Harvest Edge Apartments Rental Application

ANY QUESTIONS THAT DO NOT APPLY, PLEASE MARK "NONE" OR $0.00. DO NOT LEAVE ANY BLANK LINES. APPLICANT(S) INFORMATION FOR HARVEST EDGE APARTMENTS

List all permanent household members who will live in the apartment during the next 12 months. Be sure to list any temporary absent family members, foster children, unborn children, children that will live in the household over 50% of the time and are not being claimed on someone else's taxes, or Live in Care Attendants (Live in Aid Application.)

Full Legal Name of all Household Members	Relationship to Applicant	Date of Birth	Age	Social Security #	Are you a Student? No/Part time/Full Time

Are any of the household members listed above:

Foster Children? Y_____ N_____ Live-in Attendants? Y_____ N_____

Student Status: Were any of the names listed above students in the year this application was completed? Y_ N____

Do any of the names listed above plan to be students in the year this application is completed?

Y_____ N_____ If you answered Yes to either question about students, please explain: _____

_____

Are there any other household members not listed on this or a separate application that would live in the unit under normal circumstances: Y_____ N_____ If you answered Yes, please explain: _____

_____

Contact Information:

Home/Cell Phone # _____ Work Phone# _____

Email: _____

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Employment Information

Employer_____Phone #_____
Address _____ City _____ State _____ Zip _____

Date Started _____Occupation/Title_____Supervisor's Name _____

Contact Person_____

Gross Monthly Income $_____ *include bonuses, tips, commissions, etc.*

Do you have a second job? Y___ N_____ If yes, complete below:

2nd Employer_____Phone #_____

Address _____ City _____ State _____ Zip _____

Date Started _____Occupation/Title_____Supervisor's Name _____

Contact Person_____

Gross Monthly Income $_____ *include bonuses, tips, commissions, etc.*

Spouse Information: ***NOTE: Co-heads and Roommates Must complete Separate Applications***

Employer_____Phone #_____

Address _____ City _____ State _____ Zip _____

Date Started _____Occupation/Title_____Supervisor's Name _____

Contact Person_____

Gross Monthly Income $_____ *include bonuses, tips, commissions, etc.*

Do you have a second job? Y___ N_____ If yes, complete below:

Employer_____Phone #_____

Address _____ City _____ State _____ Zip _____

Date Started _____Occupation/Title_____Supervisor's Name _____

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Contact Person_____

Gross Monthly Income $_____ *include bonuses, tips, commissions, etc.*

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DESCRIPTION OF INCOME OR STATUS	RECEIVES NOW OR ANTICIPATES (must circle Yes or No)	IF YES, HOUSEHOLD MEMBER NAME	GROSS AMOUNT REC'D MONTHLY	IF YES, COMPLETE FORM
Employment (W-2) / Anticipated Employment	YES NO		$	If YES, Employment Verification or 4 Consecutive Pay stubs, and/or if NO, Unemployed declaration
Spouse Employment (W-2) / Anticipated Employment	YES NO		$	If no spouse, documentation Is not required
Self-employment (1099)	YES NO		$	Self Employed Declaration & applicable documentation
Military Pay	YES NO		$	Verification of Military Income
Student Financial Income	YES NO		$	Student Financial Assistance Verification
Sources of child support/alimony: *Court ordered *(regardless if paid)* *Voluntary payments *Anticipated payments	YES NO		$	W/ Children: Child Support Declaration
Unemployment Benefits	YES NO		$	Unemployed declaration
Social Security, SSI, SSD	YES NO		$	SS Benefit Printout / Unemployed Declaration
V.A. Benefits	YES NO		$	Benefit Printout
TANF/AFDC (Not Food Stamps)	YES NO		$	Benefit Printout
Disability, Worker's Comp.	YES NO		$	Benefit Printout
Recurring Gift of monetary value	YES NO		$	Recurring Gift Affidavit
Recurring Gift of non-monetary value (cell phone bill, etc.)	YES NO		$	Recurring Gift Affidavit

