Ġ	Rental Application				
G E N E R A L	Date of Application	p.m. apartmentNumber of bedrooms desired			
	Applicant Name Phone () 2nd Phone () Maiden Name and/or any other names you have ever been known by	Co-Applicant NamePhone ()			
0	How did you hear about this property?				
H O U S E H O L	Fill in the information requested below for each individual v co-applicant): Relationship Full Name to Applicant Gender	*Social Security City & State Number Birth Date of Birth			
O M P O S I T I O N	*List any household member, who was age 62 or older as of January 31, 2010, and who does not have a Social Security Number, who received HUD rental assistance at another location on January 31, 2010. List all states in which any household member has resided				
D	Will you accept a unit that is not handicapped accessible?				
R E F R E	APPLICANT List 2 people (who are not related to you) as personal references AND list 1 person to be contacted in case of an emergency. 1st Personal Reference:	AND list 1 person to be contacted in case of an emergency.			
N C E	NameAddress	1st Personal Reference: Name Address			
S & E M E R	City Zip Code Phone ()	City Zip Code			
	2 nd Personal Reference: Name Address	2 nd Personal Reference: Name Address			
G E N C	City Zip Code Phone ()	City Zip Code Phone ()			
Y C O	Emergency Contact: Name Relationship to Applicant	Relationship to Applicant			
N T A C	Address City State Zip Code Phone ()	Address			

	Applicant	Co-Applicant	
	□ Wages \$ forHours Weekly	☐ Wages \$ forHours Weekly	
	Employer Name	Employer Name	
	Phone Number ()	Phone Number ()	
	☐ OWF or Cash Assistance \$ Monthly	□ OWF or Cash Assistance \$ Monthl	
	□ Worker's Compensation \$	□ Worker's Compensation \$	
	□ Weekly □ Bi-weekly	□ Weekly □ Bi-weekly	
	☐ Unemployment Benefits \$	Unemployment Benefits \$	
I	□ Weekly □ Bi-weekly	□ Weekly □ Bi-weekly	
N	□ Child Support or Alimony \$	☐ Child Support or Alimony \$	
C O	□ Weekly □ Bi-weekly □ Monthly	□ Weekly □ Bi-weekly □ Monthly	
M	□ Social Security \$ Monthly	☐ Social Security \$ Monthl	
E	☐ Supplemental Security Income (SSI)	☐ Supplemental Security Income (SSI)	
	\$Monthly	\$ Month	
	☐ Veteran's Administration (VA) Pension	☐ Veteran's Administration (VA) Pension	
	\$ Monthly	\$ Month	
	☐ Other Pension \$ Monthly	☐ Other Pension \$ Monthl	
	□ Other Income \$	☐ Other Income \$	
	☐ Weekly ☐ Monthly ☐ Bi-weekly ☐ Annually	☐ Weekly ☐ Monthly ☐ Bi-weekly ☐ Annually	
	Source	Source	
	☐ I have no income from any source	☐ I have no income from any source	
	Applicant	Co-Applicant	
	Name of Bank	Name of Bank	
	Phone Number ()	Phone Number ()	
	☐ Checking Account Balance \$	☐ Checking Account Balance \$	
	Interest Rate	Interest Rate	
	☐ Savings Account Balance \$	☐ Savings Account Balance \$	
	Interest Rate	Interest Rate	
	☐ Certificate of Deposit Balance \$	☐ Certificate of Deposit Balance \$	
	Interest Rate	Interest Rate	
	☐ Additional Account Balance \$	☐ Additional Account Balance \$	
	Type of Account	Type of Account	
A S	Interest Rate	Interest Rate	
S	☐ Direct Express or any card where benefits are	☐ Direct Express or any card where benefits are	
E	deposited \$	deposited \$	
T S	☐ Whole Life Insurance Cash Value \$	☐ Whole Life Insurance Cash Value \$	
ь	Dividend	Dividend	
	☐ If you own any real estate, describe it briefly	☐ If you own any real estate, describe it briefly	
	☐ Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years? If yes, list items:	☐ Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years? If yes, list items:	

Note: If not enough spaces are provided on this page and the next page for you to list all of your income, assets, and expenses, please use the back

