



Bella Gardens Apartments

Dear Applicant:

The information on this form is needed to determine if your household is eligible under Chamberlin and Associates LLC MANAGEMENT leasing criteria. Please complete this entire form and leave no blanks.

If there are any questions that you do not understand, please call the apartment manager at 602-269-7715. We thank you in advance for your cooperation.

HOUSEHOLD COMPOSITION

	Full Name Drivers License No.	Relationship	Date of Birth	F/T=Full Time P/T=Part Time	Social Security Number/ Alien Registration Number	Receiving any source of income?
					Marital Status - M D S W NM	
1		Head of Household		Student Status o F/T o P/T oN/A		o Yes o No
2				Student Status o F/T o P/T oN/A		o Yes o No
3				Student Status o F/T o P/T oN/A		o Yes o No
4				Student Status o F/T o P/T oN/A		o Yes o No
5				Student Status o F/T o P/T oN/A		o Yes o No
6				Student Status o F/T o P/T oN/A		o Yes o No
7				Student Status o F/T o P/T oN/A		o Yes o No

HOUSEHOLD COMPOSITION

1. Do you expect any additions to the household within the next twelve months? oYes oNo If Yes, explain _____
2. Are any of the household members listed above foster children? oYes o No If yes, who? _____
3. Are any of the household members listed above a live-in attendant? oYes o No If yes, who? _____
4. Are any of the household members planning to attend school full time? o Yes o No If yes, who? _____

CONTACT PHONE NUMBER _____ CELL PHONE NUMBER _____ EMAIL _____

Current Residence of Applicant:

Address _____, Apt. No. _____, City/State _____ Zip Code _____

How long _____ Years _____ Mos. Name of Landlord _____ Landlord Phone (____) _____

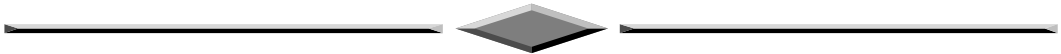
Amount of rent paid? _____

Previous Address of Applicant (if Current Address is less than 2 years):

Address _____, Apt. No. _____, City/State _____ Zip Code _____

How long _____ Years _____ Mos. Name of Landlord _____ Landlord Phone (____) _____

Amount of rent paid? _____





Current Residence of Co-Applicant:

Address _____, Apt No. _____, City/State _____ Zip Code _____

How long _____ Years _____ Mos. Name of Landlord _____ Landlord Phone (____) _____

Amount of rent paid? _____

Previous Address of Co-Applicant (if Current Address is less than 2 years):

Address _____, Apt. No. _____, City/State _____ Zip Code _____

How long _____ Years _____ Mos. Name of Landlord _____ Landlord Phone (____) _____

Amount of rent paid? _____

CURRENT EMPLOYMENT INFORMATION

Applicant's name		Occupation		Work Phone	
Name and Street Address of Employer			City		State Zip Code
Date Hired	Gross Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week	Work Fax

Co-applicant's name		Occupation		Work Phone	
Name and Street Address of Employer			City		State Zip Code
Date Hired	Gross Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week	Work Fax

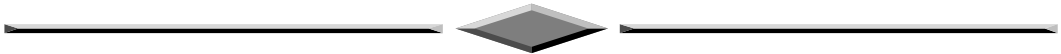
Additional household member		Occupation		Work Phone	
Name and Street Address of Employer			City		State Zip Code
Date Hired	Gross Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week	Work Fax

Additional household member		Occupation		Work Phone	
Name and Street Address of Employer			City		State Zip Code
Date Hired	Gross Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week	Work Fax

OTHER SOURCES OF INCOME

Does anyone in your household over 18 years of age receive income from any of the following? Please mark "yes" or "no" for each source of income.

Source	Check one	Source Benefits/Pensions	Check one	Source	Other	Check one
Second Job	<input type="radio"/> Yes <input type="radio"/> No	Workers Compensation	<input type="radio"/> Yes <input type="radio"/> No	Grants		<input type="radio"/> Yes <input type="radio"/> No
Bonuses	<input type="radio"/> Yes <input type="radio"/> No	Unemployment	<input type="radio"/> Yes <input type="radio"/> No	Scholarships		<input type="radio"/> Yes <input type="radio"/> No
Tips	<input type="radio"/> Yes <input type="radio"/> No	Alimony	<input type="radio"/> Yes <input type="radio"/> No	Recurring Gifts		<input type="radio"/> Yes <input type="radio"/> No
Commissions/fees	<input type="radio"/> Yes <input type="radio"/> No	Child Support	<input type="radio"/> Yes <input type="radio"/> No	AFDC/ TANF		<input type="radio"/> Yes <input type="radio"/> No
Overtime pay	<input type="radio"/> Yes <input type="radio"/> No	Social Security	<input type="radio"/> Yes <input type="radio"/> No	Other		<input type="radio"/> Yes <input type="radio"/> No





For each "Yes" marked above, please complete the following:

Household member name	Amount received	Source
	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	
	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	
	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	
	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	
	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	

HOUSEHOLD ASSETS

Does anyone in your household have any of the following types of assets with a value of \$5000 or over? Please mark "yes" or "no" for each type of asset.

