



APPLICANT QUESTIONNAIRE

Desired Apartment Size: 1 BR 2 BR 3 BR

Date Desired: _____

Household Information

List all household members and all sources of income for each member that will be living in this apartment. Please include overtime, tips, bonuses, commissions, unemployment benefits, public assistance, child support, pension, and social security benefits.

*If employment listed below is less than two years, please list previous employment for each member of the household.

	MEMBER 1		MEMBER 2		MEMBER 3		MEMBER 4		MEMBER 5		MEMBER 6		MEMBER 7	
First Name →														
Last Name →														
Relationship	Head													
Gender	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Social Security No.														
Date of Birth														
Student	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

INCLUDE ALL ASSETS HELD AND THE INCOME DERIVED FROM THE ASSETS

	BANK	ACCOUNT NUMBER	LIST AVERAGE
Checking			
Checking			
Savings			
Savings			
Other			

Mailing Address _____

Daytime Phone _____

Evening Phone _____

Mobile Phone _____

Email Address _____

Income Information

INCOME ANTICIPATED FOR THE NEXT 12 MONTHS FOR EACH HOUSEHOLD MEMBER

	MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4	MEMBER 5	MEMBER 6	MEMBER 7
Name of Employer							
Dates Employed							
Position							
Income							
	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly
Name of 2nd Employer							
Dates Employed							
Position							
Income							
	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly
Alimony / Child Support							
	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly
Social Security, Pensions, Retirement Funds, etc.							
	Annual Monthly	Annual Monthly	Annual Monthly	Annual Monthly	Annual Monthly	Annual Monthly	Annual Monthly
Self Employment Income							
	Annual Monthly	Annual Monthly	Annual Monthly	Annual Monthly	Annual Monthly	Annual Monthly	Annual Monthly
Other Income							
	Annual Monthly	Annual Monthly	Annual Monthly	Annual Monthly	Annual Monthly	Annual Monthly	Annual Monthly
Other Income							
	Annual Monthly	Annual Monthly	Annual Monthly	Annual Monthly	Annual Monthly	Annual Monthly	Annual Monthly

Housing Information

Do you have any pets? Yes No If yes, please list all pets _____

Do you own or rent at your current address? Rent Own

If you have rented an apartment during the past **TWO** years, please list apartment information below:

	Current Landlord's Name/Address	Your Current Address	Dates From: To:
Name:	_____	_____	_____
Address:	_____	_____	Amount Paid
	_____	_____	_____
Phone	_____	_____	
	Previous Landlord's Name/Address	Your Previous Address	Dates From: To:
Name:	_____	_____	_____
Address:	_____	_____	Amount Paid
	_____	_____	_____
Phone:	_____	_____	

Signature Clause

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I authorize management to verify all of the information in this application for the purpose of determining my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and requirements.

All ADULT household members must sign

Signature

Date

Signature

Date

