

Market Residency Application

DATE REC'D: _____
TIME REC'D: _____
INITIALS: _____

➤ **APPLICATION FEE: \$ 35 PER ADULT APPLICANT**

This must be paid in full to consider the application complete.

PAYMENT: MAKE MONEY ORDER/CASHIERS CHECK MADE OUT TO THE PROPERTY.
(Neither Cash nor personal checks are accepted)

➤ **State or Federal issued picture ID's must be available for all adult applicants listed on the application**

If it is determined that your household qualifies for a home, based on the information provided on this application and the initial review, your application will be placed on a waiting list. However, if in the final processing it is discovered that your household is not actually eligible and/or qualified your application will be rejected.

Do not leave any sections blank- insert N/A if it does not apply.

<p><u>Head of Household</u></p> <p>1.Name: _____</p> <p>2. Contact #: _____</p> <p>3. Work #: (_____</p>	<p><u>Spouse/Co-applicant</u></p> <p>1.Name: _____</p> <p>2. Contact #: _____</p> <p>3. Work #: _____</p>
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List all persons, including you, who will reside in the apartment

Full Name	Relation ship	S e x	Birth Date	Soc. Sec. Number
	SELF			

3. How did you hear about our property?

4. Have you, your spouse, or your co-applicant ever been evicted or otherwise removed from rental housing?
 ____ Yes ____ No If yes, please provide the rental address, landlord name, date, and reason:

(a) Have there been instances when you have not complied with an occupancy agreement or lease or have had trouble doing so? ____ Yes ____ No If Yes, please explain.

5. Has any place where you, your spouse, or your co-applicant was living been destroyed or damaged by fire? ____ Yes ____ No If yes, please provide the rental address and date:

6. Are there any other persons who will live in the apartment on less than a full-time basis? ____ Yes ____ No

If yes, explain: _____

7. List the name the Non-Custodial Parent(s): _____

8. Will the non-custodial parent(s) be staying with you at any time? ____ Yes ____ No

(a) Where is the non-custodial parent(s) currently living? _____

9. Has the non-custodial parent(s) been involved in any criminal activity? ____ Yes ____ No

10. If the answer to question 14 or 15 is yes, explain:

11. Income from employment

List all employment for all members of your household.

HH Member	Place of Employment	Employer Phone Number	Supervisor	Est. Tot. Earn. Coming year \$.

12. Income from all other sources

HH MEMBER.	Source of Income or Household support	Contact Person Name and Phone Number	Total received per year

13. **Rental History**

Please enter the information requested for your current address and the two most recent prior addresses within the past 5 years. Enter only your residences at the age of 18 years old and older.

Current Street Address	City, State, and Zip	Monthly Rent	Name rented under
Landlord Name	Landlord Phone #		
Names of Household Members		Reason for moving	
Move-in Date	Security Dep. \$		
Do you have an executed lease agreement at the above address?		_____ Yes _____ No	

Previous Street Address	City, State, and Zip	Monthly Rent	Name rented under
Landlord Name	Landlord Phone #		
Names of Household Members			
Move-in date	Move out date		
Did you fulfill the lease term? _____ Yes _____ No		Reason for moving	

Previous Street Address	City, State, and Zip	Monthly Rent	Name rented under
Landlord Name	Landlord Phone #		
Names of Household Members			
Move-in date	Move out date		
Did you fulfill the lease term? _____ Yes _____ No		Reason for moving	

14. Are you, or any household member, currently a user of an illegally controlled substance?

_____ Yes _____ No

15. Have you, or any household member, successfully completed a controlled substance abuse recovery program or presently enrolled in such a program? _____ Yes _____ No

16. Criminal Activity

Examples of Criminal Activity include but are not limited to:

- | | |
|----------------------------------|-------------------------------------|
| 1. Homicide/Murder | 7. Drug Trafficking/Use/Possession |
| 2. Rape or child molesting | 8. Child Abuse/Domestic Violence |
| 3. Burglary/Robbery/Larceny | 9. Public Intox./Drunk & Disorderly |
| 4. Threats or Harassment | 10. Receiving Stolen Goods |
| 5. Destruct. Of Prop. /Vandalism | 11. Fraud |
| 6. Assault or fighting | 12. Prostitution |
| | 13. Disorderly Conduct |

Note: A national criminal background check and credit screening will be performed on all persons age 18+ listed as a household member.

