



PERSONAL INFORMATION

Applicant: _____ Social Security # _____
First Last

Maiden, Alias _____ Date of Birth _____ Gender _____ Race* _____ National Origin** _____
(See definition below)

Co-Applicant: _____ Social Security # _____
First Last

Maiden, Alias _____ Date of Birth _____ Gender _____ Race* _____ National Origin** _____
(See definition below)

CONTACT INFORMATION

Mailing Address _____
 City _____ State _____ Zip _____
 Primary Phone _____ Work Phone _____

ADDITIONAL HOUSEHOLD MEMBERS

First Name	Last Name	MI	Relationship to Head of Household	Date of Birth	Gender	Grade	Social Security #	Race	National Origin

***Household Race/Nationality** - The following information is requested to ensure that Federal Laws prohibiting discrimination against tenants/applicants on the basis of race, national origin and sex are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used to discriminate against you in any way. However, if you choose not to furnish it, the owner/agent is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

Please use the following codes for household members Race:
 * (1) American Indian; (2) Asian; (3) Black or African American; (4) Native Hawaiian/Pacific Islanders; (5) White

Please use the following codes for household members National Origin:
 **(A) Hispanic/Latino; (B) Not Hispanic/Latino

Yes No Do you anticipate ANY change in your household during the next 12 months? *If yes please explain*

Yes No Will any household member listed above be a Student during the next 12 months?

Yes No Are all household members a United States Citizen? *If no please explain*

Does any household member have a disability (mental and/or physical)? Yes No Don't Know Refused

Does the household have any needs that would be better served by a unit which is accessible to persons with mobility, hearing or visual impairments? Yes No

If Yes, please explain: _____

HOUSING INFORMATION

Living Situation Last Night (circle 1)

- Corrections Facility -Hotel/Motel -On the Street -Substandard Housing
- Detox -Living With Family -Owns Home -Transitional Housing
- Domestic Violence Situation -Living With Friends -Rental House/Apartment -Emergency Shelter
- Mental Health Facility -Subsidized Housing -Hospital -Nursing Home
- Substance Abuse Treatment Center -Other/Unknown

Length of stay:

- One week or less More than one week, but less than one month One to three months
- More than three months, but less than one year One year or longer

How long since you have had permanent place to live? (circle 1)

- I have a place Less than 1 month 1-3 months 3-6 months 6-12 months 1-2 years 3-5 years 6-8 years 9 years or more

Date left last Residence: _____

Last Permanent Address: _____

Extent of Homelessness (circle 1)

- 1st time homeless and less than 1 year without a home 2nd or 3rd time in past 3 yrs.
- Long term: at least 1 year OR at least 4 times in the past 3 years Living with Family or Friends Not Currently Homeless

Have you left any of these in the last 90 days? (circle all that apply)

- No –Skip to next question Adoptive home Orphanage
- Group Home Juvenile Detention Center Drug or Alcohol Treatment Facility
- Halfway House County Jail or Workhouse State or Federal Prison
- Foster home (youth only) Mental Health Treatment Facility or Hospital Residence for people with physical disabilities

Have you owned your own home in the last 3 years? Yes No

Have you rented in the past 3 years? Yes No

Has any household member had an eviction action filed against them or been asked to leave? Yes No

Has any household member applied for a Section 8 Voucher or currently has a Voucher? Yes No

List all places you have lived in the past three (3) years including contact name, address, and complete telephone number:

1. _____
2. _____
3. _____
4. _____
5. _____

*Did anyone help you fill this out? If yes, please tell us who:

Name: _____

Address: _____

Relationship to household: _____

Phone: _____

Income

Do you or any household member have income? Yes No

Current monthly income from all sources: \$ _____

Is income received from any of the following sources: (Circle Yes or No)

