



**Rental Application**



G E N E R A L  I N F O	Date of Application _____, 20_____		Number of individuals who will reside in the apartment _____	
	Time of Application _____ a.m./p.m.		Number of bedrooms desired _____	
	Apartment Community _____			
Applicant Name _____		Co-Applicant Name _____		
Phone ( ) _____		Phone ( ) _____		
2 <sup>nd</sup> Phone ( ) _____		2 <sup>nd</sup> Phone ( ) _____		
Maiden Name and/or any other names you have ever been known by _____		Maiden Name and/or any other names you have ever been known by _____		
How did you hear about this property? _____				

H O U S E H O L D  C O M P O S I T I O N	Fill in the information requested below for each individual who will reside in the apartment (include the applicant and/or co-applicant):					
	Full Name	Relationship to Applicant	Gender	*Social Security Number	Birth Date	City & State of Birth
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	*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 _____					
	Are any of the individuals listed above enrolled in an institution of higher education? (College, business, or trade school, etc. This includes full-time or part-time status). <input type="checkbox"/> Yes <input type="checkbox"/> No Whom? _____					
	Are you applying for a handicapped accessible unit only? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will you accept a unit that is not handicapped accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No						

R E F E R E N C E S  &  E M E R G E N C Y  C O N T A C T	<b>APPLICANT</b>		<b>CO-APPLICANT</b>	
	List 2 people (who are not related to you) as personal references AND list 1 person to be contacted in case of an emergency.		List 2 people (who are not related to you) as personal references AND list 1 person to be contacted in case of an emergency.	
	<b>1<sup>st</sup> Personal Reference:</b>		<b>1<sup>st</sup> Personal Reference:</b>	
	Name _____		Name _____	
	Address _____		Address _____	
	City _____		City _____	
	State _____ Zip Code _____		State _____ Zip Code _____	
	Phone ( ) _____		Phone ( ) _____	
	<b>2<sup>nd</sup> Personal Reference:</b>		<b>2<sup>nd</sup> Personal Reference:</b>	
	Name _____		Name _____	
Address _____		Address _____		
City _____		City _____		
State _____ Zip Code _____		State _____ Zip Code _____		
Phone ( ) _____		Phone ( ) _____		
<b>Emergency Contact:</b>		<b>Emergency Contact:</b>		
Name _____		Name _____		
Relationship to Applicant _____		Relationship to Applicant _____		
Address _____		Address _____		
City _____		City _____		
State _____ Zip Code _____		State _____ Zip Code _____		
Phone ( ) _____		Phone ( ) _____		

**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 of this page to provide additional information.

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

--	--	--

**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  
 \_\_\_\_\_ 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  Bi-Monthly  Annually
- Doctor Visits \$ \_\_\_\_\_ Per Visit  
 Number of Visits Per Year \_\_\_\_\_
- Prescription Medication \$ \_\_\_\_\_ Monthly
- Other Medical Expenses:  
 Type \_\_\_\_\_ \$ \_\_\_\_\_  
 Monthly  Quarterly  Annually

**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  
 \_\_\_\_\_ 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  Bi-Monthly  Annually
- Doctor Visits \$ \_\_\_\_\_ Per Visit  
 Number of Visits Per Year \_\_\_\_\_
- Prescription Medication \$ \_\_\_\_\_ Monthly
- Other Medical Expenses:  
 Type \_\_\_\_\_ \$ \_\_\_\_\_  
 Monthly  Quarterly  Annually

E  
X  
P  
E  
N  
S  
E  
S

<h1 style="font-size: 2em;">A</h1>	<p>Have you ever lived in an apartment in this community or any other apartment community owned or managed by Premier Management, LLC?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when? _____ Where? _____</p>	<p>Have you ever lived in an apartment in this community or any other apartment community owned or managed by Premier Management, LLC?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when? _____ Where? _____</p>
<p>R E S I D E N T I A L  H I S T O R Y</p>	<p style="text-align: center;"><b>Applicant</b></p> <p><b>If this information does not cover a period of at least 3 years, please use the back of this page to provide additional information.</b></p> <p><b>Present Address</b> _____ City _____ State _____ Zip Code _____ Length of Residency _____ Rent \$ _____ Landlord's Name _____ Landlord's Address _____ City _____ State _____ Zip Code _____ Landlord's Phone (     ) _____</p> <p><b>Previous Address</b> _____ City _____ State _____ Zip Code _____ Length of Residency _____ Rent \$ _____ Landlord's Name _____ Landlord's Address _____ City _____ State _____ Zip Code _____ Landlord's Phone (     ) _____</p>	<p style="text-align: center;"><b>Co-Applicant</b></p> <p><b>If this information does not cover a period of at least 3 years, please use the back of this page to provide additional information.</b></p> <p><b>Present Address</b> _____ City _____ State _____ Zip Code _____ Length of Residency _____ Rent \$ _____ Landlord's Name _____ Landlord's Address _____ City _____ State _____ Zip Code _____ Landlord's Phone (     ) _____</p> <p><b>Previous Address</b> _____ City _____ State _____ Zip Code _____ Length of Residency _____ Rent \$ _____ Landlord's Name _____ Landlord's Address _____ City _____ State _____ Zip Code _____ Landlord's Phone (     ) _____</p>

