



## Rental Application



GENERAL INFO

Date of Application \_\_\_\_\_, 20\_\_\_\_ Number of individuals who will reside in the apartment \_\_\_\_\_  
 Time of Application \_\_\_\_\_ a.m./p.m. \_\_\_\_\_  
 Apartment Community \_\_\_\_\_ Number of bedrooms desired \_\_\_\_\_

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? \_\_\_\_\_

HOUSEHOLD COMPOSITION

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	Sex	Social Security Number	Birth date	City & State of Birth
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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).  Yes  No Who? \_\_\_\_\_

Are you applying for a handicapped accessible unit only?  Yes  No  
 Will you accept a unit that is not handicapped accessible?  Yes  No

REFERENCES & EMERGENCY CONTACT

## APPLICANT

List 2 people (who are not related to you) as personal references AND list 1 person to be contacted in case of an emergency.

1<sup>st</sup> Personal Reference:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_

2<sup>nd</sup> Personal Reference:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_

## Emergency Contact:

Name \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_

## CO - APPLICANT

List 2 people (who are not related to you) as personal references AND list 1 person to be contacted in case of an emergency.

1<sup>st</sup> Personal Reference:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_

2<sup>nd</sup> Personal Reference:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_

## Emergency Contact:

Name \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 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 ask for a blank page on which to provide additional information.

	<b>Applicant</b>	<b>Co-Applicant</b>
<b>I N C O M E</b>	<p><input type="checkbox"/> Wages \$ _____ for _____ Hours Weekly</p> <p><input type="checkbox"/> Salary \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly  <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p> <p>Employer Name _____  Address _____  Phone Number _____</p> <p><input type="checkbox"/> ADC or General Relief \$ _____ Monthly</p> <p><input type="checkbox"/> Worker's Compensation \$ _____  <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly</p> <p><input type="checkbox"/> Unemployment Benefits \$ _____  <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly</p> <p><input type="checkbox"/> Child Support or Alimony \$ _____  <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Social Security \$ _____ Monthly</p> <p><input type="checkbox"/> Supplemental Security Income (SSI)  \$ _____ Monthly</p> <p><input type="checkbox"/> Veteran's Administration (VA) Pension  \$ _____ Monthly</p> <p><input type="checkbox"/> Other Pension \$ _____ Monthly</p> <p><input type="checkbox"/> Other Income \$ _____  <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Annually</p> <p>Source _____</p>	<p><input type="checkbox"/> Wages \$ _____ for _____ Hours Weekly</p> <p><input type="checkbox"/> Salary \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly  <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p> <p>Employer Name _____  Address _____  Phone Number _____</p> <p><input type="checkbox"/> ADC or General Relief \$ _____ Monthly</p> <p><input type="checkbox"/> Worker's Compensation \$ _____  <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly</p> <p><input type="checkbox"/> Unemployment Benefits \$ _____  <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly</p> <p><input type="checkbox"/> Child Support or Alimony \$ _____  <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Social Security \$ _____ Monthly</p> <p><input type="checkbox"/> Supplemental Security Income (SSI)  \$ _____ Monthly</p> <p><input type="checkbox"/> Veteran's Administration (VA) Pension  \$ _____ Monthly</p> <p><input type="checkbox"/> Other Pension \$ _____ Monthly</p> <p><input type="checkbox"/> Other Income \$ _____  <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Annually</p> <p>Source _____</p>
<b>A S S E T S</b>	<p>Name of Bank _____  Address _____  Phone Number _____</p> <p><input type="checkbox"/> Checking Account Balance \$ _____  Interest Rate _____</p> <p><input type="checkbox"/> Savings Account Balance \$ _____  Interest Rate _____</p> <p><input type="checkbox"/> Certificate of Deposit Balance \$ _____  Interest Rate _____</p> <p><input type="checkbox"/> Additional Account Balance \$ _____  Type of Account _____  Interest Rate _____</p> <p><input type="checkbox"/> Whole Life Insurance Cash Value \$ _____  Dividend _____</p> <p><input type="checkbox"/> If you own any real estate, describe it briefly  _____  _____</p> <p><input type="checkbox"/> If you have disposed of any assets for less than fair market value (within the past 2 years), explain briefly _____  _____  _____</p>	<p>Name of Bank _____  Address _____  Phone Number _____</p> <p><input type="checkbox"/> Checking Account Balance \$ _____  Interest Rate _____</p> <p><input type="checkbox"/> Savings Account Balance \$ _____  Interest Rate _____</p> <p><input type="checkbox"/> Certificate of Deposit Balance \$ _____  Interest Rate _____</p> <p><input type="checkbox"/> Additional Account Balance \$ _____  Type of Account _____  Interest Rate _____</p> <p><input type="checkbox"/> Whole Life Insurance Cash Value \$ _____  Dividend _____</p> <p><input type="checkbox"/> If you own any real estate, describe it briefly  _____  _____</p> <p><input type="checkbox"/> If you have disposed of any assets for less than fair market value (within the past 2 years), explain briefly _____  _____  _____</p>

