

For Office Use Only

Date Application Received: ____/____/____
MM DD YYYY

Time Application Received: ____:____ AM/PM

Bedrooms Requested: _____

Received by: _____



PROPERTY NAME: _____

DATE: _____

TIME: _____

Applications are placed in order of date received. An applicant may be interviewed only after the receipt of this tenant application, which must be fully completed and signed by all adult household members.

Please answer every question! Partially filled out applications will be returned for completion.

How did you learn about this property? _____

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____

Street	Apt.#	City	State	ZIP
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E-Mail: _____

E-Mail: _____

Home Phone: _____

Mobile Phone: _____

Do you authorize Corvus Property Intelligence and its agents to contact you via E-mail, SMS, or MMS? Yes No

If you have the right to opt out of e-mail and text messaging communications at any time. Any fees incurred by your mobile provider are at your expense.

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

Bedroom Size Requested: Studio One BR Two BR Three BR Four BR 5 BR

Amount of current monthly rental or mortgage payment \$ _____

If owned, do you receive monthly rental income from property? Yes No

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

If you or any member of your household has a disability, as defined in Section 223 of the Social Security Act, please note below as to how _____ may accommodate your needs. If applicable, please include any special unit features which may be required. A Reasonable Accommodation may include a wheelchair accessible unit, grab bars, a service animal or etc.

Do you or any member of your household have a disability as defined in Section 223 of the Social Security Act?
 YES NO

If so, do you or any member of your household require a reasonable accommodation, i.e. a wheelchair accessible unit, grab bars, a service animal or etc.? If so, please indicate: _____

The owner and management agent do not discriminate against applicants on the basis of limited access or any other reason



B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status D-divorced S-single L-legal separation E-estranged W-widow(er)	Birth Date	Age	SS#	Full or Part Time Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							

Are you enrolled as a student in an institute of higher education? Yes No
(Institutions of higher education include post-secondary and vocational institutions)

Do you anticipate any additions to the household in the next twelve months? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain	

Will all of the persons in the household be full-time students this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS: (Please circle the correct answer)

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full-time student(s) an AFDC or a title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?	Yes	No
Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation)	Yes	No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, **cross out** or write **N/A**.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	AFDC/TANF	\$
	AFDC/TANF	\$
		\$
	Regular payments from a severance package?	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Regular gifts from anyone outside the household? (Recurring Gifts)	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Self-Employment amount	\$
	Description:	
	How long has applicant been self-employed doing this work?	
	Alimony	
	Are you <i>entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
	If yes, list amount you receive.	\$
	Child Support	
	Are you <i>entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	If entitled but do not receive, what attempts have been made to collect?	
	Other Income (lottery winnings, etc.)	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
MISCELLANEOUS EXPENSES:		
Do you pay for any day care costs out of your pocket?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who is the expense paid to:		
Do you pay for any medical expenses out of your pocket?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who is the expense paid to:		

D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA for that section.

Cash	#	Bank	Balance \$	
Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Cash Access Card	#	Direct Express	Balance \$	
		Net Spend	Balance \$	
		Other:	Balance \$	
Cash Apps	#	Venmo	Balance \$	
	#	Cash App	Balance \$	
	#	Pay Pal	Balance \$	
	#	Other:	Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
IRA Accounts	#	Where?	Balance \$	
Trust Accounts	#	Bank	Balance \$	
401(k)/Retirement Accounts	#	Where?	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Cryptocurrency	Name:	# Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$

Investment Property		Appraised Value \$
Real Estate (home, land, camp, mobile home, etc.): <i>Do you own any property?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>		
Location of property		
Appraised Market Value		\$
Mortgage or outstanding loans balance due		\$
Amount of annual insurance premium		\$
Amount of most recent tax bill		\$
Have you sold/disposed of any property in the last 2 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>		
Market value when sold/disposed		\$
Amount sold/disposed for		\$
Date of transaction		
Has anyone in the household disposed of any asset in the last 2 years (Example: Given away money, sold property to a relative, set up Irrevocable Trust Accounts, etc.) for less than fair market value?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset</i>		
Date of disposition		
Amount disposed		\$
Do you have any other assets not listed above or are you holding jewelry, coins, stamps, etc. as an investment (excluding personal property)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>		

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you or any member of your family ever been evicted from any housing or denied subsidy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		
Have you ever experienced a fire in your apartment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If so what was your address at the time and who was your landlord?</i>		

F. REFERENCE INFORMATION

Current Landlord	Name of Landlord:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
	Applicants address when renting from this landlord	
Prior Landlord	Name of Landlord:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
	Applicants address when renting from this landlord:	
Prior Landlord	Name of Landlord:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
	Applicants address when renting from this landlord:	

In case of emergency notify:

Address:

Relationship:

Phone #:

Name of Personal Reference

Address:

Relationship:

Phone#

G. VEHICLE INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.

Type of Vehicle:

License Plate #:

Year/Make:

Color:

Type of Vehicle:

License Plate #:

Year/Make:

Color:

Are any household members subject to a lifetime state sex offender registration program in any state? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, list who:
List every state that each household member has resided in.
Household Member:
Household Member:
Household Member:
Household Member:
Household Member:
Household Member:

For Statistical Purposes Only (Optional) Circle One: **White / Black / American Indian / Asian/Pacific Islander**
 Designate Ethnicity (Optional) Circle One: **Hispanic / Non-Hispanic**

CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We further consent to have the Owner/Management Agent verify all of the information contained in this Rental Application as well as my/our credit, landlord, criminal background and personal references.

All adult applicants, 18 or older, are required to sign application.

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date