

## Preliminary Rental Application

Please note that this is a preliminary application and gives no lease or rent rights.

Community \_\_\_\_\_ Office Phone ( ) \_\_\_\_\_ Date \_\_\_\_\_

Unit Size            1        2        3        4            Unit Type:    Apartment    Studio    Townhouse

Would you or a member of your household benefit from the design features of a barrier free unit? **Yes** or **No**

Applicant: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

| Applicant's History |              |
|---------------------|--------------|
| Applicant:          | Co-Applicant |

**Current Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
       To: \_\_\_\_\_  
 Reason for Moving: \_\_\_\_\_  
 Current Landlord: \_\_\_\_\_  
                   Address: \_\_\_\_\_  
                   Phone    \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
       To: \_\_\_\_\_  
 Reason for Moving: \_\_\_\_\_  
 Current Landlord: \_\_\_\_\_  
                   Address: \_\_\_\_\_  
                   Phone    \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
       To: \_\_\_\_\_  
 Reason for Moving: \_\_\_\_\_  
 Previous Landlord: \_\_\_\_\_  
                   Address: \_\_\_\_\_  
                   Phone    \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
       To: \_\_\_\_\_  
 Reason for Moving: \_\_\_\_\_  
 Previous Landlord: \_\_\_\_\_  
                   Address: \_\_\_\_\_  
                   Phone    \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
       To: \_\_\_\_\_  
 Reason for Moving: \_\_\_\_\_  
 Previous Landlord: \_\_\_\_\_  
                   Address: \_\_\_\_\_  
                   Phone    \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
       To: \_\_\_\_\_  
 Reason for Moving: \_\_\_\_\_  
 Previous Landlord: \_\_\_\_\_  
                   Address: \_\_\_\_\_  
                   Phone    \_\_\_\_\_

***If you have resided at additional addresses within the past five (5) years, please attach Previous Address Information on a separate sheet.***

The information contained in this application is treated confidentially. No information will be revealed to anyone without the express written consent of the applicant.

Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant, Spouse/Co-Head \_\_\_\_\_ Date \_\_\_\_\_



*We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.*

TDD 1-800-649-3777



Please list all persons that will occupy the residence.

| Name<br>(First, Middle Initial, Last) | Maiden Name<br>(If Applicable) | Date of Birth | Relationship of Head<br>Of Household | Social Security<br>Number |
|---------------------------------------|--------------------------------|---------------|--------------------------------------|---------------------------|
| 1.                                    |                                |               | Head of Household                    |                           |
| 2.                                    |                                |               |                                      |                           |
| 3.                                    |                                |               |                                      |                           |
| 4.                                    |                                |               |                                      |                           |
| 5.                                    |                                |               |                                      |                           |
| 6.                                    |                                |               |                                      |                           |

**Employment**

| Applicant                                       | Co-Applicant                                    |
|---|---|
| Employer: _____                                 | Employer: _____                                 |
| Address: _____                                  | Address: _____                                  |
| Phone: _____                                    | Phone: _____                                    |
| Length of Employment: _____                     | Length of Employment: _____                     |
| Position Held: _____                            | Position Held: _____                            |
| Salary/Wage: _____ Per: _____                   | Salary/Wage: _____ Per: _____                   |
| Supervisor: _____                               | Supervisor: _____                               |
| Status: _____ Full-Time: _____ Part-Time: _____ | Status: _____ Full-Time: _____ Part-Time: _____ |
| List average hours per week worked: _____       | List average hours per week worked: _____       |

Total household income from all other sources (i.e. social security pension, child support, Section 8 Certificate, etc):

|               |                  |
|---------------|------------------|
| Source: _____ | Amount: \$ _____ |
| Source: _____ | Amount: \$ _____ |
| Source: _____ | Amount: \$ _____ |

Do you or any member of your household engage in current illegal use or illegal distribution of a controlled substance or have you previously been convicted of the same? **Yes** or **No**

If you answered "yes" to the above question, have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? **Yes** or **No**

If "yes", please explain: \_\_\_\_\_

Have you ever been convicted of a crime, felony, misdemeanor? **Yes** or **No**

If "yes", please explain: \_\_\_\_\_

Provide asset information below:

| Type of Assets | Name of Bank,<br>Stock or Bond | Account Number | Balance/<br>Current Value | Rate of<br>Interest | Dividend | Real Estate |
|----------------|--------------------------------|----------------|---------------------------|---------------------|----------|-------------|
| 1.             |                                |                |                           |                     |          |             |
| 2.             |                                |                |                           |                     |          |             |
| 3.             |                                |                |                           |                     |          |             |
| 4.             |                                |                |                           |                     |          |             |
| 5.             |                                |                |                           |                     |          |             |

Have you disposed of any assets in the last two years? **Yes** or **No**

If "yes", please list asset and value received: \_\_\_\_\_

Head of Household

Date

Co-Applicant, Spouse/Co-Head

Date



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## AUTHORIZATION FOR CRIMINAL HISTORY CHECK

**NOTICE TO APPLICANTS:** The information requested below is for the sole purpose of conducting a background investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for housing with Keystone Management Group. It is Keystone Management Group's policy to evaluate any adverse information obtained in the background investigation based on a range of factors including, but not limited to, rental history. Information regarding age, sex and race will not be a factor in any housing decision including.

**Full Name** *(no nicknames)* \_\_\_\_\_

**Maiden Names(s), Nickname(s), Other Name(s)** *(please include dates used)* \_\_\_\_\_  **Male**  **Female**

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Driver's License Number** \_\_\_\_\_ **State** \_\_\_\_\_

**Is Your Driver's License Valid?**  **Yes**  **No** ⇨ *Please give details*

**All addresses for the last 7 years:** *(Street / City / County / State / Years From-To)*

In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence.

|    | Street Address | City    | County  | State   | Years From-To |
|----|----------------|---------|---------|---------|---------------|
| 1. | _____ /        | _____ / | _____ / | _____ / | _____ /       |
| 2. | _____ /        | _____ / | _____ / | _____ / | _____ /       |
| 3. | _____ /        | _____ / | _____ / | _____ / | _____ /       |
| 4. | _____ /        | _____ / | _____ / | _____ / | _____ /       |
| 5. | _____ /        | _____ / | _____ / | _____ / | _____ /       |
| 6. | _____ /        | _____ / | _____ / | _____ / | _____ /       |

*(attach additional pages if necessary)*

*I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for employment positions applied for and the information given by me herein. In consideration for being considered for housing, I release Keystone Management Group, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken concerning my employment based on such information. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from Keystone Management Group is based upon my successful completion of the background screening. I also understand that I have a right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.*

|   |   |
|---|---|
| <b>X</b> _____<br><div style="text-align: center;"><b>Signature</b></div> | _____<br><div style="text-align: center;"><b>Date</b></div> |
|---|---|