<b>E X P E N S E S</b>	<p style="text-align: center;"><b>Applicant</b></p> <p>If you are employed or a student, indicate the cost of child care while you are at work or at school:          \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly          _____ Hours per <input type="checkbox"/> Week <input type="checkbox"/> Month</p> <p>If you are 62 years old 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).  <input type="checkbox"/> Check here if you qualify for the \$400.00 deduction described above</p> <p><input type="checkbox"/> Medicare Premiums \$ _____ Monthly</p> <p><input type="checkbox"/> Health Insurance Premiums \$ _____  <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly  <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually</p> <p><input type="checkbox"/> Doctor Visits \$ _____ Per Visit          Number of Visits Per Year _____</p> <p><input type="checkbox"/> Prescription Medication \$ _____ Monthly</p> <p><input type="checkbox"/> Other Medical Expenses:          Type _____ \$ _____  <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually</p>	<p style="text-align: center;"><b>Co-Applicant</b></p> <p>If you are employed or a student, indicate the cost of child care while you are at work or at school:          \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly          _____ Hours per <input type="checkbox"/> Week <input type="checkbox"/> Month</p> <p>If you are 62 years old 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).  <input type="checkbox"/> Check here if you qualify for the \$400.00 deduction described above</p> <p><input type="checkbox"/> Medicare Premiums \$ _____ Monthly</p> <p><input type="checkbox"/> Health Insurance Premiums \$ _____  <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly  <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually</p> <p><input type="checkbox"/> Doctor Visits \$ _____ Per Visit          Number of Visits Per Year _____</p> <p><input type="checkbox"/> Prescription Medication \$ _____ Monthly</p> <p><input type="checkbox"/> Other Medical Expenses:          Type _____ \$ _____  <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually</p>
		<p>Have you ever lived in an apartment in this community or any other apartment community owned or managed by Premier Management, LLC?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when? _____          Where? _____</p>
<b>R E N T A L  H I S T O R Y</b>	<p style="text-align: center;"><b>Applicant</b></p> <p>If this information does not cover a period of at least 3 years, please attach another page with additional information.</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>If this information does not cover a period of at least 3 years, please attach another page with additional information.</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>

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**IDENTIFICATION IS REQUIRED.** Please present your driver's license or another form of identification, and READ THE FOLLOWING PARAGRAPH BEFORE SIGNING THIS APPLICATION:

By my signature below, I understand and agree that my credit and references may be checked and all other information provided on this application may be verified by a representative of this apartment community or Premier Management, LLC.

I certify that if I am accepted for residency in this apartment community, this will be my permanent residence and I will not maintain a separate subsidized rental apartment in a different location.

I FURTHER CERTIFY THAT THE FACTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, FALSIFIED OR FRAUDULENT STATEMENTS MADE ON THE APPLICATION WILL LEAD TO THE REJECTION OF THIS APPLICATION.

Is anyone in the household subject to a lifetime sex offender registration requirement?  Yes  No  
If yes, whom? \_\_\_\_\_

Has anyone in this household ever been convicted of a felony?  Yes  No  
If yes, list County \_\_\_\_\_ and State \_\_\_\_\_

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)  
This institution is an equal opportunity provider.

Applicant	Co-Applicant
_____ Applicant's Signature <span style="float: right;">Date</span>	_____ Applicant's Signature <span style="float: right;">Date</span>
_____ Manager's Signature <span style="float: right;">Date</span>	_____ Manager's Signature <span style="float: right;">Date</span>
<b>Identification Viewed:</b> <input type="checkbox"/> Driver's License Number _____ <input type="checkbox"/> Other I.D. _____	<b>Identification Viewed:</b> <input type="checkbox"/> Driver's License Number _____ <input type="checkbox"/> Other I.D. _____
<b>License Number &amp; Make of Automobile(s):</b> 1 <sup>st</sup> Auto _____ 2 <sup>nd</sup> Auto _____	<b>License Number &amp; Make of Automobile(s):</b> 1 <sup>st</sup> Auto _____ 2 <sup>nd</sup> Auto _____

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The information regarding race, ethnicity and sex designation solicited on the application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal law prohibiting discrimination against tenant applications on the basis of race, color, national origin, sex, age, disability, religion and familial status are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of the individual applicants on the basis of visual observation or surname.

Ethnicity:  
 Hispanic or Latino  
 Not Hispanic Or Latino

Gender:  
 Male  
 Female

Race: (Mark one or more)  
 American Indian/Alaskan Native  
 Asian  
 Black/African American  
 Native Hawaiian or Other Pacific Islander  
 White

Marital Status of Applicant:  
 Single  
 Married  
 Separated