

Date: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_ Special Needs: \_\_\_\_\_  
 Time: \_\_\_\_\_ Date of Desired Occupancy: \_\_\_\_\_  
 Annual Income: \_\_\_\_\_ Unit# - Add-On to Existing Household: \_\_\_\_\_  
 Manager Signature: \_\_\_\_\_

Property/Address: \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

*The following questions are asked solely to assist applicants with disabilities who may need an accommodation under Section 504. Answering these questions is optional. Information provided regarding a S.504 accommodation request will be kept confidential and used exclusively for this purpose.*

- Does any household member require alternative ways to communicate with us (e.g., TTY/TRS Relay: #711) during the application process?  YES  NO If yes, please provide a written or verbal explanation.
- Does any household member have an accessibility or reasonable accommodation request that we should be made aware of (e.g. wheelchair accessibility, visual aids (Braille) or apparatus for hearing assistance)?  YES  NO If yes, please provide a written or verbal explanation.

Do you receive Federal or State Rental Assistance?  Yes  No If yes, please identify the agency \_\_\_\_\_  
 Approved Unit Size \_\_\_\_\_ Current Approved Voucher Amount \$ \_\_\_\_\_

**Type:**

1st Choice:  1 BR  2 BR  3 BR  4 BR  Other \_\_\_\_\_

2nd Choice:  1 BR  2 BR  3 BR  4 BR  Other \_\_\_\_\_

Would you or anyone in your household benefit from a special needs unit?  
 (Mobility, vision, or hearing impairment)  Yes  No

Will you or anyone in your household require a live-in care attendant?  Yes  No

Name of Live-In Care Attendant: \_\_\_\_\_  
 Relationship (If any): \_\_\_\_\_

**Are you claiming a "Preference"?** *Certain preferences are assigned to applicants to provide housing opportunities for households with special needs. See Tenant Selection Plan for greater detail.*

Displaced by Government Action or Presidentially Declared Disaster.  
 Housing Voucher (Supporting Documentation Required)  
 Waiting List to receive a Housing Voucher (Supporting Documentation Required)  
 Working, Elderly, or Disabled.  
 Other or Local Preference: \_\_\_\_\_

Directions to Applicant: Please complete the table below for each member of your household, whether those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full-time student is anyone who is enrolled for at least five calendar months during this taxable year for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive). If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number, your name and your social security number.



**HEAD OF HOUSEHOLD (Applicant):**

<b>Full Name</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part time <input type="checkbox"/> Full time
	First	M.I.	Last	Social Security #	Birth date	Age	Student?	Student Status

**CO-APPLICANT:**

<b>Relationship</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part time <input type="checkbox"/> Full time
	First	M.I.	Last	Social Security #	Birth date	Age	Student?	Student Status

**OTHER OCCUPANTS:**

<b>Relationship</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part time <input type="checkbox"/> Full time
	First	M.I.	Last	Social Security #	Birth date	Age	Student?	Student Status

<b>Relationship</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part time <input type="checkbox"/> Full time
	First	M.I.	Last	Social Security #	Birth date	Age	Student?	Student Status

<b>Relationship</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part time <input type="checkbox"/> Full time
	First	M.I.	Last	Social Security #	Birth date	Age	Student?	Student Status

<b>Relationship</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part time <input type="checkbox"/> Full time
	First	M.I.	Last	Social Security #	Birth date	Age	Student?	Student Status

<b>Relationship</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part time <input type="checkbox"/> Full time
	First	M.I.	Last	Social Security #	Birth date	Age	Student?	Student Status

