

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.

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 _____



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.

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

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) _____

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: _____

