

**RENTAL APPLICATION**

**SULLIVAN PLACE APARTMENTS**

\_\_\_\_\_/\_\_\_\_\_/200  
 Date

How did you hear about us? (Newspaper, TV, etc.) \_\_\_\_\_

What attracted you to this property? \_\_\_\_\_

Unit size you prefer:  1 Bedroom  2 Bedroom

*Please print and answer all questions. **DO NOT LEAVE ANY LINES BLANK**; Write "NO or NONE" where appropriate. Pets must be approved in writing by the Owner prior to your being accepted as a tenant. Co-applicants who are married over six months may submit one application. If you need more space for answers, attach additional sheets and reference the paragraph number, your Name and Social Security number.*

Do you own pets?  YES  NO If so, what kind (breed) and how much does it weigh? \_\_\_\_\_ Lbs.

**1. FAMILY INFORMATION**

Name of Head of Household _____			
Name of Spouse (if living in household). Note: If not applicable please enter N/A _____			
Street _____	City/State/Zip _____	Day Phone Contact _____	Evening Phone Contact _____
Check one: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Have you ever used another name? <input type="checkbox"/> NO <input type="checkbox"/> YES – If yes, please state name(s) and explain: _____			

**2. FAMILY COMPOSITION**

#	Name	Relation to Head	Date of Birth	Age	SS#	Sex (M/F)	Student (FT/PT)
<b>1</b>		<b>HEAD</b>					
<b>2</b>							
<b>3</b>							
<b>4</b>							

Do all the above family members live with the household 100% of the time?  YES  NO If no, please list the household members who are not in the home all the time. \_\_\_\_\_

Do you anticipate changes in family size?  YES  NO If yes, please explain \_\_\_\_\_

Do you anticipate changes in the number of students?  YES  NO If yes, please explain \_\_\_\_\_

**3. ANTICIPATED INCOME: PRESENT EMPLOYER**

#	Name	Source of Income	Position	From – To	Gross Income/Mo.
<b>1</b>		Employer _____ _____	Phone: _____		
<b>2</b>		Employer _____ Address _____ _____	Phone: _____		
<b>3</b>		Employer _____ Address _____ _____	Phone: _____		

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**4. OTHER INCOME INFORMATION**

Please indicate whether you, or any other household member of you household, receives any of the following types of income. If applicable, please list the amount & frequency of the payments and the name of the household member receiving the benefit.

TYPE	Yes/No	\$ Monthly	Recipient	Type	Yes/No	\$ Monthly	Recipient
Net Business				Workman's Comp			
Social Security/SSI				Dividend/Interest			
Pension/Annuities				Severance Pay			
TANF/AFDC				Military Pay			
Disability				Lottery Winnings			
Insurance Policies				Trust Accounts			
Death Benefits				Gifts/Contributions			
Alimony				Unemployment			
Child Support				Other Income			

**5. VEHICLES**

Owner	License/State	Year	Make	Model	Color	Mo. Payment
						\$
						\$

**6. ASSETS**

Type	Yes/No	Value	Recipient	Type	Yes/No	Value	Recipient
Checking		\$		IRA's/Keoghs		\$	
Savings		\$		Pensions/Annuities		\$	
Cash, in Safety Deposit Box		\$		Stocks/Mutual Funds		\$	
Cash at Home		\$		401 K		\$	
Trust Accounts		\$		Lump Sum Receipts		\$	
Equity Investments		\$		Mortgage		\$	
CD's/Money Markets		\$		Divestitures		\$	
Bonds		\$		Other Asset(s)		\$	

Have you disposed of any assets in the past two (2) years?  YES  NO If yes, please explain. \_\_\_\_\_

**7. CREDIT REFERENCES**

	Household Member	Company (Creditor)	Mo. Payment	Balance	Judgments/Bankruptcy <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe below
1			\$	\$	
2			\$	\$	
3			\$	\$	

**8. BANK REFERENCES**

	Household Member	Name of Bank	Bank Address	Type of Account	Average Balance
1					\$
2					\$
3					\$

**9. RESIDENTIAL HISTORY (Current and Previous Residences & Landlords)**

1)	Current Address	Monthly Rent	Monthly Utilities	Move In Date	Reason For Leaving
		\$	\$		
	Landlord Name	Landlord Address		Contact Phone #	
2)	Previous Address	Monthly Rent	Monthly Utilities	Move In Date	Reason For Leaving
		\$	\$		
	Landlord Name	Landlord Address		Contact Phone #	

**10. IN CASE OF AN EMERGENCY, PLEASE NOTIFY:**

Name	Relationship	Address	Contact Phone #'s

**11. SPECIAL NEEDS**

Does anyone in your household have special needs?  YES  NO

Are special living conditions needed?  YES  NO

Please explain the special need(s) and attach additional pages if necessary. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. PERMISSION TO OBTAIN INFORMATION**

*I/We hereby make application for a rental unit and certify that the information I/We have given is correct. I/We understand that this application may be rejected as a result of my/our misrepresentation or insufficient information. I/We authorize Steller Properties, Inc., Agent for the property, to make all credit inquiries necessary with credit bureaus, financial institutions and creditors to determine my/our financial status and credit ratings. I/We also understand that Steller Properties, Inc. will obtain criminal records check. You, the consumer, have a right to request, in writing, a complete disclosure of the nature and scope of the investigation. You should direct your request to Management. You must make this request within thirty (30) days of the date of your application is either approved or not approved.*

X / / 200  
Signature of Applicant Date

/ / 200  
Signature of Co-Applicant Date

**For Office Use Only**

Date Run: / / 200

Approved

Denied