	Only: Date/Ti	ns that are not a	stion on this application: respon ot applicable by writing "N/A". ay be returned or discarded.		
Your Name	:				MAIL TO: (Allow 3 wks for respo
Long-Term	Mailing A	Address (an addre	ess that may work for the n	ext 3-5 years):	
Email:					
Do you h	ave a Soci a	al Security Numbe	er (SSN)? Yes	☐ No If "Yes"	you <u>must</u> provide the SSN belo
The SSN	for the hea	d of household is:			
What is y	our date of	birth?	W	√hat is your ger	nder?
Race (w	nite, black, a	asian, etc)?	AI	l so : Hispar	nic or non-Hispanic?
What wa	s your mot h	ner's last name wh	nen she was born? <i>P</i>	rotects your priv	acy)
How ma	ny people v	will be living in the u	unit? people.	What unit size	are you seeking?BR
Describe	your Incom	ne Sources (Emplo	oyment, SSI, TAFDC	etc.)	
What is y	our family's	ANNUAL income	? \$	(do <u>NOT</u> write <i>a</i>	n hourly, weekly, or monthly amoun
□YES	□ NO	Do you have a reassistance?	ental voucher or son	ne other form o	f regular rental
		Specify: Sec	etion 8 MRVP	AHVP [] Flex Funds
		Do you pood o	vheelchair accessibl	l e unit (or a "nc	-steps" unit)?
YES	☐ NO	Do you need a w			
☐ YES		,	sonable accommoda?	tions, either du	ring the application



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

Initial	
Approved	
Denied	
Cancelled	

Mgmt.

Name of Applicant	Social Security Number	Home Phone Number		
Present Address (number, street, city, state, zi	p code)	Length of occupancy		
This residence is: () Own home () Par	rent's home () Rented home () Rent	ed apartment () Student housing		
APPLICABLE SIGNS THE APPLICATION	NET DEOTER THE METORS THE	LIDO SE OT EL MOLOS AREA EF		
Monthly rent Present Landlord or Mortga	ge Company Address	Phone number		
Former Address (number, street, city, state, zip	o code)	Length of occupancy		
This residence is: () Own home () Par	rent's home () Rented home () Rent	ed 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		
ets that will be in the apartment	urmings and printing a hoursepaned with full nor	Mgmt. approval		
n case of emergency notify (Name, relationsh	in address phone number)			

Have you ever been convicted of a criminal offense? If yes, detail.	Any litigation such as bankruptcies, foreclosures, evictions, or judgements? If yes, detail.						
Yes () No ()		Yes No	()			
Name Please list all other persons who will occupy the apartment:				Relationship to applicant			
THE AREA RELOW IS TO BE COMPLETED BY MANAGE				THE ADDITIONAL CITY			
THE AREA BELOW IS TO BE COMPLETED BY MANAG	JEMEN	BEFC	STEP IN	Adentification in the same			
Apartment type:			Bas	Base rent per month:			
Apartment address:			Othe	Other monthly charges:			
Lease term:			Key / lock:				
Start date:			Last month rent:				
Ending date:			Security deposit:				
Move-in date:			Hold	Holding deposit:			
Rent begins:			To b	pe applied to:		es modiso	
 Base rent and other monthly charges are due and payable Maximum occupancy is two residents per studio, two residents per two bedroom or four residents of familial status per the bedroom or six residents of familial status per three bedroom or six residents of familial status per three bedroom or six residents of familial status per three bedroom or six residents of familial status per three bedroom or six residents only with prior management approval. Pots are allowed only with prior management approval. No barbecues allowed. Waterbeds may be allowed at the insurance to cover damages to the premises caused by the premises caused by the premises caused by the premises caused by the origin, sex, age (except if a minor), ancestry, marital statu veteran or a member of the armed forces. By signing this application, the applicant authorizes Manahistory, and criminal history. Management is not responsible for the loss of personal be unless caused by their negligence. It is the resident's resion true. The holding deposit is to be applied as shown, of applicant's cancellation. The holding deposit is given in consideration for the Managen of this application and will be refunded if application is not a care taken subject to previous applications. This application is execute a lease or deliver possession of the proposed premises. 	idents per wo bedro operties. e discret the water make an is, handid agement elonging ponsibilit ments her be termin or applied	ion of it bed. y inquire to research to research to insert at the distribution of its cause of the distribution of the distribution of its cause of the distribution of the distribu	edrocd three a limital manage y con uus, or uus, or uus, or uure hi true a a the Maidated	om, three residents of e residents of non-far ations and local code gement, provided that cerning the race, religions are to concerning the fact of the redit references, emptire, theft, smoke, wat is or her personal pround agrees to execute Management if any stand damages sustained the remarket were of Management. The	milial status per s, the number of the resident of gion, color, national that the application of the statement on this by the owner of the considering is application a	obtains onal ation a lease application in the even	
Applicant Signature					Date		

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