**Household Information/Eligibility**

- Are you a Veteran of the US Armed Forces?  Yes  No
- Do you have an animal that will be moving in with you?  Yes  No
- Will your household be receiving Section 8 rental assistance at the time of move in?
- Will your household be eligible or are you applying to receive section 8 rental assistance within the next 12 months?
- Will all the above household members reside in the household 100% of the time?  Yes  No
- Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?  Yes  No  
If YES, explain. \_\_\_\_\_
- Do you expect the number of household members to change in the future?  Yes  No  
If YES, explain how many members will be added or reduced, and when that change will take place.  
\_\_\_\_\_
- Have any of the household members used names or a social security number other than the names and numbers used above?  Yes  No  
If YES, explain. \_\_\_\_\_
- Have you or any members of the household been evicted for non-payment of rent or damages?  Yes  No
- Have you or any member of your household ever been evicted or otherwise involuntarily removed from rental housing due to failure to cooperate with recertification procedures, or for any other reason?  Yes  No
- Are you or any member of the household currently an illegal user of a controlled substance? Yes  No  
(If yes, has the applicant completed a controlled substance recovery program, or are they presently enrolled in such program? \_\_\_\_\_)
- Have you or any member of your household ever been convicted of illegal manufacture or distribution of a controlled substance?  Yes  No
- Have you or any members of your household been evicted from federally assisted housing for drug related criminal activity?  Yes  No
- Have you or any members of your household been convicted for a sexual offence or violent crime?  Yes  No
- Are you or any member of your household required to register as a Sex Offender under any lifetime State Sex Offender registration programs?  Yes  No



16. Have you or any members of your household been convicted of a felony, misdemeanor (other than traffic violations,) or crime involving fraud or dishonesty?  Yes  No
17. Are you or any member of your household currently charged with criminal activity?  Yes  No
18. Have you or any member of your household ever been responsible for willful damage of property?  Yes  No
19. Have you ever received rental assistance?  Yes  No
20. If you have received rental assistance, has your rental assistance ever been terminated for fraud, non-payment, or failure to recertify?  Yes  No
21. Are you or any adult member of your household separated, but not divorced?  Yes  No
22. Have you ever filed or are you currently filing for bankruptcy?  Yes  No  
 If YES, give reason \_\_\_\_\_  
 Date of filing: \_\_\_\_\_
23. Have you ever lived at any other property managed by Somerset Pacific?  Yes  No  
 If YES, where? \_\_\_\_\_
24. If the tenant or co-tenant is under the legal age of 18, have you provided proof of emancipation?  Yes  No
25. Do you understand that only the persons listed in this application may live in the unit unless you obtain prior written approval from management?  Yes  No
26. Do you understand that if any false or incomplete information is included on this application, it is grounds for rejection of your application or termination of your residency?  Yes  No

**Present** Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 How long have you lived there? \_\_\_\_\_ Monthly Rent: \_\_\_\_\_  
 Do you have a financial interest in the property?  Yes  No  
 Check utilities paid by you:  Heat  Electricity  Gas  Other \_\_\_\_\_ Average Monthly Cost: \_\_\_\_\_  
**Previous** address: \_\_\_\_\_ Apt: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Previous** Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 How long did you live there? \_\_\_\_\_ Monthly Rent: \_\_\_\_\_  
 Do you have a financial interest in the property?  Yes  No  
 Check utilities paid by you:  Heat  Electricity  Gas  Other \_\_\_\_\_ Average Monthly Cost: \_\_\_\_\_  
**Previous** address: \_\_\_\_\_ Apt: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Previous** Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 How long did you live there? \_\_\_\_\_ Monthly Rent: \_\_\_\_\_  
 Do you have a financial interest in the property?  Yes  No  
 Check utilities paid by you:  Heat  Electricity  Gas  Other \_\_\_\_\_ Average Monthly Cost: \_\_\_\_\_

Please list all states in which you have lived or had a license to drive in the last 5 years?  
 \_\_\_\_\_  
 \_\_\_\_\_



**Student Status/Eligibility**

Will ALL of the persons in your household be or have been full-time students during five calendar months of the certification year?  Yes  No

If YES, then is anyone in your household:

- Married and filing a joint tax return?  Yes  No
- In a job-training program under the Job Training Partnership Act (federal, state or local)?  Yes  No
- Receiving AFDC/TANF?  Yes  No
- A single parent living with his/her minor child and such parent is not a dependent (as defined in Section 152) and whose children are not dependents of another individual other than a parent?  Yes  No
- Previously in a foster care program under Part B or Part E of title IV of the Social Security Act?  Yes  No

Were any adult household members (18 years or older) enrolled in an educational institution within the past 12 months?

