

Hunter's Glen Apartments



1710 West Erie Street, Springfield, MO 65807

Office: (417) 883-9797 Fax: (417) 886-7697 Email: huntersglen@lexgroupinc.com

MOVE-IN DATE: _____

A \$150.00 SECURITY DEPOSIT AND A \$40.00 APPLICATION FEE IS DUE WITH THIS APPLICATION. A \$125.00 NON-REFUNDABLE PROCESSING FEE IS DUE WITHIN 48 HOURS OF APPLICATION APPROVAL.

Application, based upon the following statement of facts hereby made to HG PARTNERS, LLC by the undersigned for rental of the following described premises: APARTMENT SIZE: _____ BUILDING #: _____ at the following address:

A non-refundable application fee in the amount of \$40.00 is due with this application. A security deposit in the amount of \$150.00 (pending credit) is due with this application. A non-refundable processing fee of \$125.00 is due within 48 hours of application approval. All fees and deposits must be paid by Cashier's Check or Money Order only.

Rent is payable monthly, in advance and in equal installments of \$ _____ per month. Rent is due on the first day of each calendar month of said term, until tenancy is legally terminated and possession surrendered. It is acknowledged by the undersigned that this is an application for residency and is not a Lease Agreement. The lease term shall be for _____ months.

The undersigned hereby authorizes HG PARTNERS, LLC, its employees, affiliates and agents, to obtain any information required regarding the statements made in this application and the undersigned agree that this application shall remain the property of HG PARTNERS, LLC whether this application is accepted or not. **Should any of the information below be untrue or incorrect after monies are paid, all monies deposited will be forfeited.** Should applicant cancel the application after 72 hours from submission, all monies will be forfeited.

The undersigned further acknowledges that in the event that the undersigned are accepted, they shall be required to enter into a written lease agreement for the rental of the above premises on the lease agreement provided by HG PARTNERS, LLC, prior to commencement of any tenancy. Should the applicant not move in on the scheduled date, all monies paid in will be forfeited.

A COPY OF A GOVERNMENT ISSUED PHOTO ID IS REQUIRED ON EACH OCCUPANT AT MOVE IN.

APARTMENT OCCUPANTS:

First Name (Head of Household):	Middle Name:	Last Name:	Birth Date:	Social Security/Visa Number:
1. <input type="checkbox"/> Married 3. <input type="checkbox"/> Divorced 5. <input type="checkbox"/> Single 2. <input type="checkbox"/> Separated 4. <input type="checkbox"/> Widowed	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	ID/Number:	State Issued:	Expiration Date:
Email Address:				

LIST ALL OCCUPANTS BELOW:

First Name (Co-Head of Household):	Middle Name:	Last Name:	Birth Date:	Social Security/Visa Number:
1. <input type="checkbox"/> Married 3. <input type="checkbox"/> Divorced 5. <input type="checkbox"/> Single 2. <input type="checkbox"/> Separated 4. <input type="checkbox"/> Widowed	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	ID Number:	State Issued:	Expiration Date:
Email Address:				

Name:	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Birth Date:	Relationship: 1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Roommate 3. <input type="checkbox"/> Child 4. <input type="checkbox"/> Other
Name:	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Birth Date:	Relationship: 1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Roommate 3. <input type="checkbox"/> Child 4. <input type="checkbox"/> Other
Name:	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Birth Date:	Relationship: 1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Roommate 3. <input type="checkbox"/> Child 4. <input type="checkbox"/> Other
Name:	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Birth Date:	Relationship: 1. <input type="checkbox"/> Spouse 2. <input type="checkbox"/> Roommate 3. <input type="checkbox"/> Child 4. <input type="checkbox"/> Other

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CURRENT ADDRESS:

Street	City	State	Zip	Apartment Community / Landlord / Lender
Rent / Mortgage Amount \$	From		To	Contact Number:

Previous Address

Street	City	State	Zip	Apartment Community / Landlord / Lender
Rent / Mortgage Amount \$	From		To	Contact Number:

