

APPLICATION FOR OCCUPANCY

PERSONAL (please print)				
Applicants Name	<input type="checkbox"/> YES	are you 18 or older	<input type="checkbox"/> YES	are you 62 or older
Co-Applicant/Spouse	<input type="checkbox"/> YES	are you 18 or older	<input type="checkbox"/> YES	are you 62 or older
Number and Street	Applicants Home Phone	Other Phone Number	email	
City/State/Zip	Co-Applicants Home Phone	Other Phone Number	email	
Other Occupants Name	Relationship	Social Security Number	How many Bedrooms are you requesting? _____	

Does your household require any accessibility features? Yes No Describe _____

Does your household have any reasonable accommodation requests? Yes No Describe _____

INCOME (if more than 3 sources of income attach additional sheets)				
Current Source of Income	Name of Contact Person	Telephone No.	If employed, How long?	
Street Address	City	State	Zip	Monthly Income
2nd Source of Income	Name of Contact Person	Telephone No.	If employed, How long?	
Street Address	City	State	Zip	Monthly Income
3rd Source of Income	Name of Contact Person	Telephone No.	If employed, How long?	
Street Address	City	State	Zip	Monthly Income

RESIDENCE HISTORY				
Present Landlord or mortgage holder name	Telephone No.	How Long?	Reason for leaving?	
Street Address	City	State	Zip	Monthly Rent/ Mortgage
Previous Landlord or mortgage holder name	Telephone No.	How Long?	Reason for leaving?	
Street Address	City	State	Zip	Monthly Rent/ Mortgage
In Case of Emergency Notify (other than occupant)	Telephone No.	Do you have any pets? If so, specify (type, breed, adult weight)		

How did you hear about our community?

<input type="checkbox"/> Newspaper <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Apartment Guides <input type="checkbox"/> Internet	<input type="checkbox"/> Drive By <input type="checkbox"/> Direct Mail <input type="checkbox"/> Referred By _____ <input type="checkbox"/> Other _____
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APPLICATION FOR OCCUPANCY cont.

Applicant has submitted the sum of \$ _____ which is a nonrefundable payment for a credit check, and/or criminal conviction check. _____

I hereby deposit \$ _____ with Management as a good faith deposit in connection with this application. If application is approved and tenancy taken, this deposit shall apply to initial move-in costs in accordance with the terms of the lease/occupancy agreement. I understand I may cancel this application by written notice within 72 hours and receive a full refund of this good faith deposit. If application is denied, Management will refund this good faith deposit in full. I understand that it may take up to 30 days for me to receive a refund if I cancel within 72 hours or if my application is denied. I hereby agree to the above terms and conditions. _____

What date would you like to move in? _____

Applicant

Date

Co-applicants/Spouse

Date

Management Agent

Date and time

Reason Application Declined <input type="checkbox"/> Unfavorable credit check <input type="checkbox"/> Unfavorable criminal conviction history <input type="checkbox"/> Unfavorable report from previous landlord <input type="checkbox"/> Incorrect Information <input type="checkbox"/> Number of occupants <input type="checkbox"/> Other _____

Monies Delivered with this application Deposit.....\$ _____ Credit Check Fee.... \$ _____ Pet Fee/ Deposit..... \$ _____ Other.....\$ _____ Total.....\$ _____
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Approved or declined by _____ Date _____

We are an equal housing opportunity provider. We provide housing without discrimination on the basis of race, color, religion, sex, physical or mental handicap, familial status, national origin or other protected classes.

	Application Update(s)
Office Use Only:	
Date:	New information



AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant/Resident Name: _____

Property: _____

Apt. #: _____

- Initial Certification
 Recertification (*Annual or Interim*)

Date expected to move in: _____

Effective date: _____

In order to comply with federal regulations requesting verification on all income and assets for applications/ residents of tax credit housing, please complete the following information and return it as soon as possible.

I/We, hereby authorize the release of any information requested by

Blue Water Village East

owner or agent

regarding my/our income and assets. I/we understand and agree that photocopies of this authorization may be used for the purpose stated above.

Applicant/ Resident Signature

Date

Social Security #

Applicant/ Resident Signature

Date

Social Security #

The information obtained will only be used to determine eligibility in said program and will be kept confidential and not released outside of this scope.

This release for information will expire thirteen months form the date of signature

OCCUPANT COMPOSITION CERTIFICATION

Name: _____ Address: _____ Unit # _____

Please List yourself, all dependents and any persons living with you.
 *All children age 6 or older must have a social security number. This is to be reported to the office.

Last Name	First name	Relationship	Birthdate	Place of birth	SS#	Occupation	Annual Income

I/We certify that the information given above is an accurate account of our family composition and is our total family income for the next twelve months.

I/We understand that false information will place me/us in violation of the terms of our Lease and/or Occupancy Agreement and render me liable for prosecution.

Home phone # _____ Work phone # _____ Emergency contact name _____ emergency # _____

Resident signature _____ Date _____ Spouse/co-resident's signature _____ Date _____

I do not wish to recertify and will pay the market rent amount