

Thank you for your interest in our property. Listed below is some important information you should know about the process before applying.

Please review the application carefully, answer all questions, and sign where required. Incomplete applications will be not accepted. Please print in ink, and please do not use whiteout on the application. Instead, cross out and initial mistakes. Write "N/A" in sections that are not applicable.

Once you have completed the application, please contact the property manager to set up an interview to be placed on the waiting list.

We require that you bring the following documents along with your completed application to the interview:

- Birth certificates for all household members
- Social Security cards for all household members
- Photo ID for all household members over 18-years-old (License, Non-Driver ID, Passport, etc.)

Please feel free to contact the property directly should you have any questions about our apartments.

We look forward to hearing from you soon.

Sincerely,

Residential Properties Management, Inc
Property Manager



For Office Use Only:

Date Received _____

Time Received _____

Unit Size _____

APPLICATION FOR HOUSING

Apartment Complex Name: _____

A. GENERAL INFORMATION

Applicant Name: _____

First Middle Last

Address: _____

Number & Street Apt# City State Zip

Daytime Phone: _____ Evening Phone: _____

Do you: Rent Own (check one)

Current Landlord: _____ Phone: _____

Name of Person or Company

Landlord Address: _____

Number & Street City State Zip

How long have you resided at this address? _____ Current Amount of Rent: _____

Check utilities currently paid by you: Electricity Gas Phone Cable

Previous Address: _____

List of states where the applicant and ALL members of the household have lived. _____

B. HOUSEHOLD COMPOSITION (List ALL persons who will live in the apartment)

	Name:	Relation-Ship to head:	Status: D = Divorced S = Single L = Legal Sep. E = Estranged	Birth Date:	Social Security #:	Age & Sex:	Full OR Part Time Student Y or N:
Head of Household		Self					
Co-Tenant (or other over 18)							
3.							
4.							

The federal government now requires all tenants of HUD-assisted properties except those 62 and older as of January 31, 2010, whose initial determination of eligibility for assistance began prior to January 31, 2010, to report their SSN before they can be housed. This requirement affects all U.S. citizens, U.S. nationals and eligible noncitizens.



Do you pay a monthly premium for medical insurance? ____ Yes ____ No

If yes, what is the monthly premium amount? _____

Do you participate in the new Medicare Part D Program? ____ Yes ____ No

If yes, please allow the Manager to make a copy of your card.

Average out of pocket monthly cost for medical expenses: _____

Do you need a handicap accessible unit? ____ Yes ____ No

Do you need reasonable accommodations? ____ Yes ____ No If yes Please Describe: _____

Are you or any members of your household subject to the state sexual offender registration program?

____ Yes ____ No If yes list the state where the offence occurred. _____

STUDENT STATUS:

Are any members of the household (age 18 and over including yourself) full or part time students at an institute of higher education? ____ Yes ____ No

Note: Regardless of having answered “yes or no” above - All applicants age 18 and over must fill out a Student Certification Form. The certification is to be attached to this application and is considered part of this application.

C. INCOME: List ALL sources of income as requested below (if a section does not apply, cross it out or write N/A):

Household Member Name:	Source of Income:	Gross Monthly Amount (Before taxes)
	Employer: _____ Address: _____ Phone #: _____ \$\$ Per hour: _____ # Hours weekly: _____	\$
Household Member Name:	Source of Income:	Gross Monthly Amount (before taxes):
	Social Security/Disability:	\$
	Social Security/Disability:	\$
	SSI:	\$
	SSI:	\$
Household Member Name:	Source of Income:	Gross Monthly Amount (before taxes):
	Pension (list source):	\$
	Veteran’s Benefits Claim #:	\$

D. ASSETS

Checking Accounts:

Bank:	Acct#:	Balance \$
Bank:	Acct#:	Balance \$



Savings Accounts:

Bank:	Acct#:	Balance \$
Bank:	Acct#:	Balance \$

Certificates of Deposit:

Bank:	Acct#:	Balance \$	
Trust Accounts:	Bank:	Acct#:	Balance \$
IRA Accounts:	Where:	Acct#:	Balance \$
401K:	Where:	Acct#:	Balance \$
Savings Bonds:	# #	Maturity Date: Maturity Date:	Value \$ Value \$
Mutual Funds:	Name:	# Shares:	Interest/Div \$ Value \$
Stocks:	Name:	# Shares:	Dividend Paid \$ Value \$

Is any money received from any of the assets or income sources listed above being deposited onto a pre-paid Debit Card (such as: Direct Express, ReliaCard, Net Spend, Citi Bank, Etc.) ____ Yes ____ No

If yes, list the card type and provide verification documentation:

Prepaid Debt Card:

Card Type:	Acct#:	Balance \$
Card Type:	Acct#:	Balance \$

Real Estate:

Do you own any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, type of property (investment, home, land, mobile home): _____ Location of Property:	Appraised Market Value \$
Have you disposed of any property in the last 2 years? If yes, type of property: _____ Date of transaction: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Market Value when sold/dispensed:	\$
Amount sold/dispensed for:	\$

E. REFERENCE INFORMATION**Credit Reference:**

Utility Reference:
Address:
Phone:

Personal Reference:

Name:
Address:
Phone:

F. ADDITIONAL INFORMATION:

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____



