

EAGLE POINT MANAGEMENT, LLC



MULTIFAMILY HOUSING MANAGERS

APPLICATION FOR RENTAL _____
 USE PEN ONLY; PLEASE PRINT

Date Received: _____
 Time Received: _____
 Received By: _____

Bedroom size requested: _____ Date: _____

Do you require special accommodations? _____

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this resident application.

A. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List Head of Household first.

	Name	Birth Date	Relationship to Head	Marital Status	M Or F	Social Security Number or Federal Tax ID Number	Student Status* Yes or No	Student FT or PT
Head				[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No	
Co-Head				[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No	
3.				[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No	
4.				[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No	
5.				[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No	
6.				[] Single [] Married [] Divorced [] Widowed [] Separated [] Minor			[] Yes [] No	

Do you want to be considered: [] Mobility Impaired [] Vision Impaired [] Hearing Impaired [] Impaired [] N/A

Do you anticipate any additions to this household in the next twelve months or does someone live with you now that is not listed above? [] Yes [] No Explain: _____

B. ADDITIONAL INFORMATION

Are you or any member of your household currently using an illegal substance? [] Yes [] No

Have you or any member of your household ever been convicted of drug use or manufacture or any other felony? [] Yes [] No
 If yes, describe _____

Have you or any member of your household ever:

Been evicted from any housing? [] Yes [] No

Broken a lease? [] Yes [] No

Been sued for rent? [] Yes [] No

Been sued for property damage? [] Yes [] No

Have you ever filed for bankruptcy? [] Yes [] No

If yes, describe _____



Have you or any member of your household ever been convicted, plead guilty, received probations, deferred adjudication, court-ordered supervision, or pre-trial diversion for a felony, sex-related crime or misdemeanor assault against another person? Yes No

Will you take an apartment when one is available? Yes No

Briefly describe your reasons for applying _____

PETS: Do you own any pets or service animals? Yes No

If yes, describe _____

C. EMPLOYER INFORMATION

(Please indicate a status if a member is not employed, i.e.: "Unemployed" or "Student")

Head of Household Name: _____

Employer: _____

Address: _____ Phone #: _____

Position Held: _____ Salary/Monthly Income: _____

Co-Head of Household Name: _____

Employer: _____

Address: _____ Phone #: _____

Position Held: _____ Salary/Monthly Income: _____

Other Occupant Name: _____

Employer: _____

Address: _____ Phone #: _____

Position Held: _____ Salary/Monthly Income: _____

Other Occupant Name: _____

Employer: _____

Address: _____ Phone #: _____

Position Held: _____ Salary/Monthly Income: _____

Is any member of your household claiming zero income? Yes No

(This means you have no source of income such as wages, interests, dividends, Social Security, SSI, and/or other assistance)

If yes, which member(s): _____

Do you anticipate any changes in income in the next 12 months? Yes No

If yes, explain: _____

D. HOUSING REFERENCE – At least 24 months of consecutive history is required

Current Home Address:	From:	To:
City, State, Zip:		
Home Phone #:	Work Phone #:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Friend/Relative	Monthly Payment:	
Landlord Name:	Landlord Phone #:	
Mortgage Company Name:	Mortgage Co. Phone #:	

Previous Home Address:	From:	To:
City, State, Zip:		
Home Phone #:	Work Phone #:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Friend/Relative	Monthly Payment:	
Landlord Name:	Landlord Phone #:	
Mortgage Company Name:	Mortgage Co. Phone #:	

Use a separate sheet of paper for other household members with different addresses than listed above.



E. VEHICLE INFORMATION

VEHICLES: 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 _____ Year/Make _____ Color _____
License Plate # _____

Type of Vehicle _____ Year/Make _____ Color _____
License Plate # _____

F. APPLICATION AGREEMENT – Please Initial

Application Fee: You have delivered to our representative an application fee in the amount of \$ _____. This fee is nonrefundable. Application Fee does not apply to Sec 8 properties.

Holding Fee: A holding fee in the amount of \$ _____ is required to hold a specific apartment. This fee is not a security deposit; however, once the lease is signed it shall be credited toward the required security deposit for your unit # _____. If a lease is not signed, the fee shall be forfeited.

Completed Application: An application is considered complete when the application is signed and dated by both the applicant and Owners Representative..

Refund of Holding Fee: The holding fee shall only be refunded in the event that you are not approved for residency and/or you withdraw your application within three (3) days of completion. NOTE: Failure to provide all requested documentation to assist us in the approval process is not grounds for the refund of your application deposit as we reserve the right to approve your application after three (3) business days pending the receipt of additional paperwork that would allow us to verify your income and asset information.

Approval Pending Additional Paperwork: We reserve the right to approve an application after three (3) business days of completion pending the receipt of additional paperwork. However, should the receipt of such paperwork not collaborate the information your application was approved with, we reserve the right to deny your application based on updated findings.

Withdrawal of Application: Should you withdraw your application after three (3) business days of completion and/or before your application is approved or denied, you will forfeit the holding fee as liquidated damages and terminate all further obligations under this Agreement.

Lease Signing: You agree to sign your lease within 5 days of our notification to you regarding your approval. At this time, if applicable, your holding fee will be credited toward the required security deposit.

In the event of serious illness, death or other circumstances that would make you unavailable; the emergency contact can remove your property from your unit or other common areas. Please add an additional contact should the community become unsuccessful in reaching the listed individual(s).

In Case of Emergency Notify: Name: _____ Relationship: _____

Address _____ Phone: _____

In Case of Emergency Notify: Name: _____ Relationship: _____

Address _____ Phone: _____

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 my 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 Do Hereby Authorize _____ and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs.

SIGNATURE(S):

Applicant's Signature Date

Applicant's Signature Date

Applicant's Signature Date

Applicant's Signature Date

