

Application for Residency

SECTION 1 - HOUSEHOLD OCCUPANTS

This Application is not a Rental Agreement, Contract, or Lease.
All Applications are subject to the approval of the Owner or Managing Agent.

Applicant's Name:		Phone #:
Address:		
City:	State:	Zip:

LIST ALL PERSONS WHO WILL OCCUPY THE UNIT.

PLEASE NOTE: a separate **application** must be completed by each household member over the age of 18 who is not related by marriage.

NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP
				HEAD/SELF

ANNUAL INCOME OF HOUSEHOLD:	# OF BEDROOMS: 1 2 3
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EMERGENCY CONTACT:

Name:	Relationship
Phone #:(Daytime)	Phone #:(Evening)
Address:	City: State: Zip:

We encourage & support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, religion, sex, national origin, handicap or familial status.

SECTION 1 (Continued) - REFERENCES

PERSONAL REFERENCE: (A family member other than your emergency contact.)

Name:	Relationship		
Phone #: ()	No. of years known:		
Address:	City:	State:	Zip:

PERSONAL REFERENCE: (Excluding family members & other than your emergency contact.)

Name:	Relationship		
Phone #: ()	No. of years known:		
Address:	City:	State:	Zip:

VEHICLE INFORMATION: (Head of Household.)

Vehicle / Drive I.D.:			
Driver's License #:		State Issued:	
Car Make:	Color:	Year:	License #:

VEHICLE INFORMATION: (Co-Applicant.)

Vehicle / Drive I.D.:			
Driver's License #:		State Issued:	
Car Make:	Year:	License #:	

HOUSING REFERENCE: (List current and 2 previous landlords.)

1. PRESENT ADDRESS:		
City:	State:	Zip:
Landlords Name:	Landlord's Phone #: ()	
Landlords Address:		
City:	State:	Zip:
Relationship to Landlord:	Rent Per Month:	
Move-In Date:	Move-Out Date:	

HOUSING REFERENCE: (List current and 2 previous landlords.)

1. PRESENT ADDRESS:		
City:	State:	Zip:
Landlords Name:	Landlord's Phone #: ()	
Landlords Address:		
City:	State:	Zip:
Relationship to Landlord:	Rent Per Month:	
Move-In Date:	Move-Out Date:	

HOUSING REFERENCE: (List current and 2 previous landlords.)

1. PRESENT ADDRESS:		
City:	State:	Zip:
Landlords Name:	Landlord's Phone #: ()	
Landlords Address:		
City:	State:	Zip:
Relationship to Landlord:	Rent Per Month:	
Move-In Date:	Move-Out Date:	

SECTION II - EMPLOYMENT & INCOME INFORMATION

EMPLOYMENT INCOME (HEAD OF HOUSEHOLD):

Employer		Address	
City:		State:	Zip:
Phone #: ()		Fax #: ()	
Date of Hire:	Supervisor:	Department:	
Regular Pay Rate:	Hrs/Wk:	Wks/Yr:	
Overtime Pay Rate:	Hrs/Wk:	Wks/Yr:	
Anticipated Bonuses & Commissions:			

EMPLOYMENT INCOME (CO-APPLICANT NAME):

Employer		Address	
City:		State:	Zip:
Phone #: ()		Fax #: ()	
Date of Hire:	Supervisor:	Department:	
Regular Pay Rate:	Hrs/Wk:	Wks/Yr:	
Overtime Pay Rate:	Hrs/Wk:	Wks/Yr:	
Anticipated Bonuses & Commissions:			

EMPLOYMENT INCOME (CO-APPLICANT NAME):

Employer		Address	
City:		State:	Zip:
Phone #: ()		Fax #: ()	
Date of Hire:	Supervisor:	Department:	
Regular Pay Rate:	Hrs/Wk:	Wks/Yr:	
Overtime Pay Rate:	Hrs/Wk:	Wks/Yr:	
Anticipated Bonuses & Commissions:			

IF YOU ARE UNEMPLOYED:

YES	NO	1. Have you had any job interviews?
YES	NO	2. Have you had any second job interviews with an employer?
YES	NO	3. Do you anticipate begin employed during the next 12 months? If yes, when do you think you will be employed? _____ How much do you think that you will make? _____ per (Circle one) hour week month year
YES	NO	4. Provide the following information about your last job: Employer: _____ Employed from: _____ to _____ Regular pay rate: _____ Hrs/wk _____ Wks/yr _____ Overtime pay rate _____ Hrs/wk _____ Wks/yr _____ Bonuses & Commissions: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Freeman Development Corporation

CONSENT
We, the undersigned, authorize and direct any individual, business, organization, federal, state or local agency to release and/or verify any information which is deemed necessary in connection with the processing of my/our application for residency at the above property.

INFORMATION COVERED
We understand that, depending on the program policies and requirements, previous or current information regarding me/us may be needed. Verification and inquiries that may be requested include, but not limited to:

Identity & Marital Status	Residences & Rental Activity
Credit and Criminal Activity	Employment, Income & Assets

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include, but are not limited to:

Courts & Post Offices	Medical Providers
Utility Companies	Past & Present Employers
State Employment Agencies	Veterans Administration
Law Enforcement Agencies	Retirement Systems
Credit Providers & Bureaus	Welfare Agencies
Social Security Administration	Banks & Financial Institutions
Previous Landlords	Educational & Training Institutions
(including public housing agencies)	Consumer Report
	Criminal Background Report

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file in the management office and will stay in effect until the end for the fifteen (15) year tax credit compliance period required by the Internal Revenue Service (IRS), beginning on the date signed.

I understand that I have the right to review my file and correct any information that I can prove incorrect.

ALL APPLICANTS 18 & OVER MUST SIGN BELOW.

SIGNATURE:	DATE:
SIGNATURE:	DATE:
SIGNATURE:	DATE:
SIGNATURE:	DATE:
SIGNATURE:	DATE: