

# RENTAL APPLICATION

Please complete the attached application for lease consideration. Please note our pet policy, NO PETS ALLOWED.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Main Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Do you wish to have priority for an apartment with special features for individuals with handicaps? YES NO  
Do you wish to claim a \$400 deduction from your income based on a handicap or disabling condition? YES NO

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
*(If different from current address)*

Additional Members of the Household who will reside in the Apartment or Property

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

List ALL income of Applicant, Spouse, and other Household members who will reside in the property.

RECEIVED BY:	YEARLY AMOUNT	EMPLOYER (Name and Address)
APPLICANT	_____	_____
SPOUSE	_____	_____
HOUSEHOLD MBR	_____	_____

ASSETS:

Do you have equity in assets, excluding household furnishings and personal automobile, which exceed \$5,000?

YES NO

If YES, please list below

Description of Asset	Value or Equity	Income Received
_____	_____	_____
_____	_____	_____

Please list the price range for the apartment you are interested in \$ \_\_\_\_\_/month

## CREDIT REFERENCES

Name of your Bank \_\_\_\_\_ Location: \_\_\_\_\_  
Checking Acct Number \_\_\_\_\_ or Savings Acct Number \_\_\_\_\_

## PERSONAL REFERENCES

Name of Present Landlord \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
How long did you live there? \_\_\_\_ Years \_\_\_\_ Months Reason for Moving: \_\_\_\_\_  
Name of Previous Landlord \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
How long did you live there? \_\_\_\_ Years \_\_\_\_ Months Reason for Moving: \_\_\_\_\_

**OTHER INFORMATION**

Have you, your spouse, or other household members ever been evicted? YES NO

Have you, your spouse, or other household members ever been convicted of a felony? YES NO

If you answered YES to either of those questions, please provide details below

I/We hereby certify that the unit applied for will be my/our permanent residence, and I/we will not maintain a separate subsidized rental unit in a different location.

I/We hereby authorize Jeff Chappell and his staff or authorized representative to contact any agencies or organizations, local police departments, credit bureaus or other offices to obtain and verify any information or materials that are deemed necessary to complete my/our application for housing. I/We further authorize management to verify all information on this application. I/We certify that all information in this application is true to the best of my knowledge, and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy.

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Signature of Applicant(s)

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Date