

OFFICE USE ONLY:

Date Received

Time Received

NOTICE OF NO AGENCY RELATIONSHIP. Applicant(s) acknowledge that all employees and agents of this property represent only the owner/landlord and NOT the applicant.

Crossroads of New Brighton
PRELIMINARY APPLICATION

Name:
Mailing Address:
E-mail address (optional):

Home #:
Work #:
Mobile #:

1. List all persons who intend to occupy the unit for which you are applying:

Table with 5 columns: Name, Sex, Date of Birth, Relationship to Household Head, SSN. Includes a row for HEAD.

2. Select race and ethnicity for head of household:

Racial Categories (Select All That Apply)

Ethnic Categories (Select One)

- Checkboxes for American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, Black or African American, White, Other, Hispanic or Latino, Not-Hispanic or Not-Latino.

3. Please state the total gross annual income of your household. (This includes income from employment for all persons 18 years of age and older, alimony and child support, social security, public aid, disability income, pensions, income from assets, interest and regular money gifts.) \$

4. Will any member of your household require a handicap accessible unit? Yes No

5. Are you currently working or do you have a bona fide offer to work in the municipality where our development is located? Yes No

6. Please list all states in which applicant and all other household members 18 years of age or older have ever resided (use additional sheets if necessary):

AUTHORIZATION TO CHECK CREDIT AND CRIMINAL RECORDS:

I/we understand and hereby authorize agent/owner of Crossroads of New Brighton and any consumer or credit reporting agency or bureau employed by it to investigate my (our) character, general reputation, mode of living, credit and financial responsibility and the statements made in the Preliminary Application, to inquire into and check for criminal records, civil judgments and other relevant information, and to make a consumer or credit report in connection therewith.

I/we understand that any false statement on this application will disqualify my application and my name will not be put on the waiting list. I further agree that if an apartment becomes available and housing assistance is offered, I will provide verification of my eligibility as prescribed by HUD.

Signature (Head of Household)

Signature (Spouse/Co-Head)

Date

Date Issued:

Date Due:

The Preliminary Application must be postmarked and received by management on or before the due date.

STATEMENT OF NONDISCRIMINATION ON BASIS OF DISABILITY: The owner and managing agent of this property do not discriminate on the basis of disability or handicap status in the admission or access to, or treatment or employment in, their federally assisted programs and activities.

