

**SPRING MEADOW APARTMENTS
RENTAL APPLICATION**



The following information is confidential and will not be disclosed without your consent

Date received _____ Time _____ By _____

Applicant's Name			Social Security No.	Home Phone ()
Present Street Address	City	State	Zip Code	No. Years at Present Address
Former Street Address	City	State	Zip Code	No. Years at Former Address
Current Housing Status: Provide the name, address and phone number of ALL landlords for the past three (3) years.				
Current Landlord:		Phone: _____		
Address: _____				
Previous Landlord:		Phone: _____		
Address: _____				
Previous Landlord:		Phone: _____		
Address: _____				
Name and Address of Employer			Type of Business	Self-Employed? Yes _____ No _____
Business Phone Number ()	Position / Title	No. Yrs on Job	Supervisor's Name	
Name and Address of Previous Employer (if employed at present position for less than 2 years)			No. of Yrs with Previous Employer?	Business Phone ()
Co-Applicant's Name			Social Security No.	Home Phone ()
Present Street Address	City	State	Zip Code	No. Years at Present Address
Former Street Address	City	State	Zip Code	No. Years at Former Address
Name and Address of Employer			Type of Business	Self-Employed? Yes _____ No _____
Business Phone Number ()	Position / Title	No. Yrs on Job	Supervisor's Name	
Name and Address of Previous Employer (if employed at present position for less than 2 years)			No. of Yrs with Previous Employer?	Business Phone ()
<i>In accordance with the data collection information required by the Department of Housing and Urban Development (HUD), please provide the following information for the Head of Household</i>				
RACE				
White			Asian Indian / Alaska Native & White	

HOUSEHOLD COMPOSITION

List the head of household and all members who live in your home. Give the relationship of each family member to the head (spouse, co-head, dependent, etc.)

MEMBER NUMBER	FULL NAME	RELATIONSHIP	BIRTHDAY M/D/YY	SOCIAL SECURITY NO.
Head of Household				
2				
3				
4				
5				
6				
7				
8				

Are there any special housing needs or reasonable accommodations that the household will require? _____

ANNUAL INCOME

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBER 18 YEARS OR OLDER	TOTAL
Gross Salary				
Overtime Pay				
Commissions / Fees / Bonuses				
Unemployment Benefits				
Social Security, Pensions, Retirement Funds, etc.				
TANF Payments				
Alimony, Child Support				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Other:				
TOTAL:				

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account	\$	\$		
Savings	\$	\$		
Certificate of Deposit	\$	\$		
Mutual Funds / Stocks / Bonds	\$	\$		
Real Estate	\$	\$		
Life Insurance	\$	\$		
Other:	\$	\$		
TOTAL:	\$	\$		

I _____ have _____ have not disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. If yes, please list the asset under the "other" column in the above listing of assets.

Are all the household member(s) full-time students? Yes _____ No _____

The information provided is true and complete to the best of my knowledge and belief. I / we consent to the disclosure of income and financial information from my/our employer and financial resources for purposes of income and asset verification related to my/our application for tenancy. I/We agree to _____