

WAITING LIST RENTAL APPLICATION



Relationship to Head			Full Time Student?	Disabled?
Full Legal Name (First Middle Last):	Sex	Date of Birth	Social Security / Alien Reg #	Government Issued Photo ID #
Relationship to Head			Full Time Student?	Disabled?
Full Legal Name (First Middle Last):	Sex	Date of Birth	Social Security / Alien Reg #	Government Issued Photo ID #
Relationship to Head			Full Time Student?	Disabled?

Residency Information (Past Three Years)				
CURRENT Full Street Address:			Own, Rent, or Other:	
City:	State:	Zip Code:	Move In Date:	Move Out Date:
Landlord Name:	Landlord Phone:		Monthly Rent / Mortgage:	
PAST Full Street Address:			Own, Rent, or Other:	
City:	State:	Zip Code:	Move In Date:	Move Out Date:
Landlord Name:	Landlord Phone:		Monthly Rent / Mortgage:	
PAST Full Street Address:			Own, Rent, or Other:	
City:	State:	Zip Code:	Move In Date:	Move Out Date:
Landlord Name:	Landlord Phone:		Monthly Rent / Mortgage:	



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Accessibility & Occupancy Preferences:

Would you or anyone in your household benefit from an apartment with special features?

Mobility Accessible	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Communication Accessible (Hearing)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Communication Accessible (Visual)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Household Questions	Y/N	Explain	
Do you expect any additions to the household within the next twelve months?		Name of New Member:	
		Explanation:	
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:	
		Explanation:	
Will you or any ADULT household member require a live-in caregiver or aide?		Name of Caregiver:	
		Explanation:	

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:			Institution:				
	Full Time or		Part Time		Full Time or		Part Time



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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.

1. Applicant Signature	Printed Name	Date
2. Applicant Signature	Printed Name	Date
3. Applicant Signature	Printed Name	Date
4. Applicant Signature	Printed Name	Date



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5. Applicant Signature	Printed Name	Date
6. Applicant Signature	Printed Name	Date
7. Applicant Signature	Printed Name	Date
8. Applicant Signature	Printed Name	Date