Yes  No

- If yes, identify the household member, last date of enrollment and if they were FT or PT \_\_\_\_\_
- School Name \_\_\_\_\_

Are any adult household members (18 years or older) anticipating on enrolling in an educational institution within the upcoming 12 months?  Yes  No

- If yes, identify the household member, last date of enrollment and if they were FT or PT \_\_\_\_\_
- School Name \_\_\_\_\_

***This Section is for HOME Program Purposes***

**STUDENT STATUS ELIGIBILITY**

Section 8 assistance will **NOT** be provided to any resident/applicant who meets **ALL** of the criteria listed below:

- Is enrolled as a full-time or part-time student at an institution of higher education.
- Is under 24 years of age.
- Is not married.
- Is not a veteran of the United States Military.
- Does not have a dependent child.
- Is not a person with disabilities, as such term is defined in the United States Housing Act of 1937 and was not receiving Section 8 assistance as of November 30, 2005.
- Is not living with his or her parents who are receiving Section 8.
- Is not individually eligible to receive Section 8 assistance **and** has parents, individually or jointly, who are not income eligible to receive Section 8 assistance.

*For a student under the age of 24 who is not married, not a veteran, does not have a dependent child, is not a person with disabilities and was not receiving Section 8 as of November 30, 2005, is not living with her/her parents who are receiving Section 8 and who is seeking Section 8 assistance, Section 327(a) of the Act sets up a two-part income **eligibility** test. Both parts of this test must be affirmatively met. That is, both the student and the student's parents (the parents individually or jointly) must be income eligible for the student to receive Section 8 assistance. If it is determined that the parents are not income eligible, the student is ineligible to receive Section 8 assistance.*

Do any household members listed on page 1 meet ALL of the criteria listed above:  Yes  No  N/A

Are any household members, full or part-time Students who are applying for rental assistance separate from their parent or guardian?  Yes  No  N/A



**EMPLOYMENT DATA for all Household Members: (Please list all current employment below as well as all previous employment within the past 12 months)**

Person Employed: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Current /  Previous Employer: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Length of employment: \_\_\_\_\_ Gross monthly wage \$ \_\_\_\_\_

Person Employed: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Current /  Previous Employer: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Length of employment: \_\_\_\_\_ Gross monthly wage \$ \_\_\_\_\_

Person Employed: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Current /  Previous Employer: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Length of employment: \_\_\_\_\_ Gross monthly wage \$ \_\_\_\_\_

Person Employed: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Current /  Previous Employer: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Length of employment: \_\_\_\_\_ Gross monthly wage \$ \_\_\_\_\_

Person Employed: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Current /  Previous Employer: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Length of employment: \_\_\_\_\_ Gross monthly wage \$ \_\_\_\_\_

Person Employed: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Current /  Previous Employer: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Length of employment: \_\_\_\_\_ Gross monthly wage \$ \_\_\_\_\_

**OTHER SOURCES OF INCOME for all Household Members:**

*ANTICIPATED HOUSEHOLD INCOME: Present employment and other income received by household members: For the following indicate the amount of anticipated income for all household members (for minors, unearned income amounts only), during the 12 months period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the Property Manager for assistance. If income is received from any of the following sources, please mark "Yes" or "No" for each source of income. Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)*

**Please list household recipient and GROSS monthly amount being received.**

Income Source	Yes	No	Gross Monthly Amount Received	Household Member(s) Name
Social Security (SS)? (ONLY list SS amount here)			\$	
SSI/SSDI? (ONLY list SSI/SSDI amount here)			\$	
SS State Supplement? (Only list State Supplement amount)			\$	
Pensions?			\$	
Short Term/Long Term Disability?			\$	
Veterans Benefits?			\$	
Welfare/TANF/Public Assistance			\$	
Adoption Subsidy?			\$	
Do you have a court order to receive Alimony?			\$	
Do you have another agreement to Receive Alimony?			\$	