Type of Asset	Check one	Type of Asset	Check one	Type of Asset	Check one
Checking Account	<input type="radio"/> Yes <input type="radio"/> No	IRA/Keogh Account*	<input type="radio"/> Yes <input type="radio"/> No	Revocable trust fund	<input type="radio"/> Yes <input type="radio"/> No
Savings Account	<input type="radio"/> Yes <input type="radio"/> No	Retirement/Pension Fund*	<input type="radio"/> Yes <input type="radio"/> No	Mortgage/Note Held	<input type="radio"/> Yes <input type="radio"/> No
Cash	<input type="radio"/> Yes <input type="radio"/> No	Mutual Funds/Stock*	<input type="radio"/> Yes <input type="radio"/> No	Life Insurance Policy*	<input type="radio"/> Yes <input type="radio"/> No
Certificate of Deposit*	<input type="radio"/> Yes <input type="radio"/> No	Real Estate/Land*	<input type="radio"/> Yes <input type="radio"/> No	Personal Property Held as an Investment	<input type="radio"/> Yes <input type="radio"/> No

For each "Yes" marked above, please complete the following:

Household member name	type of asset	cash value (see note)	\$ asset will earn in the next 12 months

NOTE: *When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdrawal, or any fees deducted to convert the asset to cash. For example, if you owned a home, and sold it, how much cash would you have after you paid off the mortgage, the realtor etc.? That's the amount you should list in the "cash value" column.

Have you sold any real estate for less than it's worth within the last two years? (if sale due to foreclosure, bankruptcy or divorce, answer no) Yes No if yes, please explain

Have you or your spouse/roommate ever been evicted? ____ Yes ____ No

Declared Bankruptcy? ____ Yes ____ No

Do you use illegal drugs? ____ Yes ____ No

Do you or have you engaged in the distribution or sale of illegal drugs? ____ Yes ____ No

Have you or any household member listed above ever been convicted of a felony or any crime related to harm caused to a person or property, including, but not limited to arson, assault, intimidation, sex crimes, drug-related offenses, theft, dishonesty, prostitution, obscenity and related violations? ____ Yes ____ No Do you have any outstanding warrants for arrest? ____ Yes ____ No

Person to contact in case of emergency:

Name: _____

Address/City/State _____

Work Phone: (____) _____

Home Phone: (____) _____

Person to contact in case of emergency:

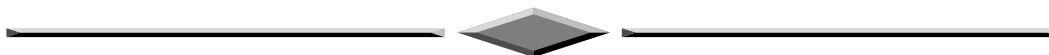
Name: _____

Address/City/State _____

Work Phone: (____) _____

Home Phone: (____) _____

Note: Management is not responsible for damage to resident's property unless caused by negligence on the part of management or an employee of management. Residents are strongly advised to obtain renters insurance to cover loss or damage to their property!





DEPOSIT TO HOLD AGREEMENT

In consideration of management holding the apartment for me, I agree to pay a holding deposit of \$_____ and a non-refundable application fee of \$_____. The holding deposit is refundable if my Application is not approved (14 day delay for bank clearance of check). If my Application is approved, the holding deposit is credited to the required move-in costs. I may cancel this agreement and be refunded my holding deposit (14 day delay for bank clearance of check) by notifying you of my decision to cancel by 5 P.M. on _____, 20___. Cancellation after this time will result in forfeiture of my holding deposit. I must pay rent on or before my rent start date or my holding deposit will be forfeited and my apartment rented.

Apt. # _____ Type _____ Lease Length _____ Rent Start Date _____ Lease Ending Date _____

Monthly Rent with sales tax \$_____ Total Deposits Due: \$_____

VEHICLE AUTO INFORMATION: MAKE _____ COLOR _____ YEAR _____ LIC # _____ STATE _____

Please tell us how you heard about Vista Del Norte _____

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references and credit reports. Applicant acknowledges that false information herein constitutes grounds for rejection of this application if discovered before move-in. Applicant acknowledges that management may not be able to complete a comprehensive evaluation of this Agreement before move-in. Management reserves the right to verify application information after move-in and may convert the proposed Rental Agreement to a month-to-month term if false or misleading information is contained in this Application. Applicant agrees to the terms of the "Deposit to Hold Agreement". This application is preliminary only and does not obligate owner or owners representative to execute a lease or deliver possession of the proposed premises.

Application form must be read filled out completely and signed by all household member 18 and older.

All of the information provided above is true and complete to the best of my knowledge and belief.

Applicant Date _____

Co-applicant Date _____

CO -applicant Date _____

Co-applicant Date _____

MANAGEMENT Date _____

Before returning this form to the management office, be sure that you have marked "yes" or "no" for each source of income and each type of asset. Incomplete forms will delay processing and be returned.

