

This application does not cover all needed information needed for residency. All additional information will be requested at time of processing. A \$35 application fee will need to be paid in full when processing for an available unit begins.

Head of Hou	sehold for Waitlis	<i>U</i> Applicant				
OMr. OMrs OMs	First Name	MI	Last Name	Dale	of Birth	
**Co-Applica available an	ants: (Additional a d processing start	dults in the hou s)	sehold will need to fil	l out complet	e application once an apartment has becom	
Number of a	idditional adults in ninor children in ti	the household ne household				
Number of b Community	edrooms needed requested:	select all that a	pply):SROEff _	_1 bedroom _	2 bedroom	
Telephone N	lumber		Additional Telephi	one number _		
Email addre	ss:		PROCESSION OF THE PROCESSION O			
Basic incom	e:employed _	_social security	//va benefits/pension	unemploy	mentOther	
Monthly inco	Monthly income amount: (hourly / weekly / monthly / annually)					
Student Status Full time Y/N: Veteran Status Y/N						
Special Nee	d: Homeless _	Disability	single parent housel	oldelc	derly (55+)	
If a handica;	accessible unit b	ecame available	e would it benefit you	Y or N		
Do you have	any assistance a	nimals? If so, ir	idicate kind, weight, b	reed, age		
Emergency	Contact: Nar	me	Ph. Numb	er	Relationship	
I certify that an in this application owner or its ag False informati regularly and rebe reported at financial obliga be liable to app. We are an equ	SIGNATURE CLAI swers given herein an on via consumer cred ents to make verificati on given above shall e outinely furnish inform any time and may incl tions. Owner and/or f olicant, resident, any o	JSE: a true and complet it reports, rental his ons or investigation antitle owner to (1) ation to consumer ude both favorable Property Manager h ccupant, or any gu provider. We do n	e to the best of my knowle story reports, criminal histons. Failure to answer any reject this application (2) treporting agencies about pand unfavorable informatinate no duty to provide entest for failure to do so.	dge. I authorize ry reports and o of the above inc erminate resider performance of I on regarding a r pergency care or	e verification or investigation of all statements contain other means. Such authorization does not require the quiries shall entitle owner to reject this application. It's right for occupancy. Owner reserves the right to ease obligations by residents. Such information may resident's compliance with the lease, rules, and rigive notice of emergency to any person and shall not sex, national origin, religion, handicap, or familial	
Applicant Sig	nature				Date	
Office Use:						
Received Da	te	Per I	£ 6	AM/PM I	Initials	