



The Morrow Companies

MULTI-FAMILY, COMMERCIAL AND INVESTMENT PROPERTIES

Nationwide TDD# 711

Application for Tenancy

Date Received:	Time:	Signature of Manager:
A \$25.00 non-refundable application processing fee per applicant is required when submitting this application, unless otherwise posted on the office bulletin board that the fee has been waived. The application is considered incomplete and will not be processed unless the processing fee is paid. ***All portions of this application must be completed. Fill in each blank. If the blank is not applicable, please put N/A. Please write legibly.		
Fee Paid <input type="checkbox"/>	Fee Not Paid <input type="checkbox"/>	Fee Waived <input type="checkbox"/>
Receipt #		Date
Applicant's Name		Email
Current Address		City
		State & Zip
Home #	Work #	Cell #
Do you Currently <input type="checkbox"/> Rent or <input type="checkbox"/> Own?		Amount of Mortgage/Rent?
Employer	Self Employed? <input type="checkbox"/> Yes or <input type="checkbox"/> No	Position
Address of Employer		Employer Telephone #

Co - Applicant's Name		Email
Current Address		City
		State & Zip
Home #	Work #	Cell #
Do you Currently <input type="checkbox"/> Rent or <input type="checkbox"/> Own?		Amount of Mortgage/Rent?
Employer	Self Employed? <input type="checkbox"/> Yes or <input type="checkbox"/> No	Position
Address of Employer		Employer Telephone #

Household Composition

List all members who will reside in the dwelling.

	<u>Full Name</u>	<u>Relationship to Head</u>	<u>Marital Status</u> Married Single Legal Sep.	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Student Status</u> Full-Time Part-Time None	<u>Em plo yed</u> Yes or No	Sex M /F
1		Head						
2								
3								
4								
5								
6								
7								
8								



Do you anticipate any changes to the household in the next twelve months? Yes or No

If Yes, explain:

Does anyone live with you who is not listed above? Yes or No If yes, explain:

Does the applicant or co – applicant hereby certify that he/she has legal custody of the minor children listed in the household for at least 6 months of the year? Yes or No

If no, please explain.

Will the household above be comprised of students during any five calendar months of this year or plan to be in the next calendar year at an educational institution with regular faculty and students? Please put anticipated status (PT or FT) for fall, spring and summer sessions.

Yes or No

HH Member Name	Name of School	School Contact	Phone # of School	Current Status	Fall	Spring	Summer

Do you require any special services/reasonable accommodations due to a disability? Yes or No

Do you require a dwelling that is designed with accessible features? Yes or No

If yes, please indicate which features you require.

Have you been displaced or currently homeless? Yes or No

If yes, explain.

Have you or any member of your household ever been evicted, breached or violated your contract while leasing any type of housing? Yes or No

If Yes, explain.

Have you or any member of your household ever applied at this housing community? Yes or No

If yes, when?

Have you or any of your household members ever lived at this housing community? Yes or No

If yes, when?

Have you or any members of your household ever been convicted of a Felony/crime? Yes or No

If yes, explain.

Are you or any member a Veteran? Yes or No

If yes, who?



Currently do you or any members of your household use, manufacture, possess, sale or distribute a controlled substance? Yes or No

Have you or any members of your household ever been convicted of the same? Yes or No

If yes, explain.

List any substance abuse programs that you or any household members have successfully completed or are currently enrolled in:

How did you hear about our community?

When do you wish to move in?

Why are you currently looking for housing?

What size apartment are you looking for?



Monthly Household Income

List **ALL** income sources. Do **NOT** leave any blanks. If a section does not apply use N/A for the section. Use Gross income before any deductions.

	Applicant			Co-Applicant			Monthly Total (Combined)
	Source (name of employer, etc)	Contact #	Monthly Amount	Source (name of employer, etc)	Contact #	Monthly Amount	
Employment							
Commissions							
Tips, Bonuses							
Income from Self Employment							
Net Rental Income							
Social Security							
Supp. Sec Income							
Unemployment							
Alimony							
Child Support							
VA Benefits							
Welfare or Public Assistance							
Recurring Gifts							
Lottery paid periodically							
Interest and/or dividends							
Severance Pay							
Pension/annuity							
Worker's Comp Disability Compensation							
Military Pay							
Other Income:							
Other Income:							

Total Gross Annual Income based on the monthly amounts listed above times 12	\$
Do you anticipate any changes in this income in the next 12 months? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
If yes, please explain:	



Rental History

Current Landlord	Address
Landlord's Phone #	Amount of Rent \$

Previous Landlord	Address
Previous Landlord's Phone #	Amount of Rent \$

Household Assets

Please indicate whether you or a member of your household has any of the assets listed below. Do NOT leave any blanks. If a section does not apply use N/A for the section. If you require additional forms because your assets exceed the space provided, please ask for one.

