

Rental Application

NOTE: Co-applicant(s) must complete a separate form. PLEASE PRINT

What bedroom size are you requesting? ___ ___ ___ ___ Accessible unit requested? Yes No

Marital Status: Single Married Divorced Widowed Separated Email address: _____

Applicant: _____ **US Citizen?** Yes No
Full Name Date of Birth Social Security Number Phone Number

Co-Applicant: _____ **US Citizen?** Yes No
Full Name Date of Birth Social Security Number Phone Number

Occupant: _____ **US Citizen?** Yes No
Full Name Date of Birth Social Security Number Phone Number

Occupant: _____ **US Citizen?** Yes No
Full Name Date of Birth Social Security Number Phone Number

Occupant: _____ **US Citizen?** Yes No
Full Name Date of Birth Social Security Number Phone Number

Occupant: _____ **US Citizen?** Yes No
Full Name Date of Birth Social Security Number Phone Number

- 1) Do you intend to occupy this apartment as your only address? Yes No
- 2) Are any members of your household handicapped or disabled? Yes No If yes, who? _____
- 3) Are there any anticipated changes in household composition? Yes No If yes, explain: _____
- 4) Were any members 62 or older as of January 31, 2010 and do not have a Social Security number? Yes No

HOUSING HISTORY: must provide 1 full year of housing history

Current Address:

Street Name _____	Apt # _____	Rent Amount _____	Lease Start _____	Lease End _____
City _____	State _____	Zip Code (required) _____	County _____	Landlord's Name _____
				Phone Number _____
				Landlord's Address _____
				Email Address _____

Current Status: Own Paying Mortgage Living with Friend Living with a Relative Renting Non Subsidy
 Renting Subsidy

Upon request, will you be able to provide all addresses you have lived at for the past five (5) years? Yes No

Phone Numbers: Home _____ Pager/Cell _____ Work _____

Please provide a list of ALL states in which any household member has resided: _____

Is any household member subject to the State lifetime sex offender registration in any state? Yes No

- Yes No 1) Do you or any other family member listed currently owe a present or previous landlord past due rent? (this includes late fees, legal fees, maintenance fees and damages)
- Yes No 2) Have you or any other family member listed ever been evicted?
- Yes No 3) Do you or any other family member listed currently reside in or ever resided in a unit under a HUD Project-Based Subsidized Housing Program such as Section 8 housing?
- Yes No 4) Do you or any other family member listed now have or ever had Tenant Based Subsidy such as a Section 8 certificate/voucher?
- Yes No 5) Has your family's assistance or tenancy in a HUD Project Based or Tenant Based Subsidized Housing Program ever been terminated for fraud, nonpayment of rent, failure to cooperate with recertification procedures or for failure to abide by rules and regulations of the Lease Agreement?
- Yes No 6) Are you or any other family member listed currently an illegal user, manufacturer or distributor of a controlled substance? Or does any household member currently have, or have a history of, alcohol abuse that would interfere with the health and safety of fellow residents?
- Yes No 7) Have you or any other family member listed been convicted for any sexual offense?
- Yes No 8) Have you or any other family member listed ever been convicted for the illegal use, manufacture or distribution of a controlled substance?

Expenses:

Do you or any other family member pay for child care for a child twelve (12) years of age or younger which enables you or them to work, go to school or seek employment? Yes No If yes, complete the following:

Name of child care provider: _____

Address of provider: _____

Phone number: _____

Amount paid \$ _____ weekly bi-weekly monthly other

List any medical expenses not covered by insurance (insurance premiums, medical bills, prescriptions, etc). **To be completed by ELDERLY, DISABLED & HANDICAPPED HOUSEHOLDS ONLY.**

Type of Expense: _____ \$ _____ per _____

Type of Expense: _____ \$ _____ per _____

Does anyone in the household require a Service/Companion Animal? Yes No

Students:

Are any of the adult household members in this household enrolled as a student at an institution of higher education? Yes No

If yes, list household members that are students. _____

For student members which of the following exceptions is being met?

- Household member(s) is over 24 years of age: _____
- Household member(s) is a veteran:..... _____
- Household member(s) is married: _____
- Household member(s) has a dependent child in the unit: _____

References: List (3) personal references.

Personal Reference #1: Name: _____
 Phone: _____
 Address: _____
 Relationship _____

Personal Reference #2: Personal Reference #1: Name: _____
 Phone: _____
 Address: _____
 Relationship _____

Personal Reference #3: Personal Reference #1: Name: _____
 Phone: _____
 Address: _____
 Relationship _____

I am hereby advised that S.L. Nusbaum Realty, Co. is employed by _____ (apartment ownership entity) as Managing Agent and Leasing Agent for _____ Apartments, with a rental office located at _____

By execution of this application, I hereby authorize _____ Apartments to make an investigation into my/our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that such investigations typically include (but are not limited to) verification of income, assets, allowances, expenses, current/former residency/rental history, contacting personal references, obtaining criminal record reports and obtaining consumer credit reports. I/We do hereby acknowledge that all information given must be verifiable by third party verification and agree to sign verification forms upon request. I/We do hereby acknowledge disclosure that the licensee, S.L. Nusbaum Realty Co., represents the owner of _____ Apartments in a real estate transaction.

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

Applicant: _____ **Date:** _____ **Time:** _____

Co-Applicant: _____ **Date:** _____ **Time:** _____

Co-Applicant: _____ **Date:** _____ **Time:** _____

Co-Applicant: _____ **Date:** _____ **Time:** _____

Co-Applicant: _____ **Date:** _____ **Time:** _____

Co-Applicant: _____ **Date:** _____ **Time:** _____

How did you hear about our Community? _____