EMERGENCY CONTACT:

IN CASE OF SERIOUS ILLNESS, DEATH OR INCAPACITY, THE FOLLOWING INDIVIDUAL(S) MAY BE GRANTED ACCESS TO MY APARTMENT AND THE CONTENTS THEREIN:

Name	Address	City/State	Phone	Relationship
Name	Address	City/State	Phone	Relationship

EMPLOYMENT:

Name of Employer / Company:		Address	Employment Dates:	Phone Number:
Occupation:		Supervisor	Hourly / Salary Rate:	Hours Worked Per Week:
Former Employer / Second Employer		Address	Employment Dates:	Phone Number:
Occupation:		Supervisor	Hourly / Salary Rate:	Hours Worked Per Week:
Other Income	Monthly Amount	Type		

TOTAL GROSS INCOME: \$ _____

CHECK ONE IN EACH OF THE FOLLOWING AREAS:

PRIMARY OCCUPATION

- | | | |
|--|---|--|
| 1. <input type="checkbox"/> Professional
(Charges fees, i.e., Doctor, Lawyer, etc.) | 3. <input type="checkbox"/> Office | 7. <input type="checkbox"/> Un-skilled laborer |
| 2. <input type="checkbox"/> Semi-Professional
(Salaried technicians, etc.) | 4. <input type="checkbox"/> Sales representative | 8. <input type="checkbox"/> Retired |
| | 5. <input type="checkbox"/> Skilled laborer (plumber, electrician, etc.) | 9. <input type="checkbox"/> Not employed |
| | 6. <input type="checkbox"/> Semi-skilled laborer (job requires some training) | 10. <input type="checkbox"/> Student |

Former Residence

- | | | |
|--|--|--|
| 1. <input type="checkbox"/> Out of State | 1. <input type="checkbox"/> Apartment - rent | 5. <input type="checkbox"/> Home - owned |
| 2. <input type="checkbox"/> Out of town (in state) | 2. <input type="checkbox"/> Duplex - rent | 6. <input type="checkbox"/> Mobile home |
| 3. <input type="checkbox"/> Local | 3. <input type="checkbox"/> Home -rent | 7. <input type="checkbox"/> Other _____ |
| | 4. <input type="checkbox"/> Condominium | |

If Former Residence Was an Apartment, Why Did You Move?

- | | |
|---|---|
| 1. <input type="checkbox"/> Job Transfer | 5. <input type="checkbox"/> Parking |
| 2. <input type="checkbox"/> Better Location | 6. <input type="checkbox"/> Management |
| 3. <input type="checkbox"/> Price | 7. <input type="checkbox"/> Noise |
| 4. <input type="checkbox"/> Maintenance | 8. <input type="checkbox"/> Other _____ |

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Vehicles

1. None
2. One Year _____ Make/Model _____ Plate Number _____ Color _____
3. Two Year _____ Make/Model _____ Plate Number _____ Color _____

Other:

1. Motorcycle Year _____ Make/Model _____ Plate Number _____ Color _____
2. Other _____

Why are you leaving your current residence?

How did you find out about our community?

Do you intend to have house pets at this residence? [] yes [] no If yes, type, breed, weight, and age: _____

No pets allowed without prior written permission from landlord. Certain breeds are restricted.

Name of Renter's Insurance Company

List all states resided in over the past ten years

Have you been evicted in the last 5 years? [] yes [] no

Name of landlord and circumstances

Have you ever filed a petition in bankruptcy? [] yes [] no If so, When? _____ Discharged? [] yes [] no

If so, When? _____

Have you ever been convicted of any criminal offenses? [] yes [] no If so, list state where offense too place and details.

The undersigned warrants that the only individuals who shall occupy said premises (if accepted as residents) have been listed on the application. The undersigned further both jointly and severally state, affirm, represent, and warrant the above information contained in this Application for Residency is true and correct and said information is listed to induce rental of premises above described to the undersigned. **NO VERBAL AGREEMENT OR PROMISE IS MADE.** The applicant hereby waives any claim for damages by reason of non-acceptance of this application.

