

The name of the waitlist I'm applying for is: \_\_\_\_\_

Some waitlists are closed: *Before sending this application, check <http://www.housingworks.net/> to see what is open*

Office Only: Date/Time Stamp

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".  
**Incomplete applications may be returned or discarded.**

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

Long-Term Mailing Address (an address that may work for the next 3-5 years):  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phones: \_\_\_\_\_

Email: \_\_\_\_\_

**MAIL TO:** (Allow 3 wks for response )

Do you have a **Social Security Number** (SSN)? ☐ Yes ☐ No If "Yes" you must provide the SSN below.

The **SSN** for the head of household is: \_\_\_\_\_

What is your **date of birth**? \_\_\_\_\_ What is your **gender**? \_\_\_\_\_

**Race** (white, black, asian, etc)? \_\_\_\_\_ **Also:** ☐ Hispanic or ☐ non-Hispanic?

What was your **mother's last name** when she was born? *Protects your privacy*) \_\_\_\_\_

**How many people** will be living in the unit? \_\_\_\_\_ people. What **unit size** are you seeking? \_\_\_\_\_ BR

Describe your **Income Sources** (Employment, SSI, TAFDC etc.) \_\_\_\_\_

What is your family's **ANNUAL** income? \$ \_\_\_\_\_ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you **have a rental voucher** or some other form of regular rental assistance?

**Specify:** ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Flex Funds

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need reasonable accommodations, either during the application period or tenancy?

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender Registration program?

**Priority Status:** We may or may not be able to take your priority need into consideration, but it is helpful for us to know what those priorities are: \_\_\_\_\_



## APPLICATION FOR RESIDENCY

A 48-HOUR NOTICE OF CANCELLATION FROM TIME  
OF APPLICATION MUST BE GIVEN OR DEPOSIT IS FORFEITED  
Residents over the age of 18 must complete separate applications.

Mgmt.  
Initial:

\_\_\_\_ Approved

\_\_\_\_ Denied

\_\_\_\_ Cancelled

\_\_\_\_ Date

Name of Applicant \_\_\_\_\_ Social Security Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Present Address (number, street, city, state, zip code) \_\_\_\_\_ Length of occupancy \_\_\_\_\_

This residence is: ( ) Own home ( ) Parent's home ( ) Rented home ( ) Rented apartment ( ) Student housing

Monthly rent \_\_\_\_\_ Present Landlord or Mortgage Company \_\_\_\_\_ Address \_\_\_\_\_ Phone number \_\_\_\_\_

Former Address (number, street, city, state, zip code) \_\_\_\_\_ Length of occupancy \_\_\_\_\_

This residence is: ( ) Own home ( ) Parent's home ( ) Rented home ( ) Rented apartment ( ) Student housing

Monthly rent \_\_\_\_\_ Former Landlord \_\_\_\_\_ Address \_\_\_\_\_ Phone number \_\_\_\_\_

Current Employer \_\_\_\_\_ Full Address \_\_\_\_\_ Phone number \_\_\_\_\_

Position or title \_\_\_\_\_ Annual income \_\_\_\_\_ Length of employment \_\_\_\_\_

Former Employer \_\_\_\_\_ Full Address \_\_\_\_\_ Phone number \_\_\_\_\_

Position or title \_\_\_\_\_ Annual income \_\_\_\_\_ Length of employment \_\_\_\_\_

Other sources of income \_\_\_\_\_ Amount \_\_\_\_\_ When received \_\_\_\_\_

Driver License Number \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_ Management Verification \_\_\_\_\_

Automobile Make \_\_\_\_\_ Model and year \_\_\_\_\_ License plate number \_\_\_\_\_ State \_\_\_\_\_

Savings Account Bank Name \_\_\_\_\_ Address \_\_\_\_\_ Account number \_\_\_\_\_

Checking Account Bank Name \_\_\_\_\_ Address \_\_\_\_\_ Account number \_\_\_\_\_

Pets that will be in the apartment \_\_\_\_\_ Mgmt. approval \_\_\_\_\_

In case of emergency notify (Name, relationship, address, phone number)

Have you lived in a Princeton Properties community before? Yes ( ) No ( )

If yes, which one and when? \_\_\_\_\_



Have you ever been convicted of a criminal offense?  
If yes, detail.

Yes ( )  
No ( )

Any litigation such as bankruptcies, foreclosures,  
evictions, or judgments? If yes, detail.

Yes ( )  
No ( )

Name	Relationship to applicant	Over 18? (Yes/No)	Full-time Student?
Please list all other persons who will occupy the apartment: _____			
_____			
_____			

**THE AREA BELOW IS TO BE COMPLETED BY MANAGEMENT BEFORE THE APPLICANT SIGNS THE APPLICATION**

Apartment type: \_\_\_\_\_ Base rent per month: \_\_\_\_\_  
Apartment address: \_\_\_\_\_ Other monthly charges: \_\_\_\_\_  
Lease term: \_\_\_\_\_ Key / lock: \_\_\_\_\_  
Start date: \_\_\_\_\_ Last month rent: \_\_\_\_\_  
Ending date: \_\_\_\_\_ Security deposit: \_\_\_\_\_  
Move-in date: \_\_\_\_\_ Holding deposit: \_\_\_\_\_  
Rent begins: \_\_\_\_\_ To be applied to: \_\_\_\_\_

- Base rent and other monthly charges are due and payable on the first day of each month.
- Maximum occupancy is two residents per studio, two residents per one bedroom, three residents of non-familial status per two bedroom or four residents of familial status per two bedroom, and three residents of non-familial status per three bedroom or six residents of familial status per three bedroom. Due to size limitations and local codes, the number of residents allowed per apartment may be less at some properties.
- Pets are allowed only with prior management approval.
- No barbecues allowed. Waterbeds may be allowed at the discretion of management, provided that the resident obtains insurance to cover damages to the premises caused by the waterbed.
- Pursuant to state and federal law, management shall not make any inquiry concerning the race, religion, color, national origin, sex, age (except if a minor), ancestry, marital status, handicap status, or concerning the fact that the applicant is a veteran or a member of the armed forces.
- By signing this application, the applicant authorizes Management to research credit references, employment, rental history, and criminal history.
- Management is not responsible for the loss of personal belongings caused by fire, theft, smoke, water, or otherwise unless caused by their negligence. It is the resident's responsibility to insure his or her personal property.

The applicant hereby warrants and represents that all statements herein are true and agrees to execute upon presentation a lease or Tenancy at Will agreement in the usual form, which may be terminated by the Management if any statement on this application is not true. The holding deposit is to be applied as shown, or applied as liquidated damages sustained by the owner in the event of applicant's cancellation.

The holding deposit is given in consideration for the Management's taking the apartment off the market while considering approval of this application and will be refunded if application is not approved by the Owner or Management. This application and deposit are taken subject to previous applications. This application is preliminary only and does not obligate Owner or Management to execute a lease or deliver possession of the proposed premises.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date