

How did you hear about us? 

# Rental Application

Unit Size: 

Applicant Name:		Phone #:	
Address:	City:	ST:	Zip:
List all States you have ever lived in:			
Social Security #:	ID or Driver's License:	ST:	
Email Address:			
Currently: Own Rent (Please circle one)	Monthly payment or rent:	How long?	
Current Landlord Name:	Current Landlord Phone:		

**Co-Applicant Information (if more than 2 applicants, use additional application)**

Co-Applicant Name:		Phone #:	
Address:	City:	ST:	Zip:
List all States you have ever lived in:			
Social Security #:	ID or Driver's License:	ST:	
Email Address:			
Co-Applicant : Own Rent (Please circle)	Monthly payment or rent:	How long?	
Current Landlord Name:	Current Landlord Phone:		

**Employment Information** *Employment is not a requirement to qualify for residency; however we must have a verifiable source of income to determine income qualifications.*

Current employer or source of income:			
Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	

**Co-applicant Employment Information**

Current employer or source of income:			
Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	

**Personal References**

Name:	Address:	Phone:
Name:	Address:	Phone:

**Bank Information**

Checking Account Bank Name & Account #:	Savings Account Bank Name & Account #:
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**Household Composition and Annual Income (if more than 3 occupants use additional application)**

List all occupants (including applicant)	Date of Birth	Relationship to applicant	Employment Wages (gross)	Unemployment Compensations	Disability Payments	Welfare or ADC	Interest & other Income	Total
1.			\$	\$	\$	\$	\$	\$
2.			\$	\$	\$	\$	\$	\$
3.			\$	\$	\$	\$	\$	\$

Indicate any other source of income not listed above:

**Have you or co-applicant...**

Ever been evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever had a judgment filed against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been convicted of a misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever declared bankruptcy? If so, when? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever had an account assigned to a collection agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, co-applicant or any member of the household ever been subject to a lifetime sex offender registration program in any state? If yes, list the states:			<input type="checkbox"/> Yes <input type="checkbox"/> No

*I (we) understand that the filing of this application does not in any way bind The Associated Management Company to reserve a unit for me. I (we) understand that all applications are carefully screened for credit and residence history as outlined in our Resident Selection Criteria and/or Tenant Selection Plan understand that the information on this application will be used to secure criminal conviction and credit history as part of the screening process. I (we) understand and agree that untrue or fraudulent statements made on this application may result in rejection or termination of any lease entered into with the community indicated below and loss of any housing assistance and eviction from the apartment.*

Signature of Applicant:	Date:
Signature of Co-Applicant	Date



EQUAL HOUSING OPPORTUNITY



Community Name: \_\_\_\_\_  
 Date/Time Application Received: \_\_\_\_\_  
 Received by: \_\_\_\_\_