According to the Fair Credit Reporting Act, I am entitled to know if my residency was denied based on information obtained by HG PARTNERS, LLC, and to receive, upon written request, a disclosure of the public record information and the nature of the investigative report.

I hereby authorize Landlord to obtain information it deems desirable in the processing of my application, including: credit reports, civil or other criminal background report, rental history, employment/salary details, police or motor vehicle records, and any other relevant information; and release landlord, its employees, affiliates and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. It is further agreed that if any information herein is false, the lease made on the strength of this application may, at the option of the Landlord, be terminated at any time.

APPLICANT SIGNATURE: _____

DATE: _____

DAYTIME PHONE NUMBER: _____

CELL: _____

FOR MANAGEMENT USE ONLY:

RESIDENCY APPROVED/DISAPPROVED BY: _____

DATE: _____

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APPLICANT / RESIDENT RELEASE OF INFORMATION CONSENT FORM

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for the purpose of determining eligibility status for rental and or any federal, state, or local housing programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by Hunter's Glen Apartments in administering and enforcing program or property rules, regulations, and policies. I also consent for Hunter's Glen Apartments and HG Partners, LLC to release information from my file about rental history to credit bureaus, collection agencies or future landlords. This includes records on my payment history and any violation of my lease or occupancy policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested include but are not limited to:

Identity and Marital Status
Credit and Criminal Activity

Employment, Income, and Assets
Residences and Rental Activity

GROUP OR INDIVIDUAL THAT MAY BE ASKED

Previous landlords (including Public Housing Agencies)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Medical/Pharmaceutical Providers
Utility Companies
Retirement Systems

Past and Present Employers
Social Service/Family Service Agencies
State Unemployment Agencies
Social Security Administration
Support and Alimony Providers
Veterans Administration
Banks and Financial Institutions

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for the duration of my tenancy for the initial and recertification at renewal.

SIGNATURES:

_____ HEAD OF HOUSEHOLD	_____ PRINT NAME	_____ DATE
_____ SPOUSE / COHEAD OF HOUSEHOLD	_____ PRINT NAME	_____ DATE
_____ COHEAD OF HOUSEHOLD	_____ PRINT NAME	_____ DATE
_____ COHEAD OF HOUSEHOLD	_____ PRINT NAME	_____ DATE

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RENTAL VERIFICATION FORM

To: _____ FAX NUMBER: _____ DATE: _____

RE: _____ ADDRESS: _____

TO BE COMPLETED BY LANDLORD:

Please complete the following information in regards to the above listed applicant. Upon completion, please return via fax to (417) 886-7697. If you have any questions, feel free to call our office. Your prompt response is greatly appreciated.

1. Monthly Rental Amount: \$ _____ On Time? _____ Number of times Late _____
2. Lease Dates From: _____ To: _____
3. Has applicant fulfilled the terms of their lease? Yes _____ No _____ If no, explain: _____
4. Has resident ever had any returned NSF? _____ If so, how many? _____
5. Have eviction proceedings ever been initiated? Yes _____ No _____ How many times: _____
6. Did applicant give proper notice? Yes _____ No _____ If no, explain: _____
7. Has applicant been asked to move or non-renewal? Yes _____ No _____
8. Would you rent to them again? Yes _____ No _____ If not, why? _____
9. Does this person currently have an outstanding balance? Yes _____ No _____ If yes, explain: _____

Please provide any other information that you believe would be beneficial in determining the eligibility of this person for housing in our property:

Signature: _____ Print Name: _____

Title: _____ Date: _____

TO BE COMPLETED BY APPLICANT:

By signing this form, I hereby authorize Hunter's Glen Apartments and its affiliates to obtain information in regards to current or previous employment. I understand that the information received assists in determining the outcome of the approval for residency.

