



Rental Application

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

Applicant Name _____ Co-Applicant Name _____
 Phone () _____ Phone () _____
 2nd Phone () _____ 2nd 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?

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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

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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.

1st Personal Reference:

Name _____
 Address _____
 City _____
 State _____ Zip Code _____
 Phone () _____

2nd 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.

1st Personal Reference:

Name _____
 Address _____
 City _____
 State _____ Zip Code _____
 Phone () _____

2nd 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.

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Applicant

Co-Applicant

- Wages \$ _____ for _____ Hours Weekly
 - Salary \$ _____ Weekly Bi-Weekly
 Monthly Annually
 - Employer Name _____
 - Address _____
 - Phone Number _____
 - ADC or General Relief \$ _____ Monthly
 - Worker's Compensation \$ _____
 Weekly Bi-weekly
 - Unemployment Benefits \$ _____
 Weekly Bi-Weekly
 - Child Support or Alimony \$ _____
 Weekly Bi-Weekly Monthly
 - Social Security \$ _____ Monthly
 - Supplemental Security Income (SSI)
 \$ _____ Monthly
 - Veteran's Administration (VA) Pension
 \$ _____ Monthly
 - Other Pension \$ _____ Monthly
 - Other Income \$ _____
 Weekly Monthly Bi-Weekly Annually
- Source _____

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 - Salary \$ _____ Weekly Bi-Weekly
 Monthly Annually
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 - Address _____
 - Phone Number _____
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 - Other Income \$ _____
 Weekly Monthly Bi-Weekly Annually
- Source _____

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Applicant


Co-Applicant

- Name of Bank _____
- Address _____
- Phone Number _____
- Checking Account Balance \$ _____
 Interest Rate _____
- Savings Account Balance \$ _____
 Interest Rate _____
- Certificate of Deposit Balance \$ _____
 Interest Rate _____
- Additional Account Balance \$ _____
 Type of Account _____
 Interest Rate _____
- Whole Life Insurance Cash Value \$ _____
 Dividend _____
- If you own any real estate, describe it briefly

- If you have disposed of any assets for less than fair market value (within the past 2 years), explain briefly _____

- Name of Bank _____
- Address _____
- Phone Number _____
- Checking Account Balance \$ _____
 Interest Rate _____
- Savings Account Balance \$ _____
 Interest Rate _____
- Certificate of Deposit Balance \$ _____
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- Whole Life Insurance Cash Value \$ _____
 Dividend _____
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E X P E N S E S	<p style="text-align: center;">Applicant</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;">Co-Applicant</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?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when? _____ Where? _____</p>	<p>Have you ever lived in an apartment in this community or any other apartment community owned or managed by Premier Management, LLC?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when? _____ Where? _____</p>
R E N T A L H I S T O R Y	<p style="text-align: center;">Applicant</p> <p>If this information does not cover a period of at least 3 years, please attach another page with additional information.</p> <p>Present Address _____ City _____ State _____ Zip Code _____ Length of Residency _____ Rent \$ _____ Landlord's Name _____ Landlord's Address _____ City _____ State _____ Zip Code _____ Landlord's Phone () _____</p> <p>Previous Address _____ 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;">Co-Applicant</p> <p>If this information does not cover a period of at least 3 years, please attach another page with additional information.</p> <p>Present Address _____ City _____ State _____ Zip Code _____ Length of Residency _____ Rent \$ _____ Landlord's Name _____ Landlord's Address _____ City _____ State _____ Zip Code _____ Landlord's Phone () _____</p> <p>Previous Address _____ City _____ State _____ Zip Code _____ Length of Residency _____ Rent \$ _____ Landlord's Name _____ Landlord's Address _____ City _____ State _____ Zip Code _____ Landlord's Phone () _____</p>

I D E N T I F I C A T I O N & S I G N A T U R E S	<p>IDENTIFICATION IS REQUIRED. Please present your driver's license or another form of identification, and READ THE FOLLOWING PARAGRAPH BEFORE SIGNING THIS APPLICATION:</p> <p>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.</p> <p>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.</p> <p>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. CREDIT INQUIRIES WILL BE PROCESSED THROUGH MERIT CHEQUE.</p> <hr/> <p>Is anyone in the household subject to a lifetime sex offender registration requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, whom? _____</p> <p>Has anyone in this household ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list County _____ and State _____</p> <p>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.</p> <p>Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, 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.</p> <p>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 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 This institution is an equal opportunity provider.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Applicant</th> <th style="width: 50%; text-align: center;">Co-Applicant</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> _____ Applicant's Signature Date _____ Manager's Signature Date <b style="text-align: center;">Identification Viewed: <input type="checkbox"/> Driver's License Number _____ <input type="checkbox"/> Other I.D. _____ <b style="text-align: center;">License Number & Make of Automobile(s): 1st Auto _____ 2nd Auto _____ </td> <td style="padding: 5px;"> _____ Applicant's Signature Date _____ Manager's Signature Date <b style="text-align: center;">Identification Viewed: <input type="checkbox"/> Driver's License Number _____ <input type="checkbox"/> Other I.D. _____ <b style="text-align: center;">License Number & Make of Automobile(s): 1st Auto _____ 2nd Auto _____ </td> </tr> </tbody> </table>	Applicant	Co-Applicant	_____ Applicant's Signature Date _____ Manager's Signature Date <b style="text-align: center;">Identification Viewed: <input type="checkbox"/> Driver's License Number _____ <input type="checkbox"/> Other I.D. _____ <b style="text-align: center;">License Number & Make of Automobile(s): 1 st Auto _____ 2 nd Auto _____	_____ Applicant's Signature Date _____ Manager's Signature Date <b style="text-align: center;">Identification Viewed: <input type="checkbox"/> Driver's License Number _____ <input type="checkbox"/> Other I.D. _____ <b style="text-align: center;">License Number & Make of Automobile(s): 1 st Auto _____ 2 nd Auto _____
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S T A T I S T I C A L I N F O	<p>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.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic Or Latino Race: (Mark one or more) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White </td> <td style="width: 50%; vertical-align: top;"> Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status of Applicant: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated </td> </tr> </table>	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic Or Latino Race: (Mark one or more) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status of Applicant: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated		
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