



Date: \_\_\_\_\_

**Applicant Information & Residence History:**

<b>Applicant</b>	<b>Co-Applicant</b>
Name:	Name:
Address:	Address:
City, State, Zip Code:	City, State, Zip Code:
Phone:	Phone:
How long at this address:	How long at this address:
Landlord's Name:	Landlord's Name:
Landlord's Phone:	Landlord's Phone:
Landlord's Address:	Landlord's Address:
Prior Landlord:	Prior Landlord:
Landlord's Address:	Landlord's Address:

Reason for moving \_\_\_\_\_

What type of apartment are you interested in? One bedroom or Handicapped accessible?  
 \_\_\_\_\_

First Names of Household Members	Relationship to Head	Sex (optional)	Place of Birth	Date of Birth	Social Security Number
	Head				

Monthly Income	Head	Co-Applicant
Wages, Salaries	\$	\$
Social Security	\$	\$
SSI	\$	\$
Pensions	\$	\$
Other	\$	\$
Total Monthly Income	\$	\$

Anticipated monthly amount to be spent for medical expenses \_\_\_\_\_

References: Name \_\_\_\_\_ Address \_\_\_\_\_

Bank name \_\_\_\_\_

Checking Account# \_\_\_\_\_ Savings Account# \_\_\_\_\_

Have you disposed of any assets for less than Fair Market Value during the two years preceding the effective date of this application?    Yes    No

Date assets disposed of? \_\_\_\_\_

Amount Received for assets \_\_\_\_\_

Market value of assets at time of disposition \_\_\_\_\_

Are you a student? \_\_\_\_\_

If you are not 62+, do you have a mobility impairment that requires the amenities in our assessable apartment such as a roll in shower and lower counter?    Yes    No

Please list all states in which you or any of your household members has resided

\_\_\_\_\_

\_\_\_\_\_

Is any house hold member subject to a life time sex offender registration requirement by any state?

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please read each item carefully before you sign:

- I certify that the information provided is true & complete to the best of my knowledge.
- I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications may be necessary to complete the application process.
- I hereby authorize deFreese Manor or their agents to verify the information on the application. Verification or re-verification of any information contained in the application will be retained by deFreese Manor.
- I hereby authorize Tenant Data Services Inc. to obtain information about me, including, but not limited to, this application, my credit, my tenant history, my check writing history, any court records and/or my criminal record, and I hereby authorize & instruct any entity or person contacted by Tenant Data Services Inc. or deFreese Manor or deFreese Manor's agents to release such information to them. Upon request, Tenant Data will provide the name & phone number of the source of the information used in the verification process.

\_\_\_\_\_ Date \_\_\_\_\_  
Applicant #1 Signature (Head)

\_\_\_\_\_ Date \_\_\_\_\_  
Applicant #2 Signature (Co-Applicant)



Leasing Agent:

\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_