Cash On Hand

Household Member	Balance

Checking Accounts

Household Member	Acct #	Institution	Contact #

Savings Accounts

Household Member	Acct #	Institution	Contact #

Certificates of Deposit/Money Market Acct/Savings Bonds

Household Member	Acct #	Institution	Contact #

Stocks/Bonds/Mutual Funds

Name:	# of Shares	Interest of Dividends Paid	Value \$

IRA/Keogh/401K/ Lump Sum Lottery Winnings/ Life Insurance

Household Member/Acct No.	Cash Value



Do you own any real estate property? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, please explain
Type of Property:
Location of Property:

Have you disposed of any assets in the last 2 years? <input type="checkbox"/> Yes or <input type="checkbox"/> No
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Credit References

	Name	Address	City, St, Zip	Acct #	Phone #
1					
2					
3					

Personal References (not related or employers)

	Name	Address	City, St, Zip	Relationship	Phone #
1					
2					
3					

Emergency Contacts

	Name	Address	City, St, Zip	Relationship	Phone #
1					
2					
3					

Please note: A \$25.00 charge for bookkeeping will be deducted for an applicant who has paid a Security Deposit and decides not to rent an apartment. All rent is due and payable on the first day of the month. After a ten (10) grace period, or the grace period prescribed by state law, a late charge will be assessed and legal action taken. No water beds, alcoholic beverages displayed on the grounds, and no pets. In the event the complex is designated specifically as housing for the elderly, a pet lease may be executed and an additional Pet Deposit is required.

All persons aged 18 and older must sign and date this document.

I/we hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/we further certify that this will be my/our permanent residence. I/we understand I/we must pay a Security Deposit prior to occupancy. I/we understand that my/our eligibility for housing will be based on applicable income limits and by management’s selections criteria. I/we certify that all information in this application is true and accurate to the best of my/our knowledge and I/we understand that false statements or false information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verifications related to my/our application for tenancy.. I/we further certify that only those people listed on this application will occupy the dwelling, unless prior approval by Landlord is given.

Signature of Applicant

Date

Signature of Co - Applicant

Date

Signature of Other Person 18 or older

Date

I certify that I filled this application out for the applicant as a reasonable accommodation for his/her disability.

Signature

Date

Relationship (Friend, Relative, etc)



TENANT RELEASE AND CONSENT

I/We _____ the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below and/or the State and Local Agencies/Department's service provider.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires 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.

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 and Present Employers | Welfare Agencies | Veterans Administrations |
| Support and Alimony Providers | Educational Institutions | Retirement Systems |
| State Unemployment Agencies | Social Security Administration | Medical and Child Care |
| Banks and other Financial | Previous Landlords (including | Providers |
| Institutions | Public Housing Agencies) | |

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. **Everyone 18 years or age and older must sign this form.**

SIGNATURES

Signature of Applicant / Resident	Printed Applicant / Resident Name	Date
Signature of Co-Applicant / Resident	Printed Co-Applicant / Resident Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Apartment Community Name	Contact	Phone Number

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

LANDLORD REFERENCE

We are evaluating this applicant's eligibility for occupancy at _____ . We need to evaluate the applicant's previous rental history and care of the rental property. We appreciate your assistance in helping us to evaluate this applicant's previous rental history. Upon completion please fax or email this form back to: _____

Site Manager Signature: _____

Return email: _____

Return Fax: _____

Please check and fill out all applicable circumstances.

_____ I own my own home _____ Mortgage/Finance Agency

_____ Address

_____ City, State, Zip

_____ Telephone Number

_____ I rent/lease and if I _____ Landlord

have previous

Landlords I agree to

fill out a form for

current Landlord

and all previous

Landlords, as applicable

_____ Address

_____ City, State, Zip

_____ Telephone Number

_____ I live with relatives _____ Name

or friends

_____ Address

_____ City, State, Zip

_____ Telephone Number

_____ I certify that I have
never before rented.
I have no Landlord
reference.

I hereby authorize you to release to _____ Apartments any information regarding my rental history.

Signed: _____ Date: _____

Current Address: _____ Telephone Number: _____



LANDLORD REFERENCE

NOTE: All information will be held in strict confidence. If an applicant is rejected for a bad Landlord Reference, they will not receive a copy of this report. Your prompt return of this form is appreciated.

Name of all persons occupying the unit:					Relationship
Length of Residency:			Amount of Monthly Rent:		\$
Rent subsidized?	YES	NO	Subsidy provider:	Amount Subsidized:	\$
Utilities or Allowances included in rent?			YES	NO	If yes, amount included: \$
Was the Lease Agreement fulfilled?			YES	NO	Expiration Date:
Payment History during the last 12 months (please check one):					
<input type="radio"/> Always pays by the due date		<input type="radio"/> Pays within 1-10 days of the due date			
<input type="radio"/> Pays over 30 days late		<input type="radio"/> Generally stays behind schedule			
Outstanding Balance:					
Rent Owed:	\$	Damages Owed:	\$	Other Owed:	\$
Date Last Paid:		Next Due Date:			
Housekeeping Habits:					
Tenant Damages to Property:					
Control of household:					
Relationship with Neighbors:					
Compliance with Rules and Regulations:					
Was the above person asked to move? (Reason)					
Do you know anything about this person(s) that would make him/her an undesirable tenant?					
Would you re-house? Comments?					

Signature of Present/Previous Landlord

Date

