

RENTAL APPLICATION

****THIS TOP SECTION IS FOR OFFICE USE ONLY****

PROPERTY NAME: CAROUSEL PLACE DATE OF APPLICATION: _____

MANAGEMENT INITIALS _____



Bedroom Size Needed: 1Br. 2 Br.

HOW DID YOU HEAR ABOUT CAROUSEL PLACE? _____

HOUSEHOLD COMPOSITION:

	LIST ALL PEOPLE TO OCCUPY APT. LAST NAME FIRST MI	SS#	BIRTH DATE	RELATIONSHIP TO HEAD AND MARITAL STATUS Married/Single/Divorce	FULL-TIME STUDENT? INCLUDE E SCHOOL (Y/N)
Head					
2					
3					
4					
5					

PRESENT ADDRESS: _____ PHONE: _____

WORK: _____

LANDLORD'S NAME: _____ PHONE: _____

HOW LONG AT PRESENT ADDRESS? _____ OWN OR RENT? _____

AMOUNT OF MONTHLY RENT/MORTGAGE: _____ UTILITIES: _____

REASON FOR MOVING: _____

PREVIOUS ADDRESS: _____

LANDLORD'S NAME: _____ PHONE: _____

HOW LONG AT PRESENT ADDRESS? _____ OWN OR RENT? _____

AMOUNT OF MONTHLY RENT/MORTGAGE: _____ UTILITIES: _____

REASON FOR MOVING: _____

****GENERAL INFORMATION****

HAVE YOU EVER BEEN EVICTED? YES ___ No ___

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ___ No ___

WOULD YOU OR ANY MEMBERS OF YOUR HOUSEHOLD BENEFIT FROM A HANDICAPPED-ACCESSIBLE UNIT?

YES ___ No ___ If so, explain: _____

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INCOME INFORMATION: PLEASE LIST MONTHLY AMOUNT RECEIVED

HOUSEHOLD	SALARY-WAGES LIST EMPLOYER	EMPLOYER PHONE	SOCIAL SECURITY	PENSION AMOUNT & FROM WHOM	SUPPORT	TOTAL
Head	\$		\$	\$	\$	\$
2	\$		\$	\$	\$	\$
3	\$		\$	\$	\$	\$
Total	\$		\$	\$	\$	\$

ALL SOURCES OF ASSETS AND INCOME FOR YOUR HOUSEHOLD MUST BE REPORTED. PLEASE ANSWER YES OR NO FOR EACH MEMBER OF YOUR HOUSEHOLD. ✓

ASSETS	APPLICANT		CO-APPLICANT		OTHER APPLICANT	
	✓ YES ✓ NO		✓ YES ✓ NO		✓ YES ✓ NO	
Checking Accounts						
Savings Accounts						
Trust Funds						
Real Estate (land, home, property)						
Capital Investment						
Stocks/ Bonds						
Treasury Bills						
Certificate of Deposits						
Money Market Funds						
IRA Accounts						
Retirement/Pension						
Lump Sum Settlements						
Salary/Wages						
Overtime						
Commission/Tips/Bonuses						
Business/Self Employment						
Social Security						
Annuities						
Insurance Policies you can borrow money from						
Retirement Funds						
Pensions						
Disability/Death Benefits						
Unemployment						
Disability Compensation						
Worker's Compensation						
Severance Pay						
Public Assistance						
Alimony						
Child Support						
Recurring Monetary Gifts						
Armed Forces Special Pay/Allowances						

ASSET INFORMATION: LIST ALL ASSET INFORMATION IN EACH SECTION BELOW FOR EACH OCCUPANT

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BANK ACCOUNTS:			
HOUSEHOLD MEMBERS NAME	NAME OF BANK	ACCOUNT NUMBER	ACCOUNT BALANCE
			\$
			\$
			\$
			\$
			\$
REAL ESTATE/OTHER ASSETS:			
HOUSEHOLD MEMBERS NAME	TYPE OF REAL ESTATE	MORTGAGE OR BALANCE	APPRAISED VALUE
		\$	\$
		\$	\$
		\$	\$

Have you disposed of any other assets in the last 2 years? Yes ___ No ___

Market value when sold \$ _____

If yes, please describe asset(s): _____

Do you have any other assets not listed above (excluding personal property)? Yes ___ No ___

If yes, describe _____

ALTERNATE CONTACT PERSON:

List a family member or friend who will be able to give you a message :

NAME _____

ADDRESS _____

PHONE _____

Provide Proof of Birthdates, Income & Asset for all household members.

APPLICATION MUST BE SIGNED BY ALL MEMBERS OF THE HOUSEHOLD.

BY SIGNING BELOW APPLICANT AUTHORIZES MANANAGEMENT AND ITS STAFF TO VERIFY ANY AGENCIES, LOCAL POLICE DEPARTMENTS, CREDIT BUREAUS, REFERENCES AND GROUPS OR ORGANIZATIONS TO OBTAIN ANY INFORMATION OR MATERIALS, WHICH ARE DEEMED NECESSARY TO COMPLETE THIS APPLICATION.

APPLICANT CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND THE APPLICANT FURTHER UNDERSTANDS THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENACY AFTER OCCUPANCY.

SIGNATURE: _____ (APPLICANT)

DATE: _____

SIGNATURE: _____ (CO-APPLICANT)

DATE: _____

AUTHORIZATION FOR RELEASE AND CONSENT

RENTAL APPLICATION

TENANT RELEASE AND CONSENT

I / We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to **Carousel Place/Chavis Heights** for the purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous, current or future information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

- | | |
|----------------------------------|------------------------------|
| Child Care Expenses | Federal/State/Local Benefits |
| Credit History | Criminal Activity |
| Handicapped Assistance Expenses | Identity and Marital Status |
| Family Composition | Social Security Numbers |
| Employment/Income/Pension/Assets | Residence and Rental History |

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|-------------------------------------|--------------------------------|--|
| Past, Present and Future Employment | Welfare Agencies | Retirement Systems |
| Support and Alimony Providers | State Unemployment Agencies | Banks and other Financial Institutions |
| Education Institutions | Social Security Administration | Landlords |
| Veteran Administrations | Register of Deeds | Medical and Childcare Providers |
| Courts | Law Enforcement Agencies | Credit Bureaus |
| Employers, Present and Past | Schools and Colleges | Utility Companies |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____ Signature of Applicant	_____ Social Security Number	_____ Birthdate	_____ Date Signed
_____ Signature of Adult Family Member	_____ Social Security Number	_____ Birthdate	_____ Date Signed
_____ Signature of Adult Family Member	_____ Social Security Number	_____ Birthdate	_____ Date Signed

