

Mail this application to:

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*

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: _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number** (SSN)? Yes No *If "Yes" you must provide it above.*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

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** (Job, Food Stamps, 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 Homebase _____

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

YES NO Do you need **reasonable accommodations due to a disability**, 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?

YES NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

OAK PARK APARTMENTS

FOR OFFICE USE ONLY

Application date: _____

Interview date: _____

L/VL: Imputed Assets: _____

Imputed Assets Disposition Date: _____

Special Needs: _____

Refused Unit: _____

PRELIMINARY RENTAL APPLICATION

Please fill out each item as completely as possible.

Date Occupancy Desired: _____

Number of Bedrooms Desired: _____

Do you own a car? Yes No If yes, please describe: _____

Do you have any pets? Yes No If yes, please describe: _____

How did you hear about this complex? _____

1. NAME: _____ Home Telephone _____

Present Address:

Street & Apt. Number _____ City _____ State _____ Zip _____

Mailing Address (if different):

Mailing Address _____ City _____ State _____ Zip _____

Please complete the following information about each person to occupy apartment (including applicant):

Name	Sex	Relationship	Date of Birth	Place of Birth	Soc. Sec. #
		Head			

2. RACE (Please note that completing this section is optional. The information will be used only for Fair Housing Programs as required by federal and state laws.)

White Black Asian Native American Hispanic Other:

Citizenship Status: Are you a U.S. Citizen? Yes No If no, please indicate residency status:

3. Are you, your spouse, or any member of your household a full-time student? Yes No

4. Please list all landlords for the past five years, in reverse order. If more space is needed, please attach a separate sheet of paper. If you have lived at your current address for five years, give name and address of your previous landlord.

Present Apartment

Name of Landlord: _____ Tel. No. _____

Address of Landlord: _____

Apt. Size: _____ Date from: _____ To: Present

Monthly Rent: \$ _____ Utility cost/month: \$ _____ Reason for leaving: _____

Previous Apartment

Name of Landlord: _____ Tel. No. _____

Address of Landlord: _____

Apt. Size: _____ Date from: _____ To: _____

Monthly Rent: \$ _____ Utility cost/month: \$ _____ Reason for leaving: _____

5. EMPLOYMENT (please include employment of all persons to occupy apartment)

Name of Employer: _____ Tel. No: _____

Business Address: _____

Length of Employment: _____ Annual Gross Wages: \$ _____

6. OTHER SOURCES OF INCOME (please include all persons to occupy apartment)

Social Security: Monthly Amount \$ _____ S.S.N. _____
SSI: Monthly Amount \$ _____ S.S.N. _____
Veterans Benefits Monthly Amount \$ _____ S.S.N. _____
Name of Pension: Monthly Amount \$ _____
Alimony: Monthly Amount \$ _____
Child Supports Monthly Amount \$ _____
Other Monthly Amount \$ _____ Please Explain: _____
TOTAL OTHER INCOME: \$ _____

7. MEDICAL EXPENSES: Amount of your yearly health insurance payments \$ _____
Amount of your yearly medical expenses not covered by insurance \$ _____

8. ASSETS (list all accounts including: savings, checking, certificates, etc.)

Acct. Number Int. Rate: _____% Amount: \$ _____

Bank Name and Address: _____

Acct. Number Int. Rate: _____% Amount: \$ _____

Bank Name and Address: _____

Acct. Number Int. Rate: _____% Amount: \$ _____

Bank Name and Address: _____

Stocks - Name: _____ No. Shares _____ Value \$ _____

Bonds - Name: _____ No. Shares _____ Value \$ _____

Cash Surrender Value of Life Insurance Policy Value \$ _____

Property Owned: _____ Net Sales Value \$ _____
Street City State Zip

9. During the past two (2) years have you given away more than \$1,000 or disposed of other assets for less than their fair market value? Yes No If yes, please explain:

10. CREDIT REFERENCES (Charge Accts., Bank Loans, Time Payments, etc.) Include Name and Address of Company:

1. _____
2. _____
3. _____

11. PERSONAL REFERENCES - NO RELATIVES (Please include Name, Address & Phone No.)

1. _____
2. _____
3. _____

12. PREFERENCE INFORMATION: (Please check all applicable boxes)

- Person Displaced by Natural Disaster Person Living in Substandard Housing
 Person Displaced by Government Action Person Living in Overcrowded Conditions
 Person Paying Rent in Excess of 50% of Income Person Displaced by Private Action Beyond Their Control
 Living with Actual or Threatened Domestic Violence

In the following spaces, please explain any item(s) that you have checked above. You may qualify for a preference in admission. You must provide verification of the circumstances noted above:

13. Do you require an apartment modified for a wheelchair or any other type of "Reasonable Accommodations" (as defined under Section 504 (24 CRF Part 8 dated 6/2/88)? Yes No
If yes, please explain:

Are you seeking admission on the basis of being handicapped or disabled? Yes No
If yes, you must provide proper verification of your handicap or disability.

Do you require an apartment modified for a wheelchair? Yes No
Do you require any special accommodation on the basis of a handicap or disability? Yes No

If yes, please state in the box below what special accommodations you require. Answering "no" does not preclude any subsequent request for an accommodation to a disability.

14. CRIMINAL RECORD - Have you or any member of your household who will live in the unit been convicted of a misdemeanor in the last ten years? Yes No

Have you or any member of your household who will live in the unit been convicted of a felony in the last ten years? Yes No

If yes to either, please describe the circumstances, docket number, charge, date and court in the box below

Do you use controlled substances (e.g. drugs) illegally? Yes No

If yes, please explain:

15. Has your families' assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to cooperate with the recertification procedure? Yes No

Have you, or any member of your household, ever received housing assistance from any housing agency or other landlord? This includes rental assistance programs. Yes No

If yes, please state:

Name of head of household at that time: _____

Relationship to present applicant: _____

Name of Housing Agency or Landlord: _____

Date moved out: _____ Reason moved out: _____

Did you leave in good standing? Yes No

If no, please explain:

16. Have you or any household members ever been evicted? Yes No

If yes, please describe the circumstances, including date of eviction:

17. Have you been denied housing in the past five years? Yes No

If yes: Please describe the circumstances:

I, the undersigned, understand that this is a preliminary rental application and in no way ensures my occupancy. Additional information may be required at a later date to complete the processing of this application. My signature below certifies that the information contained in this application is true and authorizes the management to verify that information. I understand that any false statements will result in the cancellation of this application.

Please be advised that Barkan Management Company, Inc. and (Name) Apartments does not discriminate against applicants in the provision of services, or in any other manner on the grounds of race, color, creed, religion, sex, handicap or national origin.

Date

Signature of Applicant

Date

Signature of Co-Applicant

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns): To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? Yes No

Did this landlord return your security deposit? (check one) Yes No N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? Yes No

Did this landlord return your security deposit? (check one) Yes No N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? Yes No

Did this landlord return your security deposit? (check one) Yes No N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? Yes No

Did this landlord return your security deposit? (check one) Yes No N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? Yes No

Did this landlord return your security deposit? (check one) Yes No N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? Yes No

Did this landlord return your security deposit? (check one) Yes No N/A

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