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

PROPERTY NAME: **PARKVIEW MANOR** DATE OF APPLICATION: _____

MANAGEMENT INITIALS

Bedroom Size Needed: 1Br. 2 Br.

HOW DID YOU HEAR ABOUT PARKVIEW MANOR?

HOUSEHOLD COMPOSITION:

LAST N	LIST ALL PEOPLE TO OCCUPY APT. AME 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						
PRESEN	TADDRESS:		Pi	IONE:		
			W	ORK:		
LANDLO	DRD'S NAME:		PH0	PHONE:		
				OWN OR RENT?		
AMOUN	T OF MONTHLY RENT/MORTGAGE	:	UTI	UTILITIES:		
REASON	FOR MOVING:					
PREVIO	DUS ADDRESS:					
LANDLORD'S NAME:				PHONE:		
HOW LONG AT PRESENT ADDRESS?						
AMOUNT OF MONTHLY RENT/MORTGAGE:			UTI	UTILITIES:		
REASON FOR MOVING:						
		**GENERAL INFO	RMATION	**		

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: ______

RENTAL APPLICATION



1

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		ICANT		PLICANT		PPLICANT
	✓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						

2

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

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:	(APPLIC	ANT) DATE:

SIGNATURE: ______ (CO-APPLICANT) DATE: _____

AUTHORIZATION FOR RELEASE AND CONSENT

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 **Parkview Manor/Capitol Park** 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 Credit History Handicapped Assistance Expenses Family Composition Employment/Income/Pension/Assets Federal/State/Local Benefits Criminal Activity Identity and Marital Status Social Security Numbers 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 Support and Alimony Providers Education Institutions Veteran Administrations Courts Employers, Present and Past Welfare Agencies State Unemployment Agencies Social Security Administration Register of Deeds Law Enforcement Agencies Schools and Colleges Retirement Systems Banks and other Financial Institutions Landlords Medical and Childcare Providers Credit Bureaus 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

