



# APPLICATION FOR LEASE

Complex \_\_\_\_\_

PLEASE PRINT

Date of requested Move-In \_\_\_\_/\_\_\_\_/\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEAD OF HOUSEHOLD** Name (First, Middle, Last) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Single  Married  Divorced  Separated Driver's License # \_\_\_\_\_

Make of Vehicle \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_

Name of other persons to occupy the apartment:

Full Name	SS#	Birthdates	Relationship
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

Referred By: \_\_\_\_\_ Description of Pets: \_\_\_\_\_

## PART I – RESIDENCE HISTORY

Present Address \_\_\_\_\_ (Apartment #, City, State, & Zip) From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Present Landlord \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
(Name, Address, If you own list mortgage & loan number)

Previous Address \_\_\_\_\_ (Apartment #, City, State, & Zip) From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Landlord \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
(Name, Address, If you own list mortgage & loan number)

## PART II – CURRENT EMPLOYMENT & BANK REFERENCES

Employed By: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Hire Date \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Employed By: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Hire Date \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Other Income: \_\_\_\_\_ Est. Gross Monthly Income \_\_\_\_\_

## PART III – EMERGENCY CONTACT INFORMATION:

1<sup>st</sup> Notification Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Notification Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## APPLICATION TERMS

This application is for a \_\_\_\_\_ bedroom unit for occupancy on or about (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_. Applicant has deposited herewith the sum of \$ \_\_\_\_\_ receipt of which is hereby acknowledged as a non-interest bearing deposit (and not as rental payment) to be refunded as hereinafter provided if the lease agreement is consummated, provided however, that in the event the application is approved, and applicant fails or refuses the apartment tendered for any reason not the fault of the owner, and fails or refuses to enter into the contemplated lease with the owner then applicant agrees to forfeit the said deposit as liquidated damages and not as a penalty to cover the cost of taking and processing this application, reservation and preparation of the apartment, and the loss of rental income to owners. If however, in the event this application is disapproved or for any other reason for which owner is responsible the lease agreement in not consummated this deposit will be returned to applicant. A \$ \_\_\_\_\_ application fee has been paid by prospective resident. The application fee is not refundable under any circumstances. The applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and on the terms and conditions stated therein. A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. I authorize verification of information and references given.

Deposit with Application \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

Agent Signature \_\_\_\_\_ Applicants Signature \_\_\_\_\_



## SECTION 42 ELIGIBILITY, INCOME AND ASSET WORKSHEET

Head of household and/or the co-head(s) should complete

### LIST ALL HOUSEHOLD MEMBERS:

Name (Last, First, M.I.)	Relationship	Date of Birth	Social Security #	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### ELIGIBILITY:

	YES	NO
1. I have a household member who is absent from the home for reasons such as: military service, placement in foster care, temporary or permanent confinement to a home or hospital, away at school, etc. a) Please describe if any: _____		
2. I have a live-in attendant		
3. I anticipate changes in household for reasons such as: Expecting a baby, pending adoption, pending custody/joint custody, pending foster child(ren), etc. a) Please describe if any including dates(ie due date): _____		
4. Are all members of your household eligible U.S. Residents? If no, which members are not eligible? _____		
5. Are there any students in your household? If yes please list name(s) _____ a) Are any of the students listed above students of Higher Education? b) Have any of the students listed above been in foster care? c) Do any household members who are not currently students expect to become students within the next 12 months or have been a student in the current calendar year? If yes, please explain: _____		
6. Has any member of your household been charged with a felony or a drug/alcohol related criminal offense? a) If yes, were they convicted?		

