

RENTAL APPLICATION



Name of Property _____

Date _____

How did you hear about us? (Select One) ___ Agency ___ Apartment Guide ___ Bus/Billboard ___ Church ___ Direct Mail ___ Drive By
___ Employee ___ Friend/Relative/Resident ___ Housing Authority ___ Newspaper ___ Website ___ Word of Mouth ___ Other

What attracted you to this property? (Select One)
___ Appearance/Design ___ Availability ___ Close to Good School ___ Close to Public Transit ___ Close to Work
___ Employee Referral ___ Neighborhood ___ Price ___ Project Amenities ___ Resident Referral ___ Other

Apartment size desired- Number of Bedrooms: _____

PLEASE PRINT AND ANSWER ALL QUESTIONS. DO NOT leave any space blank, write "NO or NONE" where appropriate

1. APPLICANT INFORMATION and RESIDENCE HISTORY

Name of Head of Household (Head):		Spouse's Name (if living with the household):	
E-mail address (Head)		E-mail address (Spouse)	
Home Phone #:	Cell #:	Home Phone #:	Cell #:

Reason for Leaving Current Address: Location (1) Price (2) Excessive Cost of Utilities (3) Appearance/Design/Quality (4) Management (5)
 Increase in Income (6) Decrease in Income (7) Change in Household Composition (8) Undesirable Neighborhood (9)

Please show at least 2 years of residence history, including any owned by applicants

Current Address	Do you own this residence (yes or no)?	Rent/Mrtg Pmt		Utilities/MO	Move-In Date
Landlord Name and Address (if rented):					Landlord Phone:
Previous Address	Did you own this residence (yes or no)?	Rent/Mrtg Pmt	Utilities/MO	Move-In Date	Move-Out Date:
Landlord Name and Address (if rented):					Landlord Phone:
Reason for Leaving (use code above):					
Previous Address	Did you own this residence (yes or no)?	Rent/Mrtg Pmt	Utilities/MO	Move-In Date	Move-Out Date:
Landlord Name and Address (if rented):					Landlord Phone:
Reason for Leaving (use code above):					

Applicant Name _____



2. HOUSEHOLD COMPOSITION: PLEASE PRINT

List all persons who will be residing in this household, even those completing their own application

Member #	Name(s)	Relation to Head	Gender	Date of Birth MM/DD/YY	SSN	Lives in Household 100% (Y/N)	Percentage of Time
1		Head					
2							
3							
4							
5							
6							

Anticipated changes in household size? (Y/N) ____ If yes, please explain _____

Have you ever used another name? (Y/N) ____ If so, please indicate name _____

3. EDUCATION INFORMATION: PLEASE PRINT

LIST ALL HOUSEHOLD MEMBERS. **Keep the 'Member #' the same as listed above.** *The use of N/A is not acceptable*

Member #	Currently a Student? Y/N	Last Year of School Attendance	Last Grade Level Completed	Rec'd Diploma/ Degree Y/N	Name of School	Type of School (pre-K, elementary, trade school, college, etc.)
1						
2						
3						
4						
5						
6						

Anticipated change in number of students? (Y/N) ____ If yes, please explain _____

4. VEHICLES (including company cars, motorcycles, etc.)

Member #	Driver's License Number	State	Model	Year	Color	License Plate Number	State	Monthly Payment

Applicant Name _____



5. ANTICIPATED INCOME: ALL PRESENT EMPLOYMENT AND OTHER INCOME RECEIVED BY YOU AND/OR MINOR CHILDREN OF WHICH YOU HAVE DIRECT CUSTODY OR CARE MUST BE LISTED HERE

- **If Employment:** Name of Employer
- **If no employment:** Name of source, AFDC, alimony, child support, employment, general assistance, pension, social security, TANF, unemployment, etc.

Member #	Source/Name	Occupation if employed (see code):	Income Start Date: _____	# of Hours worked per week:
			Income from this source \$ _____/mo	
	Address:		Contact Phone Number	
	Contact Name:		Contact Fax Number	
Member #	Source/Name	Occupation if employed (see code):	Income Start Date: _____	# of Hours worked per week:
			Income from this source \$ _____/mo	
	Address:		Contact Phone Number	
	Contact Name:		Contact Fax Number	
Member #	Source/Name	Occupation if employed (see code):	Income Start Date: _____	# of Hours worked per week:
			Income from this source \$ _____/mo	
	Address:		Contact Phone Number	
	Contact Name:		Contact Fax Number	

6. ASSETS: List all assets owned by the adult(s) completing this application (and/or their minor children). Do not include personal property (cars, jewelry, etc.).

