

# 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):		<i>Co-Head of Household (spouse or domestic partner) Name (if living with the household):</i>	
Email Address(Head)		<i>Email Address (Co-Head of Household)</i>	
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.

<b>Member #</b>	<b>Source/Name</b>	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:	
<b>Member #</b>	<b>Source/Name</b>	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:	
<b>Member #</b>	<b>Source/Name</b>	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 \_\_\_\_\_





## 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