Applicant Name: _____

Applicant Signature: _____ Date: _____

EXHIBIT C – EMPLOYMENT VERIFICATION

Property Name: _____ Property Number: _____
Unit Number: _____ Date: _____

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/RESIDENT

Employer Information:

To: _____
Attn: _____
Addr: _____
Phone: _____
Fax: _____

Please Return Form To:

To: _____
Attn: Compliance/Resident Manager
Addr: _____
Phone: _____
Fax: _____
Email: _____

Applicant Name: _____ Last 4 SS #: _____

I hereby authorize the release of my employment information.

Applicant Signature: _____ Date: _____

The individual named directly above is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Owner/Management Signature: _____ Date: _____

THIS SECTION MUST BE COMPLETED BY THE EMPLOYER

Employer, Please fill in ALL blanks. Enter N/A if an item is not applicable to the employee.

Employee Name: _____ Job Title: _____

Presently Employed: Yes No Date First Employed ___/___/___ Last Day of Employment ___/___/___

Current Wages/Salary: \$ _____ (mark one) hourly weekly bi-weekly semi-monthly monthly yearly Other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ From ___/___/___ thru ___/___/___

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (mark one) hourly weekly bi-weekly semi-monthly monthly yearly Other _____

Does this employee have a 401k, 403b or other retirement account? Yes No

If Yes, can the employee withdraw funds in this account? Yes No

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective date: ___/___/___

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature

Printed Name of Signatory

Date

Employer [Company] Name and Address

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentations to and Department or Agency of the United States as to any matter within its jurisdiction.

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Resident Screening Policy

Hunter's Glen Apartments observes all Federal, State and local laws regarding occupancy and Fair Housing including, but not limited to the Civil Rights Act of 1968; Section 504 of the Rehabilitation Act of 1973; and the Fair Housing Amendment Act of 1968. It is unlawful to discriminate in the rental of a dwelling or in the provision of services and facilities on the basis of race, color, religion, sex, national origin, disability or familial status.

For the purpose of determining eligibility for occupancy, the following criteria will be evaluated for all applicants for housing. Each applicant is required to be 18 years of age or older, have (6) six consecutive months of verifiable income and have a minimum credit score of 500.

INCOME LIMITS - The household's annual income may not exceed the applicable income limit set by HUD for the appropriate family size and locality. However, the household's minimum income must meet two times the rent.

Maximum Gross Income:

1 Person Household - \$28,620

2 Person Household - \$32,700

3 Person Household - \$36,780

4 Person Household - \$40,860

MARITAL STATUS - If Head or Co-head of household is separated, documentation must be provided to prove that there is a pending legal separation or divorce. If the household is unable to prove a pending legal separation or divorce, the "estranged" spouse's income must be included in the determination of eligibility for the Housing Credit Program.

HOUSEHOLD / UNIT SIZE LIMITATIONS - The maximum number of occupants per unit is as follows: two people in a one bedroom unit and four people in a two bedroom unit.

WILLINGNESS TO PAY RENT, COOPERATION and TRUTHFULNESS - Each applicant must fully cooperate in all aspects of the application process, including providing verification of any Social Security numbers provided on the application and / or self-certification that no number has been issued. Applicants who fail to cooperate and / or fail to provide complete and truthful information will be denied occupancy.

SOLE RESIDENCE - The unit that the applicant applies for must be the applicant's sole place of residence. An applicant residing in or receiving assistance for any other unit at the time of admission will not be accepted for occupancy.

SOCIAL SECURITY NUMBERS, CITIZANSHIP/ELIGIBLE IMMIGRANT STATUS - All of applicant's household members must disclose and document their Social Security numbers and Citizenship.

Applications will be denied if there is any outstanding landlord debt; more than \$3,500 outstanding past due debt; an open bankruptcy; an individual has a rent to income ratio above 33% or joint applicants above 25%; owe utilities; if you have no credit score due to no trade lines, but you do have negative credit history due to collections and judgments; over maximum outstanding past due debt allowed includes outstanding collection, trade lines and legal judgments, \$3,500.