	Applicant	Co-Applicant	
	If you are employed or a student, indicate the cost of child care while you are at work or at school: \$ □ Hourly □ Weekly □ Monthly	If you are employed or a student, indicate the cost of child care while you are at work or at school: \$ \subseteq Hourly \subseteq Weekly \subseteq Monthly	
E X P E N S E S	Hours per □ Week □ Month If you are 62 years of age or older or disabled, you are entitled to a \$400.00 deduction from your annual income, and qualify to deduct any of the following medical costs. Please indicate any medical costs paid on a recurring basis. (Indicate only amount for which you are not reimbursed from any source). □ Check here if you qualify for the \$400.00 deduction described above. □ Medicare Premiums \$ Monthly □ Health Insurance Premiums \$ Monthly □ Doctor Visits \$ Per Visit Number of Visits Per Year Per Visit Number of Visits Per Year Monthly □ Other Medical Expenses: Type \$ Monthly	Hours per	
	☐ Monthly ☐ Quarterly ☐ Annually	☐ Monthly ☐ Quarterly ☐ Annually	

	Have you ever lived in an apartment in this community or any other apartment community owned or managed by Premier Management, LLC? ☐ Yes ☐ No		Have you ever lived in an apartment in this community or any other apartment community owned or managed by Premier Management, LLC?	
Λ				
11	If yes, when?Where?		If yes, when?	
	Applicant		Co-Applicant	
R	If this information does not cover a period of at least 3 years, please use the back of this page to provide additional information.		If this information does not cover a period of at least 3 years, please use the back of this page to provide additional information.	
E	Present Address		Present Address	
S	City		City	
I D	State	Zip Code	State	Zip Code
E	Length of Residency	Rent \$	Length of Residency	Rent \$
N	Landlord's Name		Landlord's Name	
T	Landlord's Address		Landlord's Address	
I	City		City	
A	State	Zip Code	State	Zip Code
L	Landlord's Phone ()	·	Landlord's Phone ()	
H	Previous Address		Previous Address	
l	City		City	
S T	State	Zip Code	State	Zip Code
0	Length of Residency	Rent \$	Length of Residency	Rent \$
R	Landlord's Name		Landlord's Name	
Y	Landlord's Address		Landlord's Address	
	City		City	
	State	Zip Code	State	Zip Code
	Landlord's Phone ()		Landlord's Phone ()	

	IDENTIFICATION IS REQUIRED . Please present your driver's license or another form of identification, and READ THE FOLLOWING PARAGRAPH BEFORE SIGNING THIS APPLICATION:			
	By my signature below, I understand and agree that my credit and references will be checked and all other information provided on this application may be verified by a representative of this apartment community or Premier Management, LLC.			
	I certify that if I am accepted for residency in this apartment community, this will be my permanent residence and I will not maintain a separate residence in a different location.			
I D E N T I	I FURTHER CERTIFY THAT THE FACTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, FALSIFIED OR FRAUDULENT STATEMENTS MADE ON THE APPLICATION WILL LEAD TO THE REJECTION OF THIS APPLICATION. CREDIT INQUIRIES WILL BE PROCESSED THROUGH MERIT CHEQUE.			
	Is anyone in the household subject to a lifetime sex offer If yes, whom?	nder registration requirement? ☐ Yes ☐ No		
	If yes, whom? Has anyone in this household ever been convicted of a c If yes, list County	rrime/offense (excluding minor traffic offenses)		
F I C A T I O	In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.			
& S I G	http://www.ascr.usda.gov/complaint_filing_cust.html and at any USD information requested in the form. To request a copy of the complain	DA Program Discrimination Complaint Form, AD-3027, found online at DA office or write a letter addressed to USDA and provide in the letter all of the t form, call (866) 632-9992. Submit your completed form or letter to USDA by: retary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-ov This institution is an equal opportunity provider.		
N A	Applicant	Co-Applicant		
T U R	Applicant's Signature Date	Co-Applicant's Signature Date		
E S	Manager's Signature Date	Manager's Signature Date		
	Identification Viewed:	Identification Viewed:		
	☐ Driver's License Number ☐ Other I.D.	☐ Driver's License Number ☐ Other I.D. ☐		
	License Number & Make of Automobile (s): 1st Auto 2nd Auto	License Number & Make of Automobile (s): 1st Auto		
S T A T I S	The information regarding race, ethnicity and gender designation solicited on the application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal law prohibiting discrimination against tenant applications on the basis of race, color, national origin, sex, age, disability, religion and familial status are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and gender of the individual applicants on the basis of visual observation or surname.			
I C A	Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino	Gender: □ Male □ Female		
L I N F	Race: (Mark one or more) American Indian/Alaskan Native Asian Black/African American	Marital Status of Applicant: ☐ Single ☐ Married ☐ Separated		
O	□ Native Hawaiian or Other Pacific	□ Separated		