

RENTAL APPLICATION

RIVER ROADS MANOR

_____/_____/2007
Date

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

What attracted you to this property?

Unit size you prefer: 1 Bedroom Unit # _____

2 Bedroom Unit # _____

Please print and answer all questions. **DO NOT LEAVE ANY LINES BLANK**; Write "NO or NONE" where appropriate. Pets must be approved in writing by the Owner prior to your being accepted as a tenant. Co-applicants who are married over six months may submit one application. If you need more space for answers, attach additional sheets and reference the paragraph number, your Name and Social Security number.

Do you own pets? YES NO If so, what kind (breed) and how much does it weigh? _____ Lbs.

1. FAMILY INFORMATION

Name of Head of Household			
Name of Spouse (if living in household). Note: If not applicable please enter N/A			
Street	City/State/Zip	Day Phone Contact	Evening Phone Contact
Check one: <input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Have you ever used another name? <input type="checkbox"/> NO <input type="checkbox"/> YES – If yes, please state name(s) and explain:			

2. FAMILY COMPOSITION

	Household Member Name	Relation to Head	Date of Birth	Age	SS#	Sex (M/F)	Student (FT/PT)
1		HEAD					
2							
3							
4							

Do all the above family members live with the household 100% of the time? YES NO If no, please list the household members who are not in the home all the time. _____

Do you anticipate changes in family size? YES NO If yes, please explain _____

Do you anticipate changes in the number of students? YES NO If yes, please explain _____

3. ANTICIPATED INCOME: CURRENT EMPLOYER

	Household Member Name	Source of Income	Position	From – To	Gross Income/Mo.
1		Employer _____ Address _____	Phone: _____		\$
2		Employer _____ Address _____	Phone: _____		\$

4. OTHER INCOME INFORMATION

Please indicate whether you, or any other household member of you household, receives any of the following types of income. If applicable, please list the amount & frequency of the payments and the name of the household member receiving the benefit.

TYPE	Yes/No	\$ Monthly	Recipient	Type	Yes/No	\$ Monthly	Recipient
Net Business				Worker's Comp			
Social Security/SSI				Dividend/Interest			
Pension/Annuities				Severance Pay			
TANF/AFDC				Military Pay			
Disability				Lottery Winnings			
Insurance Policies				Trust Accounts			
Death Benefits				Gifts/Contributions			
Alimony				Unemployment			
Child Support				Other Income			

5. VEHICLES

Owner	License/State	Year	Make	Model	Color	Mo. Payment
						\$
						\$

6. ASSETS

Type	Yes/No	Value	Recipient	Type	Yes/No	Value	Recipient
Checking		\$		IRA's/Keoghs		\$	
Savings		\$		Annuities		\$	
Cash, in Safety Deposit Box		\$		Stocks/Mutual Funds		\$	
Cash at Home		\$		401 K		\$	
Trust Accounts		\$		Lump Sum Receipts		\$	
Equity Investments		\$		Divestitures		\$	
CD's/Money Markets		\$		Mortgage		\$	
Bonds		\$		Other Asset(s)		\$	

Have you disposed of any assets in the past two (2) years? YES NO If yes, please explain. _____

7. CREDIT REFERENCES

Household Member Name	Company (Creditor)	Mo. Payment	Balance	Judgments/Bankruptcy <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe below
1		\$	\$	
2		\$	\$	
3		\$	\$	

8. BANK REFERENCES

Household Member Name	Name of Bank	Bank Address	Type of Account	Average Balance
1				\$
2				\$
3				\$

9. RESIDENTIAL HISTORY (Current and Previous Residences & Landlords – for the last 2 years)

1)	Current Address	Monthly Rent	Monthly Utilities	Move In Date	Reason For Leaving
		\$	\$		
	Landlord Name	Landlord Address		Contact Phone #	
2)	Previous Address	Monthly Rent	Monthly Utilities	Move In Date	Reason For Leaving
		\$	\$		
	Landlord Name	Landlord Address		Contact Phone #	

10. IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

Name	Relationship	Address	Contact Phone #'s

11. SPECIAL NEEDS

Does anyone in your household have special needs? YES NO

Are special living conditions needed? YES NO

Please explain the special need(s) and attach additional pages if necessary. _____

12. PERMISSION TO OBTAIN INFORMATION

I/We hereby make application for a rental unit and certify that the information I/We have given is correct. I/We understand that this application may be rejected as a result of my/our misrepresentation or insufficient information. I/We authorize Steller Properties, Inc., Agent for the property, to make all credit inquiries necessary with credit bureaus, financial institutions and creditors to determine my/our financial status and credit ratings. I/We also understand that Steller Properties, Inc. will obtain criminal records check. You, the consumer, have a right to request, in writing, a complete disclosure of the nature and scope of the investigation. You should direct your request to Management. You must make this request within thirty (30) days of the date of your application is either approved or not approved.

X _____ / _____ / 2007
Signature of Applicant Date

_____/_____/2007
Signature of Co-Applicant Date

For Office Use Only

Date Run: _____ / _____ / 2007

Approved

Denied