Member #	Describe Type (checking, savings, CDs, cash, debit cards, stocks, bonds, real estate, retirement accts., etc.)	Value of Asset
	<input type="checkbox"/> Checking <input type="checkbox"/> Debit Card <input type="checkbox"/> Savings <input type="checkbox"/> Retirement Acct <input type="checkbox"/> None <input type="checkbox"/> Other (describe)	\$ _____
	<input type="checkbox"/> Checking <input type="checkbox"/> Debit Card <input type="checkbox"/> Savings <input type="checkbox"/> Retirement Acct <input type="checkbox"/> None <input type="checkbox"/> Other (describe)	\$ _____
	<input type="checkbox"/> Checking <input type="checkbox"/> Debit Card <input type="checkbox"/> Savings <input type="checkbox"/> Retirement Acct <input type="checkbox"/> None <input type="checkbox"/> Other (describe)	\$ _____
	<input type="checkbox"/> Checking <input type="checkbox"/> Debit Card <input type="checkbox"/> Savings <input type="checkbox"/> Retirement Acct <input type="checkbox"/> None <input type="checkbox"/> Other (describe)	\$ _____

Are the total household assets and bank account balances equal to or greater than \$5,000? (Y/N) _____

Have you disposed of any assets (e.g. real estate, cash, stock, etc.) in the past two years? (Y/N) _____

If yes, please describe _____

7. SPECIAL NEEDS: Does anyone in your household have special needs? (Y/N) _____ Special living accommodations required? (Y/N) _____

Please explain (attach additional pages as needed): _____

8. PETS: Do you have any pets? (Y/N) _____ How Many? _____ Type _____ Weight _____

Applicant Name _____



9. HEALTH INSURANCE: The following information is requested, not required. Not responding WILL NOT impact your application for housing.

Member #	Type of Health Insurance
	<input type="checkbox"/> Employer <input type="checkbox"/> MC+ <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> VA <input type="checkbox"/> None <input type="checkbox"/> Other
	<input type="checkbox"/> Employer <input type="checkbox"/> MC+ <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> VA <input type="checkbox"/> None <input type="checkbox"/> Other
	<input type="checkbox"/> Employer <input type="checkbox"/> MC+ <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> VA <input type="checkbox"/> None <input type="checkbox"/> Other
	<input type="checkbox"/> Employer <input type="checkbox"/> MC+ <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> VA <input type="checkbox"/> None <input type="checkbox"/> Other
	<input type="checkbox"/> Opt Out Initials _____ Date _____

10. COMMUNITY PROGRAMS: If any of the following programs or opportunities were offered by partner organizations in this neighborhood, would you or members of your household be interested in using them? (Y/N) _____ If Yes, select all that apply

Early Childhood/Children program
 After school or summer program
 Adult education program
 Fitness & Healthy living program
 Opportunities to volunteer with children and youth program (tutoring, sports, etc.)
 Technology training program

I/We authorize McCormack Baron Management, Inc. agent for the Property, and LandLord Shield Inc., as the authorized 3rd party agency to verify information on this application and to do a complete investigation of all information provided. A complete investigation may include any or all of the following: credit report, criminal record, employment or rental history references and personal interviews with above references. I/We acknowledge LandLord Shield, Inc. does not participate in the approval or denial process. I/We have personally filled in and/or reviewed all information listed above and that my/our signatures below authorizes the release of rental, job history (including salary) and criminal information.

I/We understand this application may be rejected as the result of my/our misrepresentation or insufficient information.

Acceptance of this application and any deposits is not binding upon McCormack Baron Management, Inc. until application is approved in writing.

I/We understand that this application and all related inquires will be used only for its relevance to screening and occupancy at this property.

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, family status, national origin, marital status, ancestry, age, sexual orientation, disability, source of income, genetic information, arbitrary characteristics, or any other basis prohibited by law.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Applicant Signature (HEAD) _____ Date _____

Applicant Printed Name (HEAD)

Applicant Signature _____ Date _____

Applicant Printed Name

Property Representative Signature _____ Date _____

Property Representative Printed Name

For Office Use Only

MBM 11/2016 Supersedes MBM 10/2016

Applicant Fee Rec'd: \$ _____

Reservation Deposit Rec'd: \$ _____

By: _____

Date: _____

Date Apartment Desired: _____

Applicant Name _____



DEMOGRAPHIC SELECTION

Highest Grade Completed Selection

Didn't complete High School
High School
GED
Some College
2 Year College Degree
4 Year College Degree
vocation Certificate
Not Given

Type of School Selection

Headstart
Daycare/Preschool
Elementary
Middle School/Jr. High
Jr. College
College/University
Trade School
Job Corp
Home Schooling
Graduate School

Health Insurance Services

Employer
MC+
Medicaid
Medicare
Medicare Advantage
None
Other
VA

Occupation Selection

Code

A-1 Architecture/Engineering
A-2 Arts/Design/Entertainment/Sports/Media
B-1 Building & Grounds Cleaning & Maint.
B-2 Business/Financial Operations
C-1 Community and Social Services
C-2 Computer/Mathematical
C-3 Construction and Extraction
E-1 Educations/Training/Library
F-1 Farming/Fishing/Forestry
H-1 Healthcare Practioners
H-2 Healthcare Support
I-1 Installation/Maintenance/Repair
L-1 Legal
L-2 Life, Physical and Social Science
M-1 Management
M-2 Military Specific
O-1 Office Clerical & Administrative Support
P-1 Personal care and Service
P-2 Production
P-3 Protective Service/Police
S-1 Sales/Retail
T-1 Transportation/Material Moving

Type of Other Income Selection

Alimony
Co-Signers
Family Support
Gift Investment/Trust
Other
Student Loan

Applicant Name _____