Do you receive Alimony?			\$	
Do you have a court order to receive Child Support?			\$	
Do you have another agreement to receive Child Support?			\$	
Do you receive Child Support?			\$	
Unemployment or Worker's Compensation?			\$	
Contributions to the Household (Monetary or Not)?			\$	
Net Income from Business?			\$	
Military Pay?			\$	
Severance Pay?			\$	
Grants, Scholarships or other type of Financial Aid?*			\$	
Retirement Income?			\$	
Recurring Gifts?			\$	
Annuities Income (Including lottery winnings or inheritances?)			\$	
Insurance Policy Income?			\$	
Disability or Death Benefits			\$	
PFD (Permanent Fund Dividend Division?)			\$	
Per Capita?			\$	
Other Income?			\$	
Other Income?			\$	

Are any of the incomes listed above paid through a Debit Card? i.e. SS,SSI- Direct Express Debit Card			\$	
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\*The treatment of financial assistance is dependent on whether the student is receiving Section 8 assistance. If the:

- **Student is receiving Section 8 assistance**, all financial assistance received **in excess of tuition and any other required fees and charges** is included in income, unless the student is over the age of 23 with dependent children, or the student is living with his/her parents who are applying for or receiving Section 8 assistance.
- **Student is not receiving Section 8 assistance**, all forms of financial assistance, no matter how it is used, are **excluded** from annual income. It does not matter whether the assistance is paid to the student or directly to the educational institution.

Are any of these incomes listed being deposited onto a pre-paid debit card (ReliaCard, Direct Express, NetSpend, Citi Bank, etc.)?  
 Yes  No (If yes, please provide documentation so this may be verified.)

Do you file tax returns?  Yes  No

What was the total household gross income from the **previous** year? \_\_\_\_\_  
 If this differs from the **current** year, please explain. \_\_\_\_\_

Do you anticipate any changes in this income in the next 12 months?  Yes  No  
 If Yes, please explain: \_\_\_\_\_

Is any member of the household likely to receive income or assistance from someone who is not a member of the household as listed on page 1?  Yes  No  
 If Yes, please explain: \_\_\_\_\_

**Zero Income Verification:**  
 Are YOU or is ANY OTHER **ADULT** member of your household claiming zero income?  
 Yes  No If YES, who? \_\_\_\_\_



**ASSETS for all Household Members:**

Type of Asset	Yes	No	Amount	Household Member(s) Name
Checking Account			\$	
Savings Account			\$	
Certificate of Deposits			\$	
Money Market Accounts			\$	
Mutual Funds/Stocks/Bonds			\$	
Treasury Bills			\$	
Retirement Accounts (IRA, 401K, Keogh, etc.)			\$	
Annuities			\$	
Life Insurance Policies (whole or Universal Life)			\$	
Pension Funds				
Trust Accounts			\$	
Savings Bonds			\$	
Cash on Hand			\$	
Prepaid Debit Card			\$	
Personal Property Held as an Investment			\$	
Mortgage or Deed of Trust			\$	
Safety Deposit Box			\$	
House/Real Estate			\$	
Rental Property			\$	
Other Investments			\$	

**LUMP SUMS**

Inheritances			\$	
Lottery or Other Winnings			\$	
Insurance Settlements			\$	
Workman's Compensation Settlements			\$	
Social Security Disability Settlements			\$	
Unemployment Settlements			\$	
VA Disability Settlements			\$	
Severance Pay			\$	
Capital Gains			\$	
Other				

**Real Estate Income/Mobile Homes: Do you own or have any financial interest in any Real Estate**  Yes  No

Description/Address: \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Balance Due on Mortgage: \_\_\_\_\_

Does anyone hold any personal property as an investment (antique cars, jewelry, coins, etc.?)  Yes  No

If Yes, please explain: \_\_\_\_\_

Other Current Assets (Cash, etc.)? If Yes, please explain: \_\_\_\_\_

During the past 2 years, have you given away more than \$1000 or disposed of other assets for less than fair market value?