Based upon your credit history, your application will be accepted, denied or accepted with conditions. If your application is denied or is accepted with conditions, you will be given the name, address and telephone number of the consumer reporting agencies which provided your consumer information to us. An applicant denied for unsatisfactory credit is encouraged to obtain a copy of the credit report, correct any erroneous information that may be on the report and submit a new application to this community for further consideration.

Identity Verification

- Government issued photo identification will need to be presented by all applicants.
- Photo identification must be current and issued by a state or government authority. Acceptable forms of Photo identification include the following:
 - State Issued Driver's License
 - State Issued Photo Identification Card
 - Current United States Military ID card
 - VISA issued by US Immigration and Naturalization Services
 - I-20 Student Visa

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Consent to Verify Credit, Criminal Background & Previous Occupancy History

All applicants must agree to the following by executing a rental application form:

I hereby consent to allow **HUNTER'S GLEN APARTMENTS**, through its designated agent and its employees, to obtain and verify my credit information, *including a criminal background search and previous occupancy history* for the purpose of determining whether or not I qualify to lease the apartment. I understand that should I lease an apartment, **HUNTER'S GLEN APARTMENTS** and its agent shall have a continuing right to review my credit information, rental application, criminal background, payment history and occupancy history for account review purposes and for improving application methods.

It is our policy not to lease to applicants who have been arrested or convicted of certain felonies. Some misdemeanors may fall under the *No Time Limit Policy*. Listed below, we have a pre-defined selection configuration which has been provided to our Criminal Search vendor. Prior to final acceptance of any applicant, our Criminal Search vendor will search for criminal background information on each applicant. If a report is found, it will be compared to our pre-selected criteria and a determination regarding whether an applicant meets our criteria will be made. If your application is denied based upon our pre-selected criteria, you will be given the name, address and telephone number of the consumer reporting agencies which provided your criminal information to us. An applicant that has been denied for an unsatisfactory criminal background is encouraged to obtain a copy of the criminal report, correct any erroneous information that may be on the report and submit a new application to this community for further consideration.

Felony Conviction

No Time Limit

- Convicted of the Manufacture and / or Distribution of Illegal Drugs
- Violence
- Crime and / or Injury to Persons
- Sexual Offenses

7 Years from Conviction Date

- Theft of Property
- Damage to Property
- Drug Violation
- Weapons

Income Verification

Required tax verifiable gross monthly income for a single applicant is a minimum of 2x's the monthly rent. Income for 2 individuals / married couple will be combined for a Total Gross Household Income of 4x's the monthly rent. Applicants are required to provide proof of income which may be in the form of any of the following:

- Two most **recent** paycheck stubs
- Bank statements showing recurring pay deposits
- Tax Return (e.g. 1040, 1040EZ) or an accountant's certification of income
- Letter from Employer on original Company Letterhead
- Job Offer Letter on original Company Letterhead
- Proof of Trust Income
- Bank Statement reflecting balance equivalent to rental obligation for 3 times the lease term.
- Income Investment Statement
- Grant Documentation
- Proof of Social Security, Retirement or Disability Income.

WAITLIST - This property may maintain a substantial Waiting List. This Waiting List will contain the maximum number of applicants that Management believes it will be able to house within a one or two year period based upon historical turnover. This is an estimate only and Management cannot guarantee that housing will be available in this time frame. The Waiting List is organized according to size and will be maintained in chronological order based upon the date and time an applicant completed the application. It is the responsibility of the applicant to notify management of any changes in address, telephone number and family composition. Failure to do so may result in removal from the Waiting list. Admission to the Waiting List does not guarantee an applicant's eligibility or acceptance for housing.

