WAITING LIST RENTAL APPLICATION

Apartment Type: Eli	gibility	/ is based on oc	cupa	ncy standa	rds defi	ined in the Res	ider	nt Selec	tion	Criteria	1.
1 st Choice:				2 nd Choice:							
3 rd Choice:	3 rd Choice: Housing Preferences Selected										
How did you hear about	the pro	operty?									
Name:				Home Phone	e:			Cell Pho	ne:		
Household Infe FULL LEGAL NAME (First, Middle, Last)	orma sex	RELATIONSHIP	SE	SOCIAL ECURITY/ EN REG. #		NMENT ISSUED HOTO ID #		IRTH DATE	STU	L TIME DENT (/N	DISABLED Y/N

Do you have any Pets?	•	# of Pets:	Description:	Pet Breed:	Service Anim	nal:

Apartment Type: Eligibility is based on occupancy standards defined in the Resident Selection Plan.							
Would you or anyone in your household benefit from an apartment with special features?							
Mobility Accessible		Yes		No			
Communication Accessible (Hearing)		Yes		No			
Communication Accessible (Visual)		Yes		No			

Household Questions	Y/N	Explain
Do you expect any additions to the household within the next twelve months?		Name of New Member:
Are there any absent household members who under normal conditions would live with you (For example, a spouse away in the military or living in another state or country)?		Name of Absent Member:
Will you or any ADULT household member require a live-in caregiver or aide?		Name of Caregiver:

Student Information

Does this household contain any full-time students for any part of 5 months or more during the current and/or upcoming calendar year (months need not be consecutive?								
Members of your household who are attending or plan to attend "Institutions of Higher Learning", full or part-time.								
Member Name:			Member Name:					
Institution:			Institu	ution:				
	Full Time	Or		Part Time		Full Time	Or	Part Time
Crin	ninal Hist	tory			١	(/N	lf Yes Exp	plain
Is any member of your household subject to any state sex offender or violent offender lifetime registration requirement?								
-	•			rently using, selling, gal drug (under state or				
	• ·			alia or facing drug				
related	related charges?							
Are there any criminal convictions (misdemeanor or felony) or								
pending charges not already disclosed for any household members?								
Have you or any household member ever been convicted of a								
-	drug-related offense?							

Member Name	Income Type	Annual Amount

Household Assets				
Member Name	Asset Type	Value	Interest Earned	Cost to Convert

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Household Signatures

APPLICANT REPRESENTS ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT. APPLICANT AUTHORIZES CONTINUING VERIFICATION OF THE ABOVE INFORMATION, REFERENCES, CRIMINAL HISTORY AND CREDIT RECORDS AT ANYTIME INCLUDING BEFORE, DURING AND AFTER THE EXPIRATION OF THE LEASE TERM AND RELEASES FROM LIABILITY ALL PERSONS AND ENTITIES REQUESTING OR SUPPLYING INFORMATION. APPLICANT ACKNOWLEDGES THAT FALSE, INCOMPLETE OR MISLEADING INFORMATION CONSTITUTES GROUNDS FOR REJECTION OF THIS APPLICATION; DISCOVERY OF FALSE, INCOMPLETE OR MISLEADING INFORMATION THAT OCCURS AFTER OCCUPANCY WILL RESULT IN TERMINATION OF THE RIGHT OF OCCUPANCY OF ALL OCCUPANTS UNDER LEASE AND/OR FORFEITURE OF DEPOSITS AND FEES. SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO WILLFULLY FALSIFY A MATERIAL FACT OR MAKE FALSE STATEMENT IN ANY MATTER WITHIN THE JURISDICTION OF A FEDERAL AGENCY.

I, THE UNDERSIGNED APPLICANT(S), HAVE READ AND AGREE TO ALL OF THE PROVISIONS OF THIS APPLICATION AND REPRESENT AND PROMISE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Print Name:	Signature:	Date:
Print Name:	Signature:	Date:

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