## McCormack Baron Management

#### Transforming places into communities where all people can thrive.

Name of Property \_\_\_\_\_

Date \_\_\_\_\_

**RENTAL APPLICATION** 

Apartment size desired – Number of Bedrooms:\_\_\_\_\_

#### PLEASE PRINT AND ANSWER ALL QUESTIONS. DO NOT leave any space blank, write "NO or NONE" where appropriate.

#### 1. APPLICANT INFORMATION AND RESIDENCE HISTORY

Name of Head of Household (Head):		Co-Head of Household (spouse or domestic partner)		
		Name (if living with the household):		
Email Address(Head)		Email Address (Co-Head of Household)		
Home Phone #:	Cell #:	Home Phone #:	Cell #:	

#### Please show at least 2 years of resident history, including any owned by applicants

Current Address	Do you own this residence (Yes or No)?	Rent/Mrtg Pmt	Utilities/MO	
Street:			Move in Date	
City and State			Move Out Date	
Landlord Name and Address (If real	nted):		Landlord Phone:	
Previous Address	Do you own this residence (Yes or No)?	Rent/Mrtg Pmt	Utilities/MO	
Street:			Move-In Date	
City and State			Move Out Date	
Landlord Name and Address (If re	nted):		Landlord Phone:	
Previous Address	Do you own this residence (Yes or No)?	Rent/Mrtg Pmt	Utilities/MO	
Street:			Move-In Date	
City and State	Move Out Date			
Landlord Name and Address (If re	nted):		Landlord Phone:	

Have you ever used another name? Y/N \_\_\_\_\_ If so, please indicate name(s) \_\_\_\_\_\_



#### 2. HOUSEHOLD COMPOSITION: PLEASE PRINT

List all persons who will be residing in this household, even those completing their own application

Member #	Name(s)	Relation to Head	Gender	Date of Birth MM/DD/YY	SSN	Person with Disabilities (Y/N)	Veteran (Y/N)	Lives in Household 100% (Y/N)	Percentage of Time
1		Head							
2									
3									
4									
5									
6									

Anticipated changes in household size? (Y/N) \_\_\_\_\_ If yes, please explain \_\_\_\_\_\_

#### 3. **EDUCATION INFORMATION: PLEASE PRINT** LIST **ALL** HOUSEHOLD MEMBERS. Keep the Member # the same as listed above.

Note: Questions about disability are voluntary and are for the sole purpose of determining eligible student status

Member #	Currently a Student (Y/N)	Last Grade Level	Full Time or Part Time Student (F/P)	Last Year of School Completed	Name of School	Type of School (Pre-K, elementary, college, etc.)
1						
2						
3						
4						
5						
6						

Anticipated change in number of students (Y/N) \_\_\_\_\_, if yes, please explain\_\_\_\_\_

#### 4. VEHICLES (including company cars, motorcycles, etc.)

Member #	Driver's License Number	ense Number State Moo		Year Color		License Plate Number	State	Monthly Payment

# 5. **ANTICIPATED INCOME:** ALL PRESENT EMPLOYMENT AND OTHER INCOME RECEIVED BY YOU AND/OR MINOR CHILDREN OF WHICH YOU HAVE DIRECT CUSTODY OR CARE <u>MUST</u> BE LISTED HERE.

- If Employment: Name of Employer
- If No Employment: Name of source, AFDC, alimony, child support, unemployment, general assistance, pension, social security, TANF, etc.

Member #	Source/Name	Occupation if employed	Income	Income Start Date: # of Hours wo		
			Income/	Income/mo from this source: per week		
Address:				Contact Phone Number:		
Contact Name:				Contact Fax Number:		
Member #	Source/Name	Occupation if employed	Income S	# of Hours worked		
			Income/	Income/mo from this source: per week		
Address:				Contact Phone Number:		
Contact Nar	me:			Contact Fax Number:		
Member #	Source/Name	Occupation if employed	Income	Start Date:	# of Hours worked	
			Income/mo from this source: per week		per week	
Address:				Contact Phone Number:		
Contact Nar	me:			Contact Fax Number:		

#### 6. ASSETS: List all assets owned by the adult(s) completing this application (and/or their minor children). Do not include personal property (cars, jewelry, etc.).

