



CMS PROPERTIES RENTAL APPLICATION

The information collected below will be used to determine if you qualify as a resident. It will not be disclosed without your consent.

Applicant's Name		Social Security #		Home Phone ()	
Present Address		City	State	Zip Code	No. Yrs. At Present Address
Former Address (if at present address for less than 2 yrs)		City	State	Zip Code	No. Yrs. At Former Address
Current Housing Status: Provide the name, address, and phone number of all your landlords for the past 3 years. Current Landlord: _____ Phone: _____ Address: _____ Previous Landlord: _____ Phone: _____ Address: _____ Previous Landlord: _____ Phone: _____ Address: _____					
Head of Household Race: (Enter One) 1 = White 2 = Black 3 = American Indian/Alaskan Native 4 = Asian or Pacific Islander _____		Head of Household Ethnicity: 1 = Hispanic 2 = Non Hispanic _____ <i>*For Statistical Purposes Only</i>		Head of Household Gender: 1 = Male 2 = Female _____	
Head of Household Marital Status: 1 = Single 2 = Married _____					
Name and Address of Employer			Type of Business		Self Employed? Yes _____ No _____
Employer Phone # ()		Your Position/ Title			# Years at this Job
Name and Address of Previous Employer (If employed at present position for less than 2yrs.)			# Years with previous employer		Previous Employer Phone #
Co - Applicant's Name		Social Security #		Home Phone ()	
Present Address		City	State	Zip Code	No. Yrs. At Present Address
Former Address (if at present address for less than 2 yrs)		City	State	Zip Code	No. Yrs. At Former Address
Name and Address of Employer			Type of Business		Self Employed? Yes _____ No _____

Employer Phone # ()	Your Position/ Title	# Years at this Job
Name and Address of Previous Employer (If employed at present position for less than 2yrs.)	# Years with previous employer	Previous Employer Phone #
Name and Phone Number of Emergency Contact #1:	Name and Phone Number of Emergency Contact #2:	

ANNUAL INCOME

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBER 18 YRS OR OLDER	TOTAL
Gross Salary				
Overtime Pay				
Commissions/Fees/Tips /Bonuses				
Unemployment Benefits				
Workers Compensation/Disability				
Social Security, Pensions, Monthly Distributions				
Welfare				
Alimony / Child Support				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Other Income				

GRAND TOTAL:

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account	\$	\$		
Savings	\$	\$		
Certificate of Deposit	\$	\$		
Mutual Funds/Stocks/Bonds	\$	\$		
Real Estate	\$	\$		
Other (Life Insurance, etc.)	\$	\$		
TOTALS:	\$	\$		

I _____ have _____ have not disposed of any asset(s) valued at \$1,000 or more in the past two (2) years for less than the fair market value of the item. If yes, please list the asset value under the "other" column in the above listing of assets.

STUDENT CERTIFICATION

Are any members of this household a student at an institution of higher education? ___ YES ___ NO

If yes, who? _____, _____, _____

**Institutions of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post secondary colleges and universities. If you are not sure, please mark "YES" and we will verify it.*

If you have answered yes, the owner/agent is required to determine your eligibility as a student. You may refer to the resident selection plan for additional information regarding student eligibility.

****If you answered yes, each member, who is a student must complete the attached Student Certification**

<u>HOUSEHOLD COMPOSITION: List the head of your household and all members who will live in your home. Give the relationship of each family member to the head of household.</u>				
Household Member	Full Name	Relationship	Birthdate (m/d/y)	Social Security No.
Head of Household				
2				
3				
4				
5				
6				

Do you plan to have anyone living with you in the future who is not listed above? ___ Yes ___ No

If yes, please explain _____

Do you have a Section 8 Voucher? ___ Yes ___ No

Are there any special housing needs or accommodations that the household will require? Examples are a unit for mobility impaired, unit for visually impaired, unit for hearing impaired, grab bars, wheel in shower.

Congregate Management Services, Inc and _____ do not and will not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.

APPLICANT CERTIFICATION

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for this property and any assistance it may provide. I/we authorize the Agent to verify all information provided on this application, and to contact current and previous landlords or other sources for credit and criminal history and verification of information which may be released to appropriate Federal, State or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false information or statements are punishable under Federal Law.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

EXPENSES

Do you pay for child care that enables you or another family member to work or go to school? ____Yes ____No

If yes, give name and address of child care provider, weekly cost and family member enabled to work or go to school:

Do you have Medicare? ____Yes ____No

If yes, how much is your monthly Medicare premium? \$_____

Do you have any other kind of medical insurance? ____Yes ____No

If yes, give name and address of carrier and monthly premium: _____

Do you receive medical assistance through the welfare department? ____Yes ____No

Do you have any outstanding medical bills on which you are paying? ____Yes ____No

Do you expect to have any medical expenses during the next twelve months? ____Yes ____No

If yes, amount of anticipated medical expenses: \$_____

CURRENT HOUSING STATUS

How many people are in your home now? _____

How many bedrooms do you have? _____

Are you being evicted? ____Yes ____No If yes, explain circumstances: _____

What is your current rent? \$_____

What are your monthly costs for all utilities? \$_____ Gas \$_____ Electric \$_____ Water/Sewer

Are you currently living in government subsidized housing (e.g., Section 8, Section 236, Section 236, Section 221 (d) or subsidized project)? ____Yes ____No