

Rental Application Cover Page for [Property Name]

This housing is offered without regard to race, color, religion, sex, gender identity and expression, family status, national origin, marital status, ancestry, age, sexual orientation, disability, source of income, genetic information, arbitrary characteristics, or any other basis prohibited by law.

1. [PROPERTY NAME] has fully accessible units for people with mobility disabilities and people with hearing/vision disabilities. [PROPERTY NAME] also has units with some accessible features, such as no steps. If you would like to request one of these units, please complete the Accessible Apartment section on the Voluntary Information page of the rental application. For information about the accessible features of these units, please contact:

Property Management Name: [PROPERTY NAME]

Title: Property Manager

Phone Number: [PROPERTY PHONE NUMBER]

TTY: TTY: 711 [PROPERTY PHONE NUMBER] (Toll Free)

Email: [PROPERTY EMAIL ADDRESS]

2. Reasonable accommodations and modifications will be considered upon request. A person with a disability may ask for:
 - a. A change I rules (reasonable accommodation)
 - b. A physical change to their apartment or shared areas in the building (reasonable modification)
 - c. An accessible apartment
 - d. Aids and services to help you communicate with us

If you or anyone in your household has a disability and needs any of these things to live in [PROPERTY NAME] and use our services, then contact the Property Management staff listed above to complete a form called “Request Form for Reasonable Accommodations and Modifications”.

Applicant Name: _____



MCCORMACK BARON MANAGEMENT

Transforming places into communities where all people can thrive.

RENTAL APPLICATION

Name of Property _____

Date _____

Apartment size desired – Number of Bedrooms: _____

PLEASE PRINT AND ANSWER ALL QUESTIONS. DO NOT leave any space blank, write "NO or NONE" where appropriate.

1. APPLICANT INFORMATION AND RESIDENCE HISTORY

| | | | |
|-----------------------------------|---------|---|---------|
| Name of Head of Household (Head): | | Co-Head of Household (spouse or domestic partner) Name (if living with the household): | |
| Email Address(Head) | | Email Address (Co-Head of Household) | |
| Home Phone #: | Cell #: | Home Phone #: | Cell #: |

Please show at least 2 years of resident history, including any owned by applicants

| Current Address | Do you own this residence (Yes or No)? | Rent/Mrtg Pmt | Utilities/MO | |
|--|--|---------------|-----------------|--|
| Street: | | | Move in Date | |
| City and State | | | Move Out Date | |
| Landlord Name and Address (If rented): | | | Landlord Phone: | |
| Previous Address | Do you own this residence (Yes or No)? | Rent/Mrtg Pmt | Utilities/MO | |
| Street: | | | Move-In Date | |
| City and State | | | Move Out Date | |
| Landlord Name and Address (If rented): | | | Landlord Phone: | |
| Previous Address | Do you own this residence (Yes or No)? | Rent/Mrtg Pmt | Utilities/MO | |
| Street: | | | Move-In Date | |
| City and State | | | Move Out Date | |
| Landlord Name and Address (If rented): | | | Landlord Phone: | |

Have you ever used another name? **Y/N** _____ If so, please indicate name(s) _____

Applicant Name: _____



2. HOUSEHOLD COMPOSITION: PLEASE PRINT

List all persons who will be residing in this household, even those completing their own application

| Member # | Name(s) | Relation to Head | Gender | Date of Birth MM/DD/YY | SSN | Person with Disabilities (Y/N) | Veteran (Y/N) | Lives in Household 100% (Y/N) | Percentage of Time |
|----------|---------|------------------|--------|------------------------|-----|--------------------------------|---------------|-------------------------------|--------------------|
| 1 | | Head | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |

Anticipated changes in household size? (Y/N) _____ If yes, please explain _____

3. EDUCATION INFORMATION: PLEASE PRINT LIST ALL HOUSEHOLD MEMBERS. Keep the Member # the same as listed above.

Note: Questions about disability are voluntary and are for the sole purpose of determining eligible student status

| Member # | Currently a Student (Y/N) | Last Grade Level | Full Time or Part Time Student (F/P) | Last Year of School Completed | Name of School | Type of School (Pre-K, elementary, college, etc.) |
|----------|---------------------------|------------------|--------------------------------------|-------------------------------|----------------|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |

Anticipated change in number of students (Y/N) _____, if yes, please explain _____

4. VEHICLES (including company cars, motorcycles, etc.)

| Member # | Driver's License Number | State | Model | Year | Color | License Plate Number | State | Monthly Payment |
|----------|-------------------------|-------|-------|------|-------|----------------------|-------|-----------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Applicant Name: _____



5. **ANTICIPATED INCOME:** ALL PRESENT EMPLOYMENT AND OTHER INCOME RECEIVED BY YOU AND/OR MINOR CHILDREN OF WHICH YOU HAVE DIRECT CUSTODY OR CARE MUST BE LISTED HERE.