Yes  No If Yes, please explain: \_\_\_\_\_



Does any member of the household have an asset(s) owned jointly with a person who is not a member of the household listed on page 1?  Yes  No *If Yes, please explain:* \_\_\_\_\_

**CERTIFICATIONS**

Additional information may be requested at a later date to complete the application process. Your signature below certifies that the statements made in this application are true and correct and gives consent to the Management to verify the information contained in this application, to order credit reports and to request criminal background histories. To remain on the waiting list you must contact the Manager and update this application every 120 days. By signing below, you are requesting notification relating to the availability until such time you are removed from the waiting list or have received housing. I/We certify that if selected to move into this project, the unit occupied will be my/our only residence. I/We understand that the above information is being collected to determine eligibility for income restricted units. Federal regulations require that in order for a household to be eligible for housing the income for the household as well as the assets must not exceed certain established limits. Apartments are rented to all eligible applicants in accordance with Fair Housing Laws. Somerset Pacific does not discriminate on the basis of race, color, creed, religion, sex, age, handicap, familial status, national origin or because applicant is a recipient of federal, state, or local public assistance. Somerset Pacific provides equal opportunity to all persons with disabilities and provides accommodation to meet the needs of persons with disabilities upon request. If the accommodation is both reasonable and financially feasible, Management may require verification that the applicant or resident is disabled and is in need of accommodation because of the disability.

Somerset Pacific does not discriminate on the basis of disability in the admission or access to or treatment or employment in its federally assisted programs and activities. The person in the position named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504. Position: Director of Operations; Shannon Vick, Somerset Pacific 4481 Nth Dresden Place, Garden City, Idaho 83714.

I/We hereby certify that I/We Do Not/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

**SIGNATURES (EVERY ADULT (18 years and older) MUST SIGN):**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Family Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Family Member

\_\_\_\_\_  
Date





# Applicant / Resident Emergency Contact Form

Applicant/Resident Name: \_\_\_\_\_

**Emergency Contact #1:**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

**Emergency Contact #2:**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Co-Applicant/Co-Resident Name: \_\_\_\_\_

**Emergency Contact #1:**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

**Emergency Contact #2:**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Check this Box if you choose not to provide emergency contact information.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If you are approved for housing, this information will be kept as part of your Resident file. If issues arise during your residency or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.*

*The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.*



## RECORDS RELEASE AND HOLD HARMLESS

I, the undersigned, hereby authorize the management and authorized representatives of Somerset Pacific, to contact any agencies, departments, or any other organizations for the purposes of obtaining background information to assist in determining whether I will be suitable as a resident at \_\_\_\_\_ Apartments. I hereby grant Somerset Pacific authority to request such background information including by not limited to criminal records. Further, I hereby authorize such agencies and departments to release such records to Renaissance Gateway Apartments management and/or authorized representatives.

I hereby hold harmless and indemnify Somerset Pacific, its owners, management, employees, and authorized representatives from any and all liability associated with the obtaining, using and retaining of all information released hereunder pursuant to review of my eligibility as a resident in the complex, or subsequently during my residency, if such residency is approved. I further authorize that all information provided below will be verified.

I understand that Somerset Pacific, through its management including the Property Manager, may receive inquiries from law enforcement concerning information about me and/or other household members residing with me or my guests. I agree that Somerset Pacific through its representatives may provide information regarding identification, work and residence addresses, and telephone numbers, and information directly related to law enforcement agency's criminal investigation, or in case of emergency as determined by such law enforcement or emergency agency. I understand that other than the release of this specific information, for any emergency or criminal investigation, my files or information contained therein will be released if a subpoena is presented for such information. I agree to hold harmless and indemnify Somerset Pacific, its directors, management, employees, and authorized representatives from any and all liability associated with release of information in the event of a criminal investigation or emergency or if released in response to a subpoena.

Name of Applicant: \_\_\_\_\_

Maiden Name of Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_



## Application Process Acknowledgment Resident Selection Policy

I have been given the opportunity to read a copy of the Resident Selection Policy for \_\_\_\_\_  
\_\_\_\_\_ Apartments.

(\_\_\_\_) I have read and understand the Resident Selection Policy

(\_\_\_\_) I have declined the opportunity to read the Resident Selection Policy

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Supplement to Rental Application

### To be completed By Each Additional Adult Household Member

NAME: \_\_\_\_\_

**Residency References:**

List the **past 5 years** of housing references. *(If additional space is required, use the back of this page.)*

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____ _____ Phone: ( ) _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
2.	_____ _____ Phone: ( ) _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
3.	_____ _____ Phone: ( ) _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____