Applicant

Co-Applicant

Social Security/SSI/Disability	Yes	No
Pension/Annuity	Yes	No
Veteran's Benefits	Yes	No
Unemployment	Yes	No
Workman's Comp	Yes	No
MFIP/Public/GA	Yes	No
Per capita payments	Yes	No
Employment	Yes	No
Employed by someone who pays you cash	Yes	No
Spousal Maintenance	Yes	No
Child Support	Yes	No
Court Ordered Child Support and/or Spousal Maintenance	Yes	No
Military pay	Yes	No
Self Employment	Yes	No
Contributions from family/friends	Yes	No
Income from assets	Yes	No
Other Income	Yes	No
Grants or scholarships	Yes	No

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Military pay	Yes	No
Self Employment	Yes	No
Contributions from family/friends	Yes	No
Income from assets	Yes	No
Other Income	Yes	No
Grants or scholarships	Yes	No

ASSETS

Do you or any household member have any of the following assets?			If yes, please list where the Account is and the Account #	Please list the household member who has the asset
1- Checking Account	Yes	No		
2- Saving Account	Yes	No		
3-Debit Card	Yes	No		
4- Certificates of Deposit	Yes	No		
5- IRA Accounts/Money Markets	Yes	No		
6- Stock or Bonds	Yes	No		
7- Mutual Funds	Yes	No		
8- Trust Accounts	Yes	No		
9- Other Retirement Funds	Yes	No		
10- Real Estate	Yes	No		
11- Cash on Hand	Yes	No		

ALTERNATE CONTACT – Names of persons to contact if we are unable to reach you or in the case of an emergency:

Name: _____
Address: _____

Name: _____
Address: _____

Relationship to household: _____

Relationship to household: _____

Phone: _____

Phone: _____

Applicant please note:

Handing in this application does not obligate you to take an apartment. It also does not mean that the Gage East Apartments or Essence Property Management, Inc. will guarantee you an apartment. The decision to rent to you will be made on the basis of your meeting the eligibility for the apartment and if there is an apartment that is the right size for your family. Handing in the application does not mean you have to take an apartment if one is offered to you.

Essence Property Management, Inc. will let you know we have received this application. When we get your complete application your name will be put on to our waiting list for this building. If your application is not complete, it will be sent back to you to complete. You must fill in all of the missing information and return it to Essence Property Management, Inc. in order to stay on the waiting list. We will not contact you until your name comes to the top of the list and a vacancy occurs that is right for your family. In order to keep our records up to date please let us know of any changes that may need to be made to the application including your address or telephone number. When we contact you about an open apartment we will meet with you to collect any other information we may need and to verify your income and assets.

By signing this application: All Adults

I certify that all information in this application is true to the best of my knowledge and that I understand that false statements or wrong information is punishable by law and will lead to the cancellation of the application or termination my tenancy.

I authorize Gage East Apartments, and Essence Property Management, Inc. and their staff or authorized representatives to contact any agencies, offices, groups, individuals or organizations to get and verify any information or materials which are needed to complete my application for housing.

Applicant certifies that the unit applied for will be the applicant’s permanent household address and the applicant will not have a separate subsidized rental unit in a different location.

Signature	_____	Date:	_____
	Applicant		
Signature	_____	Date:	_____
	Co-Applicant		

Mail, fax or e-mail completed applications to:



**Gage East Apartments
Essence Property Management, Inc.
930 40th Street NW
Rochester, MN 55901**

Phone: (507) 363-0859 Fax: (320) 255-5128
Minnesota Relay System for the Hearing Impaired – 711
E-mail address: gageapts@gmail.com
Website: www.essenceproperties.com

Essence Property Management, Inc. is an equal opportunity provider and employer

Complaints about discrimination should be filed with the Minnesota Department of Human Rights, 190 East 5th Street, Suite 700, St. Paul, MN 55101; (651) 296-5663, or toll free, (800) 657-3704. In Minneapolis, St. Paul, and some other locations, such complaints may also be filed with municipal civil or human rights departments.

