benefits _____

Is a Person With a Disability * _____

Racial Categories* (Select All That Apply)	Total Number of Household Members Per Category	Total Number of Hispanic or Latino Household Members
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White		
Black or African American <i>and</i> White		
American Indian or Alaska Native <i>and</i> Black or African American		
Asian <i>and</i> Black or African American		
Other multiple race combination		

APPLICANT AUTHORIZATION AND CERTIFICATION

By signing below Applicant authorizes the owner/manager to verify applicants and all other household members criminal background, contact current and/or previous landlords, obtain credit, eviction court record and sex offender registration information to verify any or all information provided on this application. Applicant understands that eligibility for housing will be based on applicable income limits and by management’s selection criteria.

By signing below, the applicant provides written consent allowing the school he or she is enrolled in (if applicable) to release the specified enrollment information to Richman Property Services, Inc. or the company it represents.

Under penalty of perjury, the applicant represents that all of the above statements are true and complete to the best of their knowledge, and hereby authorizes verification of the above information. In addition to the foregoing, applicant has paid a non-refundable fee for costs and expenses in checking applicant’s credit and criminal background. Applicant acknowledges that false, misleading or incomplete information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of deposits and may constitute an act of fraud under laws of this state.

APPLICATION PROCESSING CHARGE

Applicant has submitted the sum of \$ _____ which is a non-refundable fee for processing of the above application. Such sum is not a rental payment or security deposit. It is understood and agreed to between parties that in the event this application for said apartment is accepted or rejected by Management, that the said sum will be retained by Management to cover the costs of application processing as furnished by applicant.

APARTMENT DEPOSIT/HOLDING FEE

In consideration of owners taking a dwelling unit off the market, applicant may be asked to pay an “Apartment Deposit”. Once a rental application is approved, either a signed lease with security deposit payment or a Deposit Holding Fee of \$100 will be required within 48 hours to move forward with reserving a unit. The holding fee will guarantee we will reserve the unit for a period of 10 days. If a holding fee was collected, once the lease is entered into, the apartment holding fee shall be credited to the required security deposit. If applicant fails to sign the lease within 10 days of paying the holding fee or refuses to enter into a lease on the agreed upon date for a stated apartment, the “Deposit Holding Fee” shall be forfeited to the owner to serve as liquidated damages it will suffer by reason of failure to enter into residency.

Keys will be furnished only after lease and other rental documents have been properly executed by all parties, and only after applicable rent and security deposit have been paid. This application is preliminary only and does not obligate owner or owner’s agent to execute a lease or deliver possession of the proposed premises.

I have read and agree to the provisions as stated

Applicant Signature

Date

Owner/Management Representative

Date

For Office Use Only

Referred by _____ Apartment Type _____

Address _____ Apartment # _____

Monthly rent \$ _____ Security Deposit \$ _____ Concession \$ _____

Move-in date _____ Set Aside _____ % QuickBase Record ID # _____