I hereby acknowledge receipt of the Resident Screening Policy.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

TENANT INCOME CERTIFICATION QUESTIONNAIRE

NAME: _____ BEST CONTACT #: () _____

____ INITIAL CERTIFICATION

____ RE-CERTIFICATION ARE YOU A SECTION 8 RECIPIENT? ____ YES ____ NO

NOTE: PLEASE CIRCLE "Y" FOR YES AND "N" FOR NO. THE "\$" REPRESENTS MONTHLY GROSS INCOME, UNLESS OTHERWISE STATED.

Y	N	I am self employed. (List nature of self employment)	(use <u>net</u> income from business) \$ _____		
Y	N	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. List the businesses and/or companies that pay you:	(use <u>gross</u> income)		
		<table border="1"> <tr> <td><u>First Job-Employer Name and Address</u></td> <td><u>Second Job-Employer Name and Address</u></td> </tr> <tr> <td>1. _____</td> <td>2. _____</td> </tr> </table>	<u>First Job-Employer Name and Address</u>	<u>Second Job-Employer Name and Address</u>	1. _____
<u>First Job-Employer Name and Address</u>	<u>Second Job-Employer Name and Address</u>				
1. _____	2. _____				
Y	N	I receive cash, from persons not living with me, to assist with living expenses.	\$ _____		
Y	N	I receive unemployment benefits.	\$ _____		
Y	N	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____		
Y	N	I receive social security/SSI payments for myself and/or for family members age 17 or under.	\$ _____		
Y	N	I receive disability or death benefits other than Social Security (examples: long-term disability, workman's compensation.)	\$ _____		
Y	N	I receive Public Assistance Income (examples: TANF, AFDC) FOOD STAMPS NOT INCLUDED.	\$ _____		
Y	N	I am currently receiving child support payments. If yes, from how many persons do you receive support? _____	\$ _____		
Y	N	I receive alimony/spousal maintenance payments	\$ _____		
Y	N	I receive reoccurring income from trusts (including for family members 17 and under), annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. (Circle All Applicable)			
		If yes, list sources:			
		1. _____	1.\$ _____		
		2. _____	2.\$ _____		
		3. _____	3.\$ _____		
		4. _____	4.\$ _____		
Y	N	I have income from sources other than those listed above. If yes, list type below:			
		1. _____	1.\$ _____		
		2. _____	2.\$ _____		

NOTE: PLEASE CIRCLE "Y" FOR YES AND "N" FOR NO. THE "%" REPRESENTS INTEREST RATE.THE "\$" REPRESENTS CASH VALUE.

Y	N	I have a checking account(s).	<u>(INTEREST RATE)</u>	<u>(CASH VALUE)</u>
		If yes, list bank(s). Last 4 Digits of Account # 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____
Y	N	I have a savings account(s).		
		If yes, list bank(s). Last 4 Digits of Account # 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____
Y	N	I own real estate (examples: mobile homes, land)		
		Solely or Jointly (Circle one) If yes, provide address:	N/A	\$ _____
Y	N	I own stocks, bonds, or Treasury Bills.		
		If yes, list sources/bank names: 1. _____ 2. _____ 3. _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
Y	N	I have Certificates of Deposit (CD) or Money Market Account(s). (Circle One)		
		If yes, list sources/bank names: 1. _____ 2. _____ 3. _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
Y	N	I have an IRA/Lump Sum Pension/Keogh Account/401K. (Circle One)		
		If yes, list bank(s): 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____
Y	N	I have a whole life insurance policy: (TERM LIFE not included)		
		If yes, how many policies? _____	N/A	\$ _____
Y	N	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years.		
		If yes, list items and date disposed. 1. _____ 2. _____	N/A	\$ _____ \$ _____
Y	N	I have income from assets or sources other than those listed above.		
		If yes, list type below: 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATION HEREIN CONSTITUTES AN ACT OF FRAUD, FALSE, MISLEADING INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

SIGNATURE OF APPLICANT OR TENANT

DATE

SIGNATURE OF OWNER/REPRESENTATIVE

DATE