

RENTAL APPLICATION

Name of Property _____

Date _____

How did you hear about us? (Newspaper, friend, etc.) _____

What attracted you to this property? _____

Apartment Size Desired: Number of Bedrooms _____

1. FAMILY DATA: PLEASE PRINT & ANSWER ALL QUESTIONS! Do not leave any space blank, write "No or None" where appropriate.

Name of Head of Household (Head)		Spouse Name (if living with the household)	
Current Address: Street		City	State
		Zip	Home Phone
			Cell Phone
E-mail address (Head)		E-mail address (Spouse)	
Have you ever used another name? (Y/N) _____ If so, please indicate name _____			
Have you ever been convicted of a felony? (Y/N) _____ What City and/or County _____ State _____			
If so, please explain _____			
Current Rent Amount if renting at address above \$ _____/monthly OR Current Mortgage payment if you owned the residence identified above \$ _____/monthly			
Move-in Date for the above identified residence: _____		Estimated Monthly Utilities: \$ _____/month	
Landlord Name and Phone Number for address above: _____			

If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number, your name and your social security number.

2. HOUSEHOLD COMPOSITION: PLEASE PRINT

Member #	Name(s)	Relation To Head	Date of Birth MO-DY-YR	Social Security #.	Gender (M/F)	Student (Y/N)	Highest Grade Level Completed	School Name & Type (e.g. preschool, elementary, middle, high, trade school, college)
1.		HEAD						
2.								
3.								
4.								
5.								
6.								

Anticipated changes in the household size? (Y/N) _____ Anticipated change in number of students? (Y/N) _____

Do all of the above household members reside in the household 100% of the time? (Y/N) _____ If no, please list the household members that do not live in the household 100% of the time: _____

Applicant Name: _____



3. ANTICIPATED INCOME: ALL PRESENT EMPLOYMENT AND OTHER INCOME RECEIVED BY THE HOUSEHOLD MEMBERS MUST BE LISTED HERE (AFDC, ALIMONY, CHILD SUPPORT, EMPLOYMENT, GENERAL ASSISTANCE, GIFTS, PENSION, SOCIAL SECURITY, TANF, UNEMPLOYMENT, ETC.).

Member # (match to household Composition listing above)	Source of Income: 1) If Employment: Name of Employer 2) If not employment: Name of source; pension, social security, child support, gift or family support, etc.	Occupation if employed _____type (see list attached)	Start Date of income	Income derived from this source \$_____per month
	Address:			Contact Name:
			Contact Phone:	
			Contact Fax #:	
Member # (match to household composition listing above)	Source of Income: 1) If Employment: Name of Employer 2) If not employment: Name of source; pension, social security, child support, gift or family support, etc.	Occupation if employed _____type (see list attached)	Start Date of income	Income derived from this source \$_____per month
	Address:			Contact Name:
			Contact Phone:	
			Contact Fax #:	
Member # (match to household composition listing above)	Source of Income: 1) If Employment: Name of Employer 2) If not employment; Name of source; pension, social security, child Support, gift or family support, etc.	Occupation if employed _____type (see list attached)	Start Date of income	Income derived from this source \$_____per month
	Address:			Contact Name:
			Contact Phone:	
			Contact Fax #:	

4. ASSETS: List all assets owned by this household member. Do not include personal property such as furniture and clothing.

Are your assets and bank account balances equal to or greater than \$5,000? (Y/N) _____

Member Number	Describe Type (All Bank Accounts, Stocks, Real Estate, 401(k), IRA, Keogh, etc.)	Value
		\$
		\$
		\$
		\$

Have you disposed of any assets (e.g. real estate, cash, stock, etc.) in the past two years? (Y/N) _____

If yes please describe: _____

Applicant Name: _____



5. CREDIT HISTORY

Have you ever filed for bankruptcy? (Y/N) _____ If yes, please explain. _____
 Do you currently or have you previously had a judgment filed against you? (Y/N) _____ If yes, please explain. _____

6. VEHICLES (including company cars, motorcycles, etc.):

Member Number	Driver's License Number / State	Model	Year	Color	License Plate Number / State	Monthly Payment
						\$
						\$

7. RESIDENCE HISTORY: PREVIOUS LANDLORDS:

(Please show at least 2 years of residence history, including any owned by applicants. Do not include the address on page one of application.)

If the address on page one of this applications gives at least 2 years of residence history, you are not required to complete section 7 of the application.)

