

Date & Time Received  
Site Manager Only

## RENTAL APPLICATION

\_\_\_\_\_  
(Property Name)

*Does not discriminate on the basis of disability status in the admission or access to, or treatment, or employment in, its federally assisted programs and activities.*

**Please Print**

List each person who will live in the apartment or townhouse (start with yourself).

**Those who are over the age of 18 will need to fill out a separate application.**

NAME Last, First, Middle Initial	DATE OF BIRTH	RELATIONSHIP TO YOU	SOCIAL SECURITY NUMBER **	DRIVER LICENSE NUMBER	ANNUAL INCOME
		Head			

**\*\*Applicants must disclose provide verification of the complete and accurate SSN assigned to each household member. Failure to disclose and provide documentation and verification of SSNs will result in the applicant not being admitted. Please indicate if the member not proving a SSN meets one of the three exceptions to this rule listed.  I do not contend eligible immigration status.  I am age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.  Minor child under the age of 6 that has been added to this household within the last 6 months.**

- |   |         |        |
|---|---------|--------|
| 1. Does your household have a need for an accessible unit?  | Yes ___ | No ___ |
| 2. Have you been displaced due to gov't action or presidentially declared disaster?                                       | Yes ___ | No ___ |
| 3. Does anyone live with you now who is not listed above?   | Yes ___ | No ___ |
| 4. Do you expect any change in your household composition?  | Yes ___ | No ___ |
| 5. Are you enrolled as a student at an institution of higher education?   | Yes ___ | No ___ |
| 6. Does anyone outside of your household pay for any of your bills or give you money?                                     | Yes ___ | No ___ |
| 7. Have you ever been convicted of a felony, misdemeanor, or crime? Or do you have any pending legal charges against you? | Yes ___ | No ___ |
| 8. Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?      | Yes ___ | No ___ |
| 9. Have you ever been evicted or had a judgement for an Unlawful Detainer?  | Yes ___ | No ___ |
| 10. Have you or any member of your household ever resided in another state? Yes, please list state(s) below.              | Yes ___ | No ___ |

*If you answered Yes to any of the above question please explain:*

---



---



---

**Current Address:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Apt. No: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Landlord's Phone Number: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Apt. No: \_\_\_\_\_

Rent Rate: \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Previous Address:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Apt. No: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Landlord's Phone Number: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Apt. No: \_\_\_\_\_

Rent Rate: \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Current Employer:** \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**Would you like a copy of this property's Tenant Selection Plan?**  Yes  No

**How did you hear about the property? Please Check:**

*Newspaper*      *Television*      *Internet*      *Site Sign*      *Radio*      *Telephone Book*      *Friend / Relative*

Other: \_\_\_\_\_

**APPLICANT CERTIFICATION:** I acknowledge that Paramark Corp. will be collecting information on me regarding housing eligibility. Verifications and inquires that may be requested include, but are not limited to: employment, income and assets, credit and criminal activity, residences and rental activity. The resources that may be asked to release this information include but are not limited to: previous landlords, public housing agencies, past and present employers, utility companies, law enforcement agencies, banks and other financial institutions, credit providers and other credit bureaus. I certify that the statements made on this application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under Federal Law.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT EMAIL ADDRESS: \_\_\_\_\_

