

# 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 \_\_\_\_\_



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 3<sup>rd</sup> 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.

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 04/2018 Supersedes MBM 03/2018

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



## 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) \_\_\_\_\_

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)

**What is your reason for leaving current address? (Select all that apply)**

- Location (1)    Price (2)    Excessive Cost of Utilities (3)    Appearance/Design/Quality (4)    Management (5)    Increase in Income (6)
- Decrease in Income (7)    Change in Housing Composition (8)    Undesirable Neighborhood (9)

**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

**What attracted you to this property? (Select One)**   \_\_\_Appearance/Design   \_\_\_Availability   \_\_\_Close to Good School   \_\_\_Close to Public Transit  
\_\_\_Close to Work   \_\_\_Employee Referral   \_\_\_Neighborhood   \_\_\_Price   \_\_\_Project Amenities   \_\_\_Resident Referral   \_\_\_Other

**Health Insurance:**

Member #	Describe Type
	<input type="checkbox"/> Employer <input type="checkbox"/> MC+ <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> VA <input type="checkbox"/> None <input type="checkbox"/> Other (describe)
	<input type="checkbox"/> Employer <input type="checkbox"/> MC+ <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> VA <input type="checkbox"/> None <input type="checkbox"/> Other (describe)
	<input type="checkbox"/> Employer <input type="checkbox"/> MC+ <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> VA <input type="checkbox"/> None <input type="checkbox"/> Other (describe)
	<input type="checkbox"/> Employer <input type="checkbox"/> MC+ <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> VA <input type="checkbox"/> None <input type="checkbox"/> Other (describe)
	<input type="checkbox"/> Employer <input type="checkbox"/> MC+ <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> VA <input type="checkbox"/> None <input type="checkbox"/> Other (describe)

**Community Programs:** If any of the following programs or opportunities were offered by partner organizations in this neighborhood, would you or members of your household be interested in using them? (Y/N) \_\_\_\_\_ If Yes, select all that apply

\_\_\_Early Childhood/Children program   \_\_\_After school or summer program   \_\_\_Adult education program   \_\_\_Fitness & Healthy living program  
\_\_\_Opportunities to volunteer with children and youth program (tutoring, sports, etc.)   \_\_\_Technology training program

Applicant Name: \_\_\_\_\_