Have you or any family members listed on this application ever been *involved* in any criminal activity?

___ Yes ___ No If the answer is yes, explain:

(b) Can and will all household members avoid being involved in any criminal activity on or near this apartment complex? ___ Yes ___ No

List any other names used by persons listed under question #11:

17. Other Lease Compliance Issues

Do you or any family member have a current substance abuse problem that would interfere with your ability to comply with the Property's lease? ___ Yes ___ No

If yes, please explain. _____

18. What is your tentative move in date: _____

By signing below I, _____, understand

- ✓ that the initial term of the lease for this property is 1 year and also that should I move in and not complete the initial term that any security deposit paid will be forfeited,
- ✓ that should I move in with other adult persons that the security deposit will noted for the household not for individual persons;
- ✓ that approved applications expire 6 months after application date if a unit is not offered; however should I choose to remain on the active waiting list it is my responsibility to contact the property.

Signature- *Head of Household Only*

Date

OFFICE USE ONLY

Updated: ___ Y ___ N	Date:	Time:	Initial:
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Printed Names of All Signers:

Statements by All Adult Household Members

(Initial in space before statement)

_____ I/We certify that all information given in this application and any addendum thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

_____ I/We authorize _____ to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, state or local agencies.

_____ I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition while active on the waiting list.

_____ I/We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages, and security deposits.

_____ I/We authorize management to obtain one or more “consumer reports” as defined in the Fair Credit Reporting Act, 15 U.S. C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, also to include rental references and criminal background inquiries.

CERTIFICATION

I/We understand that I/we must pay a security deposit for this unit.

I/We certify that all information in this Application is true to the best of my/our knowledge and understand that false statements or information are punishable by law and will lead to cancellation of this Application or termination of tenancy after occupancy.

_____ DATE

_____ SIGNATURE OF HEAD OF HOUSEHOLD

_____ DATE

_____ CO-APPLICANT

_____ DATE

_____ CO-APPLICANT

_____ DATE

_____ CO-APPLICANT

MARKET & LIHTC APPLICANTS

This form is for use by the following companies only:

Intrepid Management, Inc. /Meridian Management, Inc. /United Properties Management, Inc.
During Active Management Agreement Periods Only

2017

Property: _____

Return Email: _____

**DISCLOSURE AND AUTHORIZATION
FOR CONSUMER REPORTS
(Credit/Social Trace and Criminal Report)**

In connection with my application to rent a dwelling with Intrepid Management, Inc. /Meridian Management, Inc. /United Properties Management, Inc. further known as (“Company”). I understand that credit/social trace and criminal consumer reports will be requested by ACUTRAQ Background Screening. I further understand that such reports may contain public record information such as, but not limited to: judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

I understand that the Company can use this disclosure and authorization to continue to obtain such consumer reports throughout my lease period.

Authorization

I hereby authorize procurement of consumer report(s) and/or investigative consumer report(s) by Company. This authorization shall remain on file and shall serve as ongoing authorization for the Company to procure such reports at any time during my lease period.

Summary of Rights: This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: ACUTRAQ Background Screening, P.O. Box 766 Elkins, Arkansas, 479-439-9174, upon proper identification, to obtain copies of any reports furnished to the Company by ACUTRAQ Background Screening and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and ACUTRAQ Background Screening, on Company’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). ACUTRAQ Background Screening will also disclose the recipients of any such reports on me which the ACUTRAQ Background Screening has previously furnished within one year preceding my request (California three years). I hereby consent to Company obtaining the above information from the ACUTRAQ Background Screening. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the ACUTRAQ Background Screening. I may view the ACUTRAQ Background Screening’s privacy policy at their website: www.ACUTRAQ.com

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights.

Printed Full Name: _____

Address: _____ City _____ State _____ Zip _____

Social Security No.: _____ Date of Birth: _____

Applicant Signature: _____ Date: _____

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