



Our People, First.

RENTAL APPLICATION
(Please Print)

Name of Property Elk River Apartments Date _____

Apt. Size Desire: No. of Bedrooms _____

Name of Head of Household (Head)	Spouse Name (if living with the household)
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Current Address: Street	City	State	Zip	Day Phone	Night Phone
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Circle One: Single Married Divorced Separated

Have you ever used another name? Y/N _____. If so, please indicate name: _____

PLEASE ANSWER ALL QUESTIONS! WRITE N/A IF A PARTICULAR QUESTION IS NOT APPLICABLE.

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. FAMILY COMPOSITION:

Member No.	Name(s)	Relation to Head	Date of Birth Mo-Dy-Yr	Social Security No.	Sex (M/F)	Full time Student (Y/N)
1.		HEAD				
2.						
3.						
4.						
5.						
6.						

Anticipated change in family size? (Y/N) _____ Anticipated change in number of students? (Y/N) _____

3. ANTICIPATED INCOME: # PRESENT EMPLOYMENT AND OTHER INCOME RECEIVED BY HOUSEHOLD MEMBERS:

Employment

Member No.	Source of Income: Indicate Name of Source	Position	From/To	Gross Income/Monthly
	Name:			\$

Address:	Phone No.:	Contact:
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Name:	Phone No.:	Contact:
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Address:	Phone No.:	Contact:
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WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.

Are you entitled to child support benefits? Yes No
 If yes, do you receive child support benefits? Yes (Monthly benefit: \$ _____) No
 If no, what attempts are you making to collect the entitled child support benefits?

(please explain)

Other sources of income not listed above (e.g. Social Security, alimony, stipend, etc): _____

Contact, address and phone

No.: _____

Do you have any other income not listed? Yes No

If yes, please list source: _____

An adult member of the household has no income. List adult members with no income: _____

Does anyone help you pay your bills? Yes No

If yes, please list: _____

Expenses

Please list all monthly expenses, not including rent:

Auto: \$	Child Care: \$	Telephone: \$	Credit Cards: \$
Medical: \$	Insurance: \$	Cable: \$	Loans: \$
Food: \$	Other (Please list):		

4. ASSETS:

Account No.	Describe Type (Stocks, real estate, etc. If property, please indicate location)	Value
		\$
		\$

Has any member of your household sold or otherwise disposed of any asset during the past two years? Yes No

5. CREDIT REFERENCES (credit cards, school loans, car payment, mortgage payments, etc.):

Account No.	Company Name (Creditor)	Mon. Pmt.	Balance	Judgments/Bankruptcy? If yes, describe

6. BANK REFERENCES:

Account No.	Bank Name	Address	Type of Account		Actual Interest Earned
			(savings, checking)	Average Bal.	

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Do you or any adult member of your household have a direct deposit card? (child support, TANF, SSI, unemployment etc?)

Yes No If Yes, please list: _____

No member of the household has assets.

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

Name	Driver's Lic No.	State	Model	Year	Color	Car Lic No.	State	Mon. Pmt

8. RESIDENCE HISTORY OF CURRENT AND PREVIOUS LANDLORD:

** Please list residence history for co-applicant if the co-applicant has not previously resided with the HOH

Current Address	Rent/Mo	Utilities/Mo	Move-in Date	Reason for Leaving

Landlord Name	Landlord Address	Landlord Phone No.

Previous Address	Rent/Mo	From/To	Reason for Leaving

Landlord Name	Landlord Address	Landlord Phone No.

Previous Address	Rent/Mo	From/To	Reason for Leaving

Landlord Name	Landlord Address	Landlord Phone No.

9. CHARACTER REFERENCE (Other than Relatives):

Name	Address	Phone No.

10. IN CASE OF EMERGENCY, NOTIFY:

Name	Address	Phone No.

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TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby, authorize all persons or companies in the categories listed below to release without liability information regarding employment, income and/or assets to **Elk River** (Owner or agent) for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to, personal identity; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our 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 includes, but are not limited to:

- Past and Present Employees
- Welfare Agencies
- Veterans Administration
- Previous Landlords (including Public Housing Agencies)
- State Unemployment Agencies
- Retirement Systems
- Social Security Administration
- Banks and Other Financial
- Support and Alimony Providers
- Medical and Child Care Providers
- Institutions
- Credit/Background/Lifetime sex offender

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.

SIGNATURES

_____ Applicant/Resident	_____ Print Name	_____ Date
_____ Coapplicant/Resident	_____ Print Name	_____ Date
_____ Adult Member	_____ Print Name	_____ Date
_____ Adult Member	_____ Print Name	_____ Date

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 TAX FORM," MUST BE PREPARED AND SIGNED SEPARATELY.

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Student Eligibility Certification

Head of Household Name: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending-on-the-job training courses):

- A. _____ Household contains at least one occupancy who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.

- B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a part-time student(s). Documentation of part time student status is required for at least one member of the household.

- C. _____ Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, one of the below exceptions must be met.

Please check the exception that applies:

The household qualifies because the individual student (select one and verify):

- _____ Is receiving assistance under title IV of the Social Security Act
- _____ Was previously under the care and placement responsibility of the state agency responsible for administering foster care
- _____ Is enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar federal, state or local laws

The household qualifies because the student household (select one and verify):

- _____ The household is a single parent household and their children and such parent is not a dependent of another person and such children are not dependents of another individual other than a parent of such children
- _____ The household is a married couple who file or intend to file a joint return

Households composed entirely of full-time students that are income eligible and satisfy one or more of the above conditions are considered eligible.

Resident/Applicant Signature: _____ Date: _____