

Property Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

TDD Phone Number: \_\_\_\_\_



**EQUAL HOUSING OPPORTUNITY**

For Office Use Only

Date and Time Application Received  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
a.m./p.m.

Last Name: \_\_\_\_\_  
Apt. Size Needed: \_\_\_\_\_

Apt. # Assigned: \_\_\_\_\_  
Move-In Date: \_\_\_\_\_

**Application for Lease of Apartment**

**THIS APPLICATION CANNOT BE PROCESSED UNLESS 1) ALL INFORMATION IS COMPLETED IN FULL - QUESTIONS THAT DO NOT APPLY MUST BE NOTED "NONE"; 2) COPIES OF DOCUMENTS LISTED ON PAGE 4 MUST BE ATTACHED; 3) PAYMENT OF APPLICATION PROCESSING FEE.**

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Previous or Maiden Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Full-time Student: Yes \_\_\_ No \_\_\_ Driver's License #/State: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Previous or Maiden Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Full-time Student: Yes \_\_\_ No \_\_\_ Driver's License #/State: \_\_\_\_\_

Do you anticipate any additional persons residing in the unit during the next twelve (12) months? \_\_\_ Yes \_\_\_ No  
Do you anticipate any household member becoming a full-time student in the next twelve (12) months? \_\_\_ Yes \_\_\_ No

**OTHER OCCUPANTS:** List all other persons who will be living in the apartment; including unborn children. No person is to live with you who is not listed. (A student is any individual who currently is or will be a full-time student at an educational institution with regular facilities during five (5) months of the next 12-month period).

Name	Age	Full-time Student Yes / No	D.O.B	SS#	Relationship
1.					
2.					
3.					
4.					
5.					

1. **Present Address:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Street

City County State Zip

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How Long at Present Address? \_\_\_\_\_ Own or Rent? \_\_\_\_\_

Amount of Monthly Rent/Mortgage: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

Reason For Moving: \_\_\_\_\_

2. **Previous Address:** \_\_\_\_\_ How Long: \_\_\_\_\_  
Street

City County State Zip

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CREDIT REFERENCES:**

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONAL REFERENCES:** (Do not include family members or relatives.)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you or any member of your household ever had your lease terminated or ever been evicted? Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

Using the numbers below, please indicate whether any members of your household have been arrested for or convicted of any crimes relating to the following:

- |                                 |                                       |                        |
|---------------------------------|---------------------------------------|------------------------|
| 1. Homicide/Murder              | 6. Assault or Fighting                | 11. Fraud              |
| 2. Rape or Child Molesting      | 7. Drug Trafficking/Use/Possession    | 12. Prostitution       |
| 3. Burglary/Robbery/Larceny     | 8. Child Abuse/Domestic Violence      | 13. Disorderly Conduct |
| 4. Threats or Harassment        | 9. Public Intox./Drunk and Disorderly |                        |
| 5. Destruct. of Prop./Vandalism | 10.Receiving Stolen Goods             |                        |

Member's Name	Social Security #	Crime(s) #	Status/Disposition

**SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE:** Do you, or does any member of your household have a condition that requires:

- |   |                                 |
|---|---------------------------------|
| _____ A Separate Bedroom                            | _____ Unit for Vision-Impaired  |
| _____ A Barrier-Free Apartment                      | _____ Unit for Hearing-Impaired |
| _____ Physical Modifications to a Typical Apartment | _____ Any Other Accommodation   |

If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation:

\_\_\_\_\_  
 \_\_\_\_\_

Who should be contacted to verify your need for the features you have identified above?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**AUTOMOBILE:** In order to keep a record of vehicles allowed on the premises and to control adequate parking, please provide the following:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plate #: \_\_\_\_\_

FOR OFFICE USE: CMC Parking Sticker Assigned #: \_\_\_\_\_ #: \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE NOTIFY:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home)

\_\_\_\_\_ (Work)

**ASSET/INCOME CHECKLIST**

**DO NOT INCLUDE AMOUNTS RECEIVED FROM THE FOLLOWING SOURCES:**

casual, sporadic or irregular gifts; amounts which are specifically for reimbursement of medical expenses; lump sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and workers' compensation), capital gains and settlement for person or property losses; amounts of educational scholarships paid directly to the student or the educational institution, and amounts paid by the government to a veteran for use in meeting the costs of tuition, fees, books and equipment, but in either case only to the extent used for such purposes; special pay to a serviceman head of a family who is away from home and exposed to hostile fire; relocation payments under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970; foster child care payments; the value of coupon allotments for the purchase of food pursuant to the Food Stamp Act of 1964 which is in excess of the amount actually charged for the allotments; payments received pursuant to participation in ACTION volunteer programs; and income from the employment of children (including foster children) under the age of 18 years. Assets do not include personal property such as furniture, automobiles and clothing.

**ALL sources of assets and income that your household currently has or expects to establish in the next twelve (12) months must be reported. Please answer yes or no for each member of your household.**

<u>Assets:</u>	Applicant		Co-Applicant		Other Occupants	
	Yes	No	Yes	No	Yes	No
Savings Accounts						
Checking Accounts						
Trust Funds						
Real Estate (Land, Homes, Property)						
Capital Investments						
Stocks						
Bonds						
Treasury Bills						
Certificates of Deposit						
Money Market Funds						
IRA Accounts						
Retirement/Pension Funds						
Lump Sum Receipts						
Personal Property Held As Investment						
Other Assets:						

<u>Income:</u>	Applicant		Co-Applicant		Other Occupants	
	Yes	No	Yes	No	Yes	No
Gross Wages/Salaries (Before Deductions)						
Overtime						
Commissions						
Fees						
Tips/Bonuses						
Business/Self Employment						
Social Security						
Annuities						
Insurance Policies						
Retirement Funds						
Pensions						
Disability/Death Benefits						
Unemployment						
Disability Compensation						
Worker's Compensation						
Severance Pay						
Public Assistance						
Alimony						
Child Support						
Recurring Monetary Gifts						
Armed Forces Special Pay/Allowances						
Other Income:						

**INCOME AND ASSETS**

<b><u>INCOME INFORMATION.</u></b> We are required to verify the amount of your income from all sources. Please furnish <u>complete</u> information for each source of income for <u>each occupant</u> .		
Family Member Name	Employer/Source/Type/ Address/Telephone Number	Annual Amount

<b><u>ASSET INFORMATION.</u></b> List all asset information in each section below for each occupant.			
<b>Bank Accounts:</b>			
Family Member Name	Name of Bank	Account #	Current Balance
<b>Real Estate:</b>			
Family Member Name	Source/Type	Value	
<b>Other Assets:</b>			
Family Member Name	Source/Type	Value	

Disposed Assets: Has any member of your household disposed of any asset for less than fair market value within the last two years? Yes _____ No _____				
If yes, please list:	<u>Type of Asset</u>	<u>Date of Disposition</u>	<u>Amount Received</u>	<u>Market Value</u>
	_____	_____	_____	_____
	_____	_____	_____	_____

