

Address _____ City, State, Zip Code _____

Landlord Name _____

Landlord Phone Number _____

Landlord Address _____

Landlord City, State, Zip Code _____

Are you currently living in subsidized housing? Yes No

List ALL City, States and the County that you have lived in since 1996.

APPLICANT _____
City State County City State County

CREDIT REFERENCES: List your monthly payments. (Car loans, credit cards, cell phone, cable TV, rented furniture, etc.)

Type of Payment	Monthly Payment	Balance Due

PERSONAL REFERENCES: List two personal non-related references:

Name	Address, City, State, Zip	Relationship	Phone

CO-APPLICANT INFORMATION: If there is no co-applicant (other adult) please fill in with N/A.

Full Legal Name: _____ Phone: _____
First Middle Last

List the addresses that you have lived at during the last three (3) years, beginning with your current address:

Address _____ City, State, Zip Code _____

Landlord Name _____

Landlord Phone Number _____

Landlord Address _____

Landlord City, State, Zip Code _____

Address _____ City, State, Zip Code _____

Landlord Name _____

Landlord Phone Number _____

Landlord Address _____

Landlord City, State, Zip Code _____

Are you currently living in subsidized housing? Yes No

List **all City, States and the County** that you have lived in since 1996.

CO-APPLICANT

City State County City State County

CREDIT REFERENCES: List your monthly payments. (Car loans, credit cards, cell phone, cable TV, rented furniture, etc.)

Type of Payment	Monthly Payment	Balance Due

PERSONAL REFERENCES: List two personal non-related references.

Name	Address, City, State, Zip	Relationship	Phone

GENERAL INFORMATION:

In the event of an emergency, notify: (This person must be authorized to enter, remove and/or store household's property in case of serious illness or death.)

Name _____ Relationship _____

Address _____ City, State, Zip Code _____

Work Phone: _____ Home Phone: _____

How did you hear about Concord Commons? _____

Does your household have a pet? Yes No. If yes, what kind? _____

Have you or any other person planning to occupy the apartment:

1. ever broken an apartment lease? Yes No. If yes, explain: _____
2. ever been requested to vacate an apartment? Yes No. If yes, explain: _____
3. ever been sued for non-payment of rent? Yes No. If yes, explain: _____
4. ever been convicted of a crime? Yes No. If yes, explain: _____
5. a current drug or any other controlled substance user? Yes No. If yes, explain: _____
6. been evicted from federally assisted housing in the past three years? Yes No. If yes, explain: _____
7. a sex offender with lifetime registration requirements? Yes No. If yes, explain: _____
8. an alcohol abuser whose behavior could interfere with others' health, safety, and/or right to peaceful enjoyment? Yes No. If yes, explain: _____

Do you or any other person planning to occupy the apartment currently hold a Section 8 voucher? Yes No.

If yes, Name of agency: _____ Phone _____

List all vehicles the household owns. No trailers, boats, recreational vehicles, or large trucks are permitted.

Vehicle Type	Year	Color	License Plate #

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in the evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, Management is required to note race/ethnicity on the basis of visual observation or surname.

If you do wish to provide the information, please check this box: I do not wish to furnish this information.

HEAD OF HOUSEHOLD (please check as appropriate)

RACE <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
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Information provided by Management.

Please check the box or boxes that apply to either the HEAD or CO-APPLICANT:

HEAD	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Disabled	<input type="checkbox"/> Age 62 or Over	<input type="checkbox"/> None of these
CO-APPL	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Disabled	<input type="checkbox"/> Age 62 or Over	<input type="checkbox"/> None of these

Do you wish to claim the \$400.00 deduction for handicap or disabled household status? Yes No

STUDENT INFORMATION

Are you, or any other person planning to occupy the apartment, a current student or expect to be in the next 12 months, at an institute of higher education? (Any type of school or training past high school) Yes No If yes, student certification must be completed.

Do you, or any other person planning on occupying the apartment require accessible features? Yes No

If yes, explain _____

CERTIFICATION: I hereby certify that I am not attempting to rent an apartment under a false name. I certify that I do not/will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this apartment prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I understand that if accepted as a resident, this application will become a part of the lease. I further understand that this is a preliminary application and gives no lease or rental rights.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

AUTHORIZATION: I do hereby authorize Concord Commons and its staff or authorized representative to contact any credit report bureaus, agencies, local police departments, offices, groups, previous landlords and/or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for residency.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____