

RENTAL APPLICATION

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						

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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	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