Previous Address	Rent/Month	Utilities/Month	Move-In Date	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone
Previous Address	Rent/Month	Utilities/Month	Move-In Date	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone

8. IN CASE OF EMERGENCY, NOTIFY:

Name	Address	Phone

9. SPECIAL NEEDS:

Does anyone in your household have special needs? (Y/N) _____

Special living accommodations required? (Y/N) _____

Please Explain (Attach additional pages as needed): _____

10. PETS:

Do you have any pets? (Y/N) _____ How Many _____ Type _____ Weight _____

Applicant Name: _____



OPTIONAL INFORMATION REQUEST

The following information is requested but not required. **Not responding to these questions WILL NOT impact your application for housing.** If you choose not to answer the questions, please indicate so with your initials and date on the line next to each item.

Source of Health Insurance: (circle the appropriate response and indicate the corresponding family member number per page 1)

Employer Provided _____ Medicaid _____ MC+ _____ Medicare _____ Medicare Advantage _____
VA _____ None _____ Other (List source): _____

I choose not to reply regarding the source of my Health Insurance _____ (Date and Initials)

In the past six (6) months, have you or your child been to the doctor? Yes No (Circle one)

I choose not to reply regarding doctor visits. _____ (Date and initials)

Has there been a time in the past six (6) months when you or your child has not seen the doctor because of changes to your health insurance? Yes No (Circle one)

I choose not to reply regarding doctor visits. _____ (Date and initials)

Has there been a time in the past six (6) months when you or your child could not get medicine because of costs or changes to your health insurance? Yes No (Circle one)

I choose not to reply regarding receiving medicine. _____ (Date and initials)

May we contact you to ask more questions about your health insurance? Yes No (circle one)

I choose not to reply regarding more questions about health insurance. _____ (Date and initials)

Applicant Name: _____



I/We authorize McCormack Baron Ragan Management Services, Inc., agent for the Property, to verify information in this application. I/We further agree that a full disclosure of pertinent facts may be made to McCormack Baron Ragan as to my/our character, general reputation, income, credit and mode of living. This application may be rejected as the result of my/our misrepresentation or insufficient information.

Acceptance of this application and any deposits is not binding upon McCormack Baron Ragan Management Services until application is approved in writing.

I/We understand that this application and all related inquires will be used only for its relevance to screening and occupancy at this Property.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Applicant Signature (HEAD) Date

Applicant Printed Name (HEAD)

Applicant Signature Date

Applicant Printed Name

Property Representative Signature Date

Property Representative Printed Name

For Office Use Only

MBRMS 03/11 Supersedes MBRMS 10/06

Application Fee Rec'd: \$ _____

Reservation Dep. Rec'd: \$ _____

By: _____

Date: _____

Date Apartment Desired: _____

Applicant Name: _____



Demographic Selection Reference Sheet

Move In Reason Selection

Appearance/Design
Availability
Close to Good School
Close to Public Transit
Close to Work
Employee Referral
Neighborhood
Other
Price
Project Amenities
Resident Referral

Outreach Source Selection

Bus or Billboard
Church
Direct Mail
Drive By
Employee/Friend
Government Agency
Newspaper Ad
Other
Resident Referral
Word of Mouth

Highest Grade Completed Selection

Didn't Complete High School
High School
GED
Some College
2 Year College Degree
4 Year College Degree
Graduate School
Vocation Certificate
Not Given

Type of School Selection

Headstart
Daycare/Preschool
Elementary
Middle School/Jr. High
Jr. College
College/University
Trade School
Job Corp
Home Schooling
Graduate School

Occupation Selection

Code

A-1 Architecture/Engineering
A-2 Arts/Design/Entertainment/Sports/Media
B-1 Building & Grounds Cleaning & Maint.
B-2 Business/Financial Operations
C-1 Community and Social Services
C-2 Computer/Mathematical
C-3 Construction and Extraction
E-1 Educations/Training/Library
F-1 Farming/Fishing/Forestry
H-1 Healthcare Practitioners
H-2 Healthcare Support
I-1 Installation/Maintenance/Repair
L-1 Legal
L-2 Life, Physical and Social Science
M-1 Management
M-2 Military Specific
O-1 Office Clerical & Administrative Support
P-1 Personal Care and Service
P-2 Production
P-3 Protective Service/Police
S-1 Sales/Retail
T-1 Transportation/Material Moving

Type of Other Income Selection

Alimony
Co-Signers
Family Support
Gift Investment/Trust
Other
Student Loan

Health Insurance Selection

Employer
MC+
Medicaid
Medicare
Medicare Advantage
None
Other
VA