

## Preliminary Rental Application

Date of Application: \_\_\_\_\_  
 Time of Application: \_\_\_\_\_  
 Desired Move-In Date: \_\_\_\_\_  
 Desired Unit Size: 1 2 3 4 5

<i>Applicant (Head of Household)</i>	
Applicant Legal Name (Last, First)	_____
Applicant Address	_____ _____
	Choose One: <input type="checkbox"/> Own <input type="checkbox"/> Rent
Social Security #	_____
Date of Birth	_____
Telephone #	( ) _____
Email Address	_____
No. People in Home:	_____
Marital Status (circle one):	Single Married Separated Divorce Widow

<i>Co-Applicant (Co-Head of Household)</i>	
Co-Applicant Legal Name (Last, First)	_____
Co-Applicant Address	_____ _____
	Choose One: <input type="checkbox"/> Own <input type="checkbox"/> Rent
Social Security #	_____
Date of Birth	_____
Telephone #	( ) _____
Email Address	_____
Relationship to Applicant:	_____
Marital Status (circle one):	Single Married Separated Divorced Widow

<i>Applicant Current Landlord Information</i>	
Current Address	_____
Length of Time at Current Address	_____
Current Landlord	_____
Current Landlord Address	_____ _____
Current Landlord Telephone	( ) _____

<i>Co-Applicant Prior Landlord Information</i>	
Prior Address	_____
Length of Time at Prior Address	_____
Prior Landlord	_____
Prior Landlord Address	_____ _____
Current Landlord Telephone	( ) _____

If the Co-Applicant has different current and prior landlord information to the Applicant, please specify: \_\_\_\_\_

Check here if you will have a live-in attendant.  Check here if you expect your household size to change within the next 12 months.

<i>Employment</i>			
List all Full & Part Time employment for <u>all</u> household members			
Household Member	Employer Name/Address	Supervisor Name	Gross Earnings
_____	_____	_____	\$ _____ per _____
_____	_____	_____	\$ _____ per _____
_____	_____	_____	\$ _____ per _____

<i>Sources of Other Income</i>			
List <u>all</u> other sources of Income (TANF, Child Support, Unemployment, Social Security, SSI, Family Support, etc.) for all household members			
Household Member	Name/Address of Source Provider		Gross (before adjustment)
_____	_____		\$ _____ per _____
_____	_____		\$ _____ per _____
_____	_____		\$ _____ per _____

<i>Assets</i>			
List all assets including but not limited to: Cash, Checking and Savings Accounts, 401K, Term Certificates, Money Markets, Stocks, Bonds, Real Estate Holdings, Cash Value of Life Insurance Policies, etc.			
Household Member	Type of Asset	Financial Institution	Cash Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Have you or a member of your household disposed of any assets for less than fair market value <i>in the last two years</i> ?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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Student Status		
Household Member	Name of School/Institution	Full Time or Part Time?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Criminal History/Background
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Have you or a member of your household ever been convicted with a crime?  Yes  No

Do you or a member of your household currently use illegal drugs or other illegal controlled substances, as defined by the federal government?  Yes  No

Are you, or any member of your household, subject to a State lifetime sex offender registration in any state?  Yes  No

Do you or any member of your household receive federal rental assistance through a subsidized housing program (e.g., HUD Section 8)?  Yes  No

If applicable, has your housing assistance in a subsidized housing program ever been terminated?  Yes  No

List all the states that you and all the members of your household ever lived: \_\_\_\_\_

Race and Ethnicity Information
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The Department of Housing and Urban Development (HUD) requires *Weston Associates Management Co., Inc.* as management agent to report the race and ethnicity of all applicants. This information will be used by HUD to monitor *Weston Associates Management Co., Inc.'s* compliance with Equal Housing Opportunity and Fair Housing Laws. Your desire to provide this information is optional and will have no bearing on your eligibility for housing at this community.

**Please Check One:**

<input type="checkbox"/> White/Non-Minority	<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> DO NOT wish to furnish this information
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islands	
<input type="checkbox"/> Black	OTHER: _____	

Special Notice to Applicants with Disabilities
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Please be advised that applicants for housing in this development who have disabilities may be entitled to special considerations in connection with their application for housing as well as provided access to housing units which may be adapted to the needs of people with disabilities.

**For purpose of this notice, a disability with respect to an applicant or tenant means:**

- a physical or mental impairment that substantially limits one or more major life activities of such individual
- a record of such an impairment or
- being regarded as having such impairment

If you believe you are disabled and you desire to have special considerations made in connection with your application for housing for people with disabilities, you are invited to supply the information requested on a separate form which will be treated as confidential. Providing this information is voluntary on your part and any failure to provide this information will not jeopardize or adversely affect your consideration for housing. If you would like to request special consideration/reasonable accommodation, please indicate here.  Yes  No

Emergency Contact
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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

I understand that is a Preliminary Application and that a complete credit, criminal and eviction inquiry will be made. This information must be satisfactory according to the Resident Selection Policy before my application can be approved. Additional information may be requested at a later date to complete processing the application. I certify that the foregoing is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the above statements.

_____	_____
Applicant's Signature/Head of Household	Date
_____	_____
Co-Applicant's Signature/Head of Household	Date