- **If Employment:** Name of Employer
- **If No Employment:** Name of source, AFDC, alimony, child support, unemployment, general assistance, pension, social security, TANF, etc.

| | | | | |
|-----------------|--------------------|------------------------|---|----------------------------|
| Member # | Source/Name | Occupation if employed | Income Start Date: _____ Income/mo from this source: _____ | # of Hours worked per week |
| Address: | | | Contact Phone Number: | |
| Contact Name: | | | Contact Fax Number: | |
| Member # | Source/Name | Occupation if employed | Income Start Date: _____ Income/mo from this source: _____ | # of Hours worked per week |
| Address: | | | Contact Phone Number: | |
| Contact Name: | | | Contact Fax Number: | |
| Member # | Source/Name | Occupation if employed | Income Start Date: _____ Income/mo from this source: _____ | # of Hours worked per week |
| Address: | | | Contact Phone Number: | |
| Contact Name: | | | Contact Fax Number: | |

6. **ASSETS:** List all assets owned by the adult(s) completing this application (and/or their minor children). Do not include personal property (cars, jewelry, etc.).

| Member # | Describe Type | Value of Asset |
|----------|---|----------------|
| | <input type="checkbox"/> Checking <input type="checkbox"/> Debit Card <input type="checkbox"/> Savings <input type="checkbox"/> Retirement Acct <input type="checkbox"/> None <input type="checkbox"/> Other (describe) | \$ |
| | <input type="checkbox"/> Checking <input type="checkbox"/> Debit Card <input type="checkbox"/> Savings <input type="checkbox"/> Retirement Acct <input type="checkbox"/> None <input type="checkbox"/> Other (describe) | \$ |
| | <input type="checkbox"/> Checking <input type="checkbox"/> Debit Card <input type="checkbox"/> Savings <input type="checkbox"/> Retirement Acct <input type="checkbox"/> None <input type="checkbox"/> Other (describe) | \$ |
| | <input type="checkbox"/> Checking <input type="checkbox"/> Debit Card <input type="checkbox"/> Savings <input type="checkbox"/> Retirement Acct <input type="checkbox"/> None <input type="checkbox"/> Other (describe) | \$ |
| | <input type="checkbox"/> Checking <input type="checkbox"/> Debit Card <input type="checkbox"/> Savings <input type="checkbox"/> Retirement Acct <input type="checkbox"/> None <input type="checkbox"/> Other (describe) | \$ |

Are the total household assets and bank account balances equal to or greater than \$5,000? (Y/N) _____

Have you disposed of any assets (e.g. real estate, cash, stocks, etc.) in the past two years? (Y/N) _____

If yes, please describe _____

7. **PETS:**

Pets are permitted only on certain properties. Service animals and emotional assistance animals are not pets.

If you need a service animal or emotional assistance animal, please tell us right away. Service animals and emotional assistance animals may be permitted for otherwise qualified people with disabilities as a reasonable accommodation.

Do you have any pets? (Y/N) _____ How Many? _____ Type _____ Weight _____

Applicant Name: _____



I/We authorize McCormack Baron Management, Inc. agent for the Property, and a third party designated verification agency to verify information on this application and to do a complete investigation of all information provided. A complete investigation may include any or all of the following: credit report, criminal record, employment or rental history references and personal interviews with above references. I/We acknowledge the MBM 3rd party designated verification agency does not participate in the approval or denial process. I/We have personally filled in and/or reviewed all information listed above and that my/our signatures below authorize the release of rental, job history (including salary) and criminal information.

Under penalty of perjury, I/We certify that the information presented in this declaration is truth and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. I/we understand this application may be rejected as the result of my/our misrepresentation or insufficient information.

Acceptance of this application and any deposits is not binding upon McCormack Baron Management, Inc. until application is approved in writing. I/We understand that this application and all related inquiries will be used only for its relevance to screening and occupancy at this property.

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, family status, national origin, marital status, ancestry, age, sexual orientation, disability, source of income, genetic information, arbitrary characteristics, or any other basis prohibited by law.

SIGNATURES OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER

| | | |
|-----------------------------------|------|--------------------------------------|
| Applicant Signature (HEAD) | Date | Applicant Printed Name (HEAD) |
| Applicant Signature | Date | Applicant Printed Name |
| Property Representative Signature | Date | Property Representative Printed Name |

For Office Use ONLY

MBM 10/2020 Supersedes MBM 01/2020

Applicant Fee Rec'd \$ _____ Reservation Deposit Rec'd \$ _____

By: _____

Date: _____

Date Apartment Desired _____

Attachments:

HUD Citizenship Declaration Form

HUD Verification Consent Form

Date and time stamp

Applicant Name: _____



VOLUNTARY INFORMATION

The following information is requested, not required. Not responding WILL NOT impact your application for housing.

Accessible Apartment:

Does anyone in your household need an apartment with special features for people with disabilities, such as a unit designed for a person using a wheelchair, or a unit with features for people with hearing or vision disabilities? (Y/N) _____ Mobility _____ Hearing/Vision _____ Both _____
If yes, please explain (attach additional pages as needed): _____

NOTE: Qualified individuals with disabilities may request changes in rules, or physical modifications to an apartment or common area as a reasonable accommodation.

Do you wish to request a reasonable accommodation for a household member? (Y/N) _____

Do you wish to provide the name/other information of a person for us to contact if you need help with your application or if you become a resident?

(Y/N) _____ If you answered yes, please complete the attached Optional Contact Information Form (HUD-92006)

How did you hear about us? Select One _____ Agency _____ Apartment Guide _____ Bus/Billboard _____ Direct Mail _____ Drive By _____ Employee
_____ Friend/Relative/Resident _____ Housing Authority _____ Newspaper _____ Website _____ Word of Mouth _____ Other

Applicant Name: _____

2020 McCormack Baron Management, Inc. Rental Application

