|  |
| --- |
| Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Appl. Fee: $**9.00**  Credit Fee: $**26.00 per ea. adult** |



**APPLICATION FOR HOUSING**

**Conventional / Affordable Low Income**

**Home & Tax Credit Property**

**Please Print Clearly**

|  |  |
| --- | --- |
| This is an application for housing at: | Project: |
| Address: |
|  |
| Please complete this application and return to:  334 N. Normandie Ave. STE 104,  Los Angeles, CA 90004  www.genessy.com | Name: |
| Address: |
|  |

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

**A. GENERAL INFORMATION**

Applicant Name(s):

Address:

Street Apt.# City State ZIP :

Daytime Phone: Evening Phone: ­

No. of BR’s in current unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you RENT or OWN (circle one)

Amount of current monthly rental or mortgage payment: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If owned, do you receive monthly rental income from property? [ ] Yes [ ] No (check one)

Check utilities paid by you: [ ] Heat [ ] Electricity [ ] Gas [ ] other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approximate monthly cost of utilities paid by you (excluding phone and cable TB): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bedroom size requested: [ ] Studio [ ] One BR [ ] Two BR [ ] Three BR [ ] Four BR

**B. HOUSEHOLD COMPOSITION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name | Relationship to Head | Birth Date | Age (Optional) | SS # | Student Y/N |
| Head |  |  |  |  |  |  |
| Co-T |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |

|  |
| --- |
| Have there been any changes in household composition in the last twelve months? [ ] Yes [ ] No  If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you anticipate any changes in household composition in the next twelve months? [ ] Yes [ ] No  If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is there someone not listed above who would normally be living with the household? [ ] Yes [ ] No  If yes, explain: |

|  |
| --- |
| Will all of the persons in the household be or have been full-time students during five calendar months of 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**:

|  |
| --- |
| 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) a TANF or a title IV recipient? [ ] Yes [ ] No  Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another’s tax  return and whose children are not dependents of anyone other than a parent? [ ] Yes [ ] No  Is any student a person who was previously under the care and placement of a foster care program  (under Part B or E of Title IV of the Social Security Act)? [ ] Yes [ ] No |

**C. INCOME (Gross Monthly Amount)**

If ALL sources of income as requested below. If a section doesn’t apply, cross out or write NA.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Household Member Name | Social Security/SSI | Pension  (list source) | Veteran’s Benefits  (list claim# | Unemployment  Compensation | Title  IV/TANF | Contribution to the Household (monetary or not) | Other Income |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Household member Name | Employment  Monthly Amount | Employer: | Position Held | How long employed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Household Member Name | Full Time Student | Financial Aid (grants & scholarships | Long term Medical Care Insurance Payments in excess of #180/day  Compensation | Interest Income (source | Scheduled Payments from Investments |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Alimony**

|  |  |  |
| --- | --- | --- |
| Household Member Name | Are you legally entitled to receive alimony?  [ ] Yes [ ] No  If yes, list the amount you are entitled to receive | Do you Receive alimony  [ ] Yes [ ] No  If yes, list amount you receive |
|  | $ | $ |
|  | $ | $ |

**Child Support**

|  |  |  |
| --- | --- | --- |
| Household Member Name | Are you legally entitled to receive Child support?  [ ] Yes [ ] No  If yes, list the amount you are entitled to receive | Do you Receive Child support?  [ ] Yes [ ] No  If yes, list amount you receive |
|  | $ | $ |
|  | $ | $ |

|  |
| --- |
| 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? [ ] Yes [ ] No  Is any member of the household legally entitled to receive income assistance? [ ] Yes [ ] No  Is Any member of the household likely to receive in come or assistance (monetary or not)  From someone who is not a member of the household as listed on Page 1 etc.)? [ ] Yes [ ] No  If yes to any of the above, explained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is this income received? [ ] Yes [ ] No |

**D. ASSETS**

If your assets are too numerous to list her, please request an additional form. If a section doesn’t apply, cross out or write NA

**Checking:**

|  |  |  |
| --- | --- | --- |
| Account #: | Bank: | Balance $ |
| Account #: | Bank: | Balance $ |
| Account #: | Bank: | Balance $ |

**Savings:**

|  |  |  |
| --- | --- | --- |
| Account #: | Bank: | Balance $ |
| Account #: | Bank: | Balance $ |
| Account #: | Bank: | Balance $ |
| Trust Account #: | Bank: | Balance $ |

**Certificates:**

|  |  |  |
| --- | --- | --- |
| Account #: | Bank: | Balance $ |
| Account #: | Bank: | Balance $ |
| Account #: | Bank: | Balance $ |

**Credit Union**

|  |  |  |
| --- | --- | --- |
| Account #: | Bank: | Balance $ |
| Account #: | Bank: | Balance $ |

**Savings Bonds**

|  |  |  |
| --- | --- | --- |
| Account #: | Maturity Date | Value $ |
| Account #: | Maturity Date | Value $ |
| Account #: | Maturity Date | Value $ |

**Life Insurance**

|  |  |
| --- | --- |
| Policy # | Cash Value $ |
| Policy # | Cash Value $ |

**Mutual Funds**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | # Shares: | Interest or Dividend $ | Value $ |
| Name: | # Shares; | Interest or Dividend $ | Value $ |
| Name: | # Shares: | Interest or Dividend $ | Value $ |

**Stocks**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | # Shares: | Interest or Dividend $ | Value $ |
| Name: | # Shares; | Interest or Dividend $ | Value $ |
| Name: | # Shares: | Interest or Dividend $ | Value $ |

**Bonds**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | # Shares; | Interest or Dividend $ | Value $ |
| Name: | # Shares: | Interest or Dividend $ | Value $ |
| **Investment Property** | | | Appraised Value $ |

|  |
| --- |
| Real Estate Property: Do you own any property [ ] Yes [ ] No If yes, type of property \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of property \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Appraised Market Value $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mortgage or outstanding loans balance due $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount of annual insurance premium $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of most recent tax bill $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Does any member of the household have an asset(s)  owned jointly with a person who is NOT a member of the household as list on page1? [ ] Yes [ ] No  If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do they have access to the asset(s)? [ ] Yes [ ] No |

|  |
| --- |
| Have you sold/disposed of any property in the last 2 years? [ ] Yes [ ] No  If yes, type of property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Market value when sold/disposed $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Amount sold/disposed for $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of transaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Have you disposed of any other assets in the last 2 years  (example: given away money to relatives, set up Irrevocable trust Accounts)? [ ] Yes [ ] No  If yes, describe the asset: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of disposition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount disposed $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have any other assets not listed above (excluding personal property)? [ ] Yes [ ] No