

RENTAL APPLICATION

Name: _____ Date of Birth: _____ Age: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Driver's License #: _____ State Issued: _____

How did you hear about this development? _____

HOUSEHOLD COMPOSITION – List **ALL** individuals who are living or plan to live with you in the apartment.

Please provide Social Security numbers for you and all household members, except those members who do not content eligible immigration status.

As of January 31, 2010, were you 62 or older and receiving HUD rental assistance at another location? Yes No
If yes, please provide information. This information is needed in order to verify whether you qualify for the exemption from disclosing and providing verification of a Social Security number.

	Member's Full Name	Relationship to Head of Household	Date of Birth	Sex (Optional)	Social Security Number	Student Status		Disabled?
						Y/N	FT/PT	
1		Head of Household						
2								
3								
4								
5								
6								
7								
8								

*NOTE: The disclosure of SEX is optional.

** The Management Agent will not discriminate based on disability status.

RESIDENCY HISTORY

Provide the full name and address of landlords and other places you have lived over the last five (5) years of past two residences (include shelters).

Current Address Information

Applicant Address: _____ City, State: _____ Zip Code: _____

Landlord Name: _____ Telephone #: _____ Fax #: _____

Landlord Address: _____ City, State: _____ Zip Code: _____

Monthly Rent: _____ Reason for Moving: _____

Previous Address(es) Information:

Applicant Address: _____ City, State: _____ Zip Code: _____

Landlord Name: _____ Telephone #: _____ Fax #: _____

Landlord Address: _____ City, State: _____ Zip Code: _____

Monthly Rent: _____ Reason for Moving: _____

RACE AND ETHNICITY– STATISTICAL INFORMATION

In compliance with Fair Housing Marketing Requirements, we are required to collect and maintain data by Race & Ethnicity for both Applicants and Occupants. If you wish to provide this statistical information, please indicate below. If you do not wish to provide this information, your status will be summarized into an “unknown” category and will not jeopardize you as a prospective applicant.

Indicate the number of Household Members as applicable:

_____ Black # _____ White # _____ Asian # _____ Alaskan Native

_____ American Indian # _____ Pacific Islander # _____ Other

Indicate the number of Household Members as applicable:

_____ Hispanic # _____ Non-Hispanic

CITIZENSHIP – STATISTICAL INFORMATION

In compliance with HUD regulations for eligibility of Subsidized Housing, we are required to verify United States Citizenship and/or legal immigration status. An application cannot be approved without this verification.

Indicate the number of Household Members as applicable:

_____ Citizen or National of the United States* # _____ A Non-Citizen with eligible immigration status*

*Indicates verification is required during the application qualifying process.

HOUSEHOLD INCOME – List the income for **ALL** household members.

Name of Household Member:			
Wages:			
Overtime:			
Commissions/Fees:			
Tips/Bonuses:			

Name of Household Member:			
Social Security – Adult + SS Claim Number			
Social Security – Minor + SS Claim Number			
Disability			
AFDC (Welfare)			
Alimony/Child Support			
Unemployment			

Do you or any member of your Household have income from any of the following:

- | | | | | |
|------------------------------|-----------------------------|------------------------------|--------------------|------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Income from Business | If "YES" \$: _____ | Frequency: _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Worker's Compensation | If "YES" \$: _____ | Frequency: _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Severance Pay | If "YES" \$: _____ | Frequency: _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Income from Insurance Policy | If "YES" \$: _____ | Frequency: _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Retirement Benefits | If "YES" \$: _____ | Frequency: _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Pension Benefits | If "YES" \$: _____ | Frequency: _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Disability/Death Benefits | If "YES" \$: _____ | Frequency: _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Educational Grants | If "YES" \$: _____ | Frequency: _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Scholarships | If "YES" \$: _____ | Frequency: _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Veterans Admin. Benefits | If "YES" \$: _____ | Frequency: _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Armed Forces | If "YES" \$: _____ | Frequency: _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Caretaking of Children | If "YES" \$: _____ | Frequency: _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Caretaking of Elderly | If "YES" \$: _____ | Frequency: _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Income from Minor Children | If "YES" \$: _____ | Frequency: _____ |



<input type="checkbox"/> YES	<input type="checkbox"/> NO	Gift from Family or Friends	If "YES" \$:	Frequency:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other:	If "YES" \$:	Frequency:

HOUSEHOLD ASSETS – List the assets for **ALL** household members

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Checking Account	If "YES" \$:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Savings Account	If "YES" \$:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	SS Direct Express Debit Card	If "YES" \$:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	CS SmiOne Debit Card	If "YES" \$:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Savings Certificate	If "YES" \$:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Bonds	If "YES" \$:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Money Market Funds	If "YES" \$:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Credit Union Savings	If "YES" \$:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Rental Property	If "YES" \$:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Mortgages	If "YES" \$:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Deeds or Trust	If "YES" \$:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Annuities	If "YES" \$:

If you answered YES to any of the above, please complete the section below:

Description of Asset	Amount of Income	Frequency

Have you or any member of your Household disposed of any of the above Assets at less than Fair Market Value over the past two (2) years? Yes NO

If YES, please explain in detail:

CARE OF FAMILY MEMBER

The twelve (12) month beginning on _____ do you expect to pay either of the following so that you or a family member can work or attend school?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Child Care	If "YES" \$:	Frequency:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Care of Elderly/Disabled	If "YES" \$:	Frequency:



MEDICAL EXPENSES – ONLY applies to Elderly, Disabled and/or Handicap Households

The twelve (12) month beginning on _____ do you expect to pay any of the following expenses?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Doctor Bills	If "YES" \$:	Frequency:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Dental Bills	If "YES" \$:	Frequency:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Hospital Bills	If "YES" \$:	Frequency:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Pharmacy Expenses	If "YES" \$:	Frequency:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Health Insurance	If "YES" \$:	Frequency:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Prescribed Equipment	If "YES" \$:	Frequency:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Eyeglasses	If "YES" \$:	Frequency:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other	If "YES" \$:	Frequency:

Explanation of Medical/Dental Bills:

YES NO **Do you or any member of your Household participate in Medicare Part D Program?**

RIGHT TO REASONABLE ACCOMMODATION

Jennison Management Company and its affiliates will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services, and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit and changes to policies, practices, and procedures.

Do you or any member of your Household have a condition that requires any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Physical Modification to a typical Apt. | <input type="checkbox"/> Vision Impaired Apartment |
| <input type="checkbox"/> Separate Bedroom | <input type="checkbox"/> Hearing Impaired Apartment |
| <input type="checkbox"/> Barrier Free Apartment | <input type="checkbox"/> Bedroom and/or Bathroom on 1 st Floor |
| <input type="checkbox"/> One Level Apartment | <input type="checkbox"/> Live-In Aide |
| <input type="checkbox"/> Assistance going up/downstairs | <input type="checkbox"/> Assistance/Support Animal |

If you have checked any of the above, please explain in detail exactly what will be required to accommodate your household needs:

ADDITIONAL INFORMATION

YES NO Have you or any household members subject to a Lifetime registration requirement under a State Sex Offender registration program?

If YES, list Household Member(s): _____

YES NO Have you or any member of your household a Military Veteran? _____

If YES, what type? _____