Member #	Describe Ty	/pe					Value of Asset
	Checking	Debit Card	Savings	Retirement Acct	□ None	🗆 Other (describe)	\$
	Checking	Debit Card	Savings	Retirement Acct	🗆 None	Other (describe)	\$
	Checking	Debit Card	Savings	Retirement Acct	🗆 None	🗆 Other (describe)	\$
	Checking	Debit Card	Savings	Retirement Acct	🗆 None	🗆 Other (describe)	\$
	Checking	Debit Card	Savings	Retirement Acct	□ None	Other (describe)	\$
Are the tota	l household :	assets and har	k account	halances equal to o	r greater	than \$5,000? (Y/N)	

Are the total household assets and bank account balances equal to or greater than \$5,000? (Y/N) \_\_\_\_\_\_ Have you disposed of any assets (e.g. real estate, cash, stocks, etc.) in the past two years? (Y/N)

If yes, please describe\_\_\_\_\_\_

#### 7. **PETS:**

Pets are permitted only on certain properties. Service animals and emotional assistance animals are not pets.

If you need a service animal or emotional assistance animal, please tell us right away. Service animals and emotional assistance animals may be permitted for otherwise qualified people with disabilities as a reasonable accommodation.

Do you have any pets? (Y/N) How	w Many? T	Гуре	Weight
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I/We authorize McCormack Baron Management, Inc. agent for the Property, and a third party designated verification agency to verify information on this application and to do a complete investigation of all information provided. A complete investigation may include any or all of the following: credit report, criminal record, employment or rental history references and personal interviews with above references. I/We acknowledge the MBM 3<sup>rd</sup> party designated verification agency does not participate in the approval or denial process. I/We have personally filled in and/or reviewed all information listed above and that my/our signatures below authorize the release of rental, job history (including salary) and criminal information.

Under penalty of perjury, I/We certify that the information presented in this declaration is truth and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. I/we understand this application may be rejected as the result of my/our misrepresentation or insufficient information.

Acceptance of this application and any deposits is not binding upon McCormack Baron Management, Inc. until application is approved in writing. I/We understand that this application and all related inquiries will be used only for its relevance to screening and occupancy at this property.

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, family status, national origin, marital status, ancestry, age, sexual orientation, disability, source of income, genetic information, arbitrary characteristics, or any other basis prohibited by law.

SIGNATURES OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER

Applicant Signature (HEAD)	Date	Applicant Printed Name (HEAD)
Applicant Signature	Date	Applicant Printed Name
Property Representative Signature	Date	Property Representative Printed Name
For Office Use ONLY Applicant Fee Rec'd \$	Reservation Deposit	MBM 07/2020 Supersedes MBM 09/2018 Rec'd \$
Ву:		Date and time stamp
Date:		
Date Apartment Desired		
Attachments: HUD Citizenship Declaration Form HUD Verification Consent Form		
licant Name:		

### **VOLUNTARY INFORMATION**

The following information is requested, not required. Not responding WILL NOT impact your application for housing.

#### **Accessible Apartment:**

Does anyone in your household need an apartment with special features for people with dis	abilities, such as	a unit designed for	a person using a
wheelchair, or a unit with features for people with hearing or vision disabilities? (Y/N)	_ Mobility	_ Hearing/Vision	Both

If yes, please explain (attach additional pages as needed): \_\_\_\_\_\_

NOTE: Qualified individuals with disabilities may request changes in rules, or physical modifications to an apartment or common area as a reasonable accommodation.

Do you wish to request a reasonable accommodation for a household member? (Y/N) \_\_\_\_\_

Do you wish to provide the name/other information of a person for us to contact if you need help with your application or if you become a resident?

(Y/N) \_\_\_\_\_ If you answered yes, please complete the attached Optional Contact Information Form (HUD-92006)

How did you hear about us? Select One	Agency	_Apartment Guide	Bus/Billboard	IDirect Mail	Drive By	Employee
Friend/Relative/Resident	Housing Authority	Newspaper	Website	_Word of Mouth	Other	