### INCOME AND ASSETS

#### A. Income:

	YES	NO
1. Are you or any other household members currently receiving income from any of the following sources?		
a) Section 8 Certificate/Voucher If yes, please list the subsidy amount \$ _____		
b) Wages/salaries (if so list number of members employed) Full Time _____ Part Time _____ Seasonally _____		



**Income Continued:****YES NO**

c) Wages earned through a government program, (ie: Senior Aides, Older American Community Service Employment Program, AmeriCorps) If yes, which program: _____		
d) Tips, bonuses, commissions, cash wages		
e) Overtime Pay		
f) Income from operation of a business(Self Employed)		
g) Social Security		
h) Disability/SSI		
i) Death benefits		
j) Pensions/retirement funds		
k) Annuities or non-revocable trust		
l) Unemployment		
m) Military Pay		
n) Workman's Compensation		
o) Public assistance/TANF		
p) Alimony		
q) Child Support		
r) Income from rent or sale of property		
s) Periodic payments from lottery winnings		
t) Regular recurring contributions from person or agencies outside of the household		
u) Insurance Policies		
v) Severance pay		
w) Student Grants or Scholarships		
x) Other: _____		
2. Are there any household members receiving income or are any members expecting to receive income not listed above in the next 12 months? If yes, specify the source of the income _____		
3. Is any member of the household on leave of absence from work due to lay-off, medical, maternity, or military leave?		
4. Is any member of the household entitled to receive child support and/or alimony that he/she is not currently receiving?		

**B. Assets:****YES NO**

1. Does the total value of your assets exceed \$5000		
2. Do you or any other members of the household have any of the following?		
a) Checking accounts		
b) Savings accounts		
c) Prepaid debit cards(Direct Express, Relia Card, Net Spend, Citibank, etc)		
d) Certificates of deposit		
e) Stocks		
f) Bonds		
g) IRA/Keogh account money market funds/treasury bills		
h) Mutual Funds		
i) Trust Funds		
If yes, is the trust irrevocable?		



<b>Assets Continued:</b>	<b>YES</b>	<b>NO</b>
j) Whole life or universal life insurance policy		
k) Personal Property held as an investment		
l) Real Estate		
If yes, is it for sale or rent?		
m) Cash held in safety deposit boxes or home		
n) Assets held in another state or foreign country		
o) Other: _____		
3. Has any household member received any lump sum payments that are not included in the assets above or divested, such as: Inheritance, Lottery Winnings, Insurance Settlements, Other If yes, please describe _____		
4. Have you or any other household members disposed of any asset(s) for less than fair market value in the past two (2) years? If yes, please list _____		
5. Do you or any other household member have any assets that are held jointly with another persons? If yes, please explain _____		

**Penalties for Committing Fraud:**

**I/We certify under penalty of perjury that all information I/We provided for the purpose of completing this form is true and complete to the best of My/Our knowledge and belief. I/We understand that willful misrepresentation of any information provided herein constitutes fraud and may be dealt with in a Court of Law.**

**By signing below I am certifying that I have completed this questionnaire and that the answers that I have given are true and complete to the best of my knowledge.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Head of Household Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Other Member over 18 Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Other Member over 18 Date

Received by: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Site Manager Date



## UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000. Complete only one form per household; include assets of children.

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Property Name: \_\_\_\_\_ City: \_\_\_\_\_

**Complete all that apply for 1 through 4:**

1. My/Our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term) _____				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above: _____				
\$ _____	_____	\$ _____	Personal property held as an investment** : _____				
\$ _____	_____	\$ _____	Other (list): _____				

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts that are.

\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2.  Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$ \_\_\_\_\_ (\*the difference between FMV and the amount received, for each asset on which this occurred).
3.  I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4.  I/we do not have any assets at this time.

**The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ \_\_\_\_\_. This amount is included in total gross annual income.**

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Applicant/Tenant Date

\_\_\_\_\_  
Applicant/Tenant Date

\_\_\_\_\_  
Applicant/Tenant Date

\_\_\_\_\_  
Applicant/Tenant Date



## TENANT RELEASE AND CONSENT

I/We \_\_\_\_\_, the undersigned hereby authorize  
(Resident/Applicant Name)

All persons or companies in the categories listed below to release without liability,

Information regarding employment, income, assets, and/or deductible expenses to

\_\_\_\_\_, for purposes of verifying  
(Property Name)

information on my/our apartment rental application.

### *INFORMATION COVERED*

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

### *GROUPS OR INDIVIDUALS THAT MAY BE ASKED*

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past, Present & Future Employers	Veterans Administrations
Landlords	State Unemployment Agencies
Public Housing Agencies	Banks and other Financial Institutions
Support and Alimony Providers	The Social Security Administration
Insurance Companies/Providers	Pharmacies
Medical & Dental Providers	Utility Companies
Welfare Agencies	Retirement Systems
Educational Institutions	Child Care Providers

### *CONDITIONS*

I/We agree that a photocopy and or fax of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for fifteen months from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

**KEY MANAGEMENT COMPANY**  
**RESIDENT SELECTION CRITERIA / WAITING LIST POLICIES**  
**Section 42 Properties without section 8 project based assistance**

All rental applications will be processed in the order of receipt, in accordance to type of program the property offers.

The same selection procedures will be used for all applications without regard to race, color, religion, sex, national origin, handicap/disability, sexual orientation, gender identity or familial status.

An application which is not completed in its entirety including phone numbers, addresses and information of current and prior landlords, creditors, references, etc. **WILL NOT BE PROCESSED**. The waiting list will be updated by mail on a regular basis. Failure to respond to the notice received will result in removal from the active waiting list. All applicants for assisted housing will be screened according to the criteria set forth in the Resident Selection Plan. These criteria relate to the individual behavior of each applicant in the household:

1. Past performance in meeting financial obligations, especially rent and utilities;
2. A record of disturbing neighbors, destruction of property, prior living or housekeeping habits which may adversely affect the health, safety or welfare of other residents, or cause damage to the unit or development;
3. Involvement in criminal activity on the part of any applicant family member or guest which would adversely affect the health, safety or welfare of other residents;
4. A record of eviction;
5. An applicant's ability and willingness to comply with the terms of the Property's lease;
6. An applicant's misrepresentation of any information related to eligibility, allowances, family composition or rent.

Some reasons for rejection may be, but are not limited to:

1. Negative response from current and/or one former landlord, utility suppliers (if applicable), Police Department or outside agency used, housing provider other than private landlord, credit report, treatment center, or home visit report;
2. Failure to meet property income limits, specifically notice H 00-18 (HUD), *Quality Housing and Work Responsibility Act of 1998 (QHWRA)*;
3. Family composition does not meet requirements stipulated in our policies;
4. Misrepresentation of information related to eligibility;
5. Failure to comply with any material lease terms;
6. Requiring services for lease compliance from management that would result in a fundamental alteration in the nature of the program or activity or in undue financial and administrative burdens on the property.

\*\* Please note – Persons with disabilities have the right to request reasonable accommodations – please advise us of the need for an accommodation and we will be glad to accommodate reasonable requests.

**WE ARE UNDER NO OBLIGATION TO PROVIDE HOUSING TO EVERY APPLICANT AND ARE REQUIRED TO MAKE SOUND BUSINESS JUDGEMENTS.** In the event an applicant is rejected or denied, documentation of reason will be maintained in the rental office files for a period of three years from the date of rejection. **AN ATTEMPT TO NOTIFY APPLICANT IN WRITING FOR REASON(S) OF DENIAL WILL BE MADE.**

_____	_____	_____
Resident Name	Signature	Date
_____	_____	_____
Resident Name	Signature	Date



## Release of Credit and Criminal Information

This is to inform you that, as a part of our procedure for processing your Application for Occupancy or Employment, both a **CREDIT HISTORY REPORT** and a **CRIMINAL HISTORY REPORT** will be requested. *This is required of all prospective tenants or employees.*

This report will be requested only after certain standard criteria are satisfied and your application is deemed to be eligible for further consideration for occupancy and/or employment.

### PLEASE PRINT

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

**SOCIAL SECURITY NUMBER** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE and ZIP:** \_\_\_\_\_

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.



In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743



Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: <a href="http://www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIP Washington, DC 20250 202-720-7051

In connection with this request, I authorize all corporations, former employers, law enforcement agencies, city, state and federal courts, military services, credit reporting agencies and persons to release information they may have about me to the person or company with which this form has been filed, or their agent. I specifically authorize a Consumer Report(s) to be obtained on me. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

