

Landlord Address _____

Landlord City, State, Zip Code _____

Address _____ City, State, Zip Code _____

Landlord Name _____

Landlord Phone Number _____

Landlord Address _____

Landlord City, State, Zip Code _____

Are you currently living in subsidized housing? Yes No

List ALL City, States and the County that you have lived in since 1996.

APPLICANT _____
City State County City State County

PERSONAL REFERENCES: List two personal non-related references:

Name	Address, City, State, Zip	Relationship	Phone

CO-APPLICANT INFORMATION: If there is no co-applicant (other adult) please fill in with N/A.

Full Legal Name: _____ Phone: _____
First Middle Last

List the addresses that you have lived at during the last three (3) years, **beginning with your current address:**

Address _____ City, State, Zip Code _____

Landlord Name _____

Landlord Phone Number _____

Landlord Address _____

Landlord City, State, Zip Code _____

Address _____ City, State, Zip Code _____

Landlord Name _____

Landlord Phone Number _____

Landlord Address _____

Landlord City, State, Zip Code _____

Are you currently living in subsidized housing? Yes No

HEAD OF HOUSEHOLD (please check as appropriate)

RACE	ETHNICITY	SEX
<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Male <input type="checkbox"/> Female

Information provided by Management.

Please check the box or boxes that apply to either the HEAD or CO-APPLICANT:

HEAD	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Disabled	<input type="checkbox"/> Age 62 or Over	<input type="checkbox"/> None of these
CO-APPL	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Disabled	<input type="checkbox"/> Age 62 or Over	<input type="checkbox"/> None of these

Do you wish to claim the \$400.00 deduction for handicap or disabled household status? Yes No

Do you, or any other person planning on occupying the apartment require accessible features? Yes No

If yes, explain _____

STUDENT INFORMATION

Are you, or any other person planning to occupy the apartment, a current student or expect to be in the next 12 months, at an institute of higher education? (Any type of school or training past high school) Yes No If yes, student certification must be completed.

CERTIFICATION: I hereby certify that I am not attempting to rent an apartment under a false name. I certify that I do not/will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this apartment prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I understand that if accepted as a resident, this application will become a part of the lease. I further understand that this is a preliminary application and gives no lease or rental rights.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

AUTHORIZATION: I do hereby authorize Auburn Manor and its staff or authorized representative to contact any credit report bureaus, agencies, local police departments, offices, groups, previous landlords and/or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for residency.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____