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Regular PMTs. from Retirement Acct.	YES NO		$	Benefit Printout
Regular PMTs from Trust Account	YES NO		$	Benefit Printout
Income from Temporarily Absent Family Member	YES NO		$	Applicable documentation
Zero Income	YES NC			Zero Income Declaration
Other: Type	YES NO		$	Applicable documentation
Do you anticipate any changes in income over the next 12 months?	YES NO	How Much per month?	$	Explain:
Housing Assistance	YES NO	If yes, the Public Housing Authority. _____		
Overtime pay	YES NO		$	Employment verification or 4 consecutive pay stubs
Commissions & Fees	YES NO		$	Employment verification or 4 consecutive pay stubs
Tips & Bonuses	YES NO		$	Employment verification or 4 consecutive pay stubs
Interest & dividends	YES NO		$	Most current bank statement
Net Income Business	YES NO		$	Self-Employment Affidavit
Net Rental Income	YES NO		$	Copy of Lease Agreements

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ASSET INFORMATION: Please include all assets, including assets for children

DESCRIPTION OF ASSET	CURRENTLY HAVE		IF YES HOUSEHOLD MEMBER NAME	VALUE	Current Interest Rate	IF YES, and Asset exceeds $5,000 or the Program Requires
Checking Acct (most current statement)	YES	NO		$	%	Verification of Banking or most Current Statement
Savings Account (most current statement)	YES	NO		$	%	Bank Verification or Most Current Statement
Cash Held	YES	NO		$	%	Declaration of Assets
Pay Card	YES	NO		$	%	Declaration of Assets
Cash apps such as Venmo, Zelle Square Cash, etc.	YES	NO		$	%	Bank Verification or Current statement
Certificate of Deposit	YES	NO		$	%	Bank Verification or Current statement
Trust Account	YES	NO		$	%	Current Statement or Bank
Treasury Bills, Money Market Fund	YES	NO		$	%	Current Statement or Bank Verification
Stocks or Mutual Funds	YES	NO		$	%	Current Statement or Bank Verification
Bonds	YES	NO		$	%	Current Statement or Bank
Life insurance policy (not Term)	YES	NO		$	%	Current Statement or Bank Verification
Real Estate currently owned	YES	NO		$	%	Real Estate Status Declaration
Rental Property	YES	NO		$	%	Current Lease, and Treat Home
Assets disposed on in the past 2 yrs. Or 24 months	YES	NO		$	%.	Real Estate Disposed Declaration
Personal property held for investment	YES	NO		$	%.	Personal Property Status Declaration
Other:	YES	NO		$	%.	Applicable documentation
Other:	YES	NO		$		Applicable documentation
Other:	YES	NO		$	%	Applicable documentation

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RESIDENCE HISTORY: Must list at least 2 years history

Current Address: _____

City: _____ State: _____ Zip: _____

Do you: _____ Rent _____ Own your home _____

Other Monthly Rent/Mortgage: $_____

Month and year moved in: _____

Reason for moving: _____

Landlord / Mortgage Company: _____ Phone#: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Do you: _____ Rent _____ Own your home _____

Other Monthly Rent/Mortgage: $_____

Month and year moved in: _____ Month and year moved out: _____

Reason for moving: _____

Landlord / Mortgage Company: _____ Phone#: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Do you: _____ Rent _____ Own your home _____

Other Monthly Rent/Mortgage: $_____

Month and year moved in: _____ Month and year moved out: _____

Reason for moving: _____

Landlord / Mortgage Company: _____ Phone#: _____

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How did you hear about our community? _____

If a resident referral, Resident Name: _____Unit# _____

Is there a need for an accessible unit or features due to a disability for any household member?

(circle one) Yes No Provide Details: _____

_____

_____

Other Information

Your Driver's License/State ID #:_____ State issued: _____

Spouse/ Other occupant Driver's License/ State ID #:_____ State issued: _____

Vehicles

List all vehicles owned or operated by you or any occupants, (including cars, trucks, trailers, motorcycles, etc.

Make_____Model____Color_Year___License_____State

Make_____Model____Color_Year___License_____State

Make_____Model____Color_Year___License_____State

Make_____Model____Color_Year___License_____State

All vehicles must be registered with the Management Office

Do you have any pets? If yes, list what type and weight:

Pet Name _____ **Type** _____ **Weight**_____

Pet Name _____ **Type** _____ **Weight**_____

Emergency Contacts: List someone NOT in this household

Name_____

Address_____

Phone#_____

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I/We hereby apply to lease an apartment at the above-named community on the terms set forth herein. I/we attest to the following:

Agent for the Owner of the property, that all statements contained herein are true and correct I/we have been advised, understand, and agree that residency at this community entails certain income restrictions and that residency is subject to rental qualifications, I/we understand and agree that deliberately submitting false information or withholding information constitutes fraud. If the application Is falsified, Federal Law specifies fines of up to $5,000 and Imprisonment for terms of up to five years and Is grounds for eviction. I/we understand and agree that, in addition to the execution of a lease agreement and necessary addenda, I/we will execute a Household Certification attesting to the information contained herein, which will be made under the penalty of perjury. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, or income situation changes, or whenever you need to add or remove a household member from your application.
I/we have received a copy of the qualifying criteria, and I/we hereby offer $30 per adult as a non-refundable application/screening fee. if I/we do not meet any of the Qualifying Criteria, my / our application will be rejected, and my / our application fee WILL NOT be refunded under ANY circumstances. Reports and checks determining my/our qualifications may be made by a separate party.

I/we hereby waive any claim for damages by reason of non-acceptance. In addition, a pet privilege charge of $100 is due (if applicable), I/we agree to execute a lease agreement before possession is delivered and to pay the balance of any other deposits and/or fees in the form of a certified check or money order, I/we understand If we fail to take possession of the apartment after fees or deposit(s) Is /are paid, that my I our security deposit and fees will be forfeited.

If management cannot have an apartment for me/us by the desired move-in date listed on page 1 of this application because the apartment is not ready for occupancy or because another resident holds over or for any other reason Management is not liable to me/us for damages. I/we will not be required to pay any rent until the apartment is available. If Management is not able to deliver possession to me/us within 30 days of the projected date, I/we may cancel the application without further obligation and my / our security deposit or fees will be refunded.

I/we agree: (a) to be bound by and comply with the Lease and all addenda; (b) that the community will retain this application whether or not it is approved; (c) that everything stated in this application is true to the best of my / our knowledge; and (d) that I/we grant the community authority to check my / our credit, employment, rental and criminal history, and to secure follow up credit reports and employment verifications. If rejection of my / our application occurs, I/we hereby authorize the community to share information with the Agent for owner for purposes related to the rental of an apartment or residency of any type or other purposes.

I/we agree that If this application is denied for any reason, I/we are unable to re-apply at this community or any other community managed by the Agent for owner for 6 months.

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RESIDENT RELEASE AND CONSENT

I/we, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, credit history, criminal history, previous residencies, income, and/or assets to the above-named community, its owners, and agents for purposes of verifying information on my / our rental application.

I/we understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for housing at this community and which includes, but may not be limited to the following Groups or individuals that may be asked:

- Past and present employers
- Past and present landlords
- Support for alimony providers
- Public Housing Agencies
- Utility Companies
- State unemployment agencies and welfare agencies
- Social Security Administration
- Federal/State/Local law enforcement agencies
- Credit Reporting Agencies
- Veterans Administration
- Banks and other financial institutions
- Medical and childcare providers

CONDITIONS:

I/we agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file and will stay in effect for the length of this financial obligation.

SIGNATURES:

Applicant Signature	Printed Name	Date
Spouse Signature	Printed Name	Date

NOTE: This general consent cannot be used to request a copy of a tax return. If a Tax Return is required, IRS form 4506, "Request for copy of Tax Return" must be prepared and signed separately.

EQUAL HOUSING OPPORTUNITY

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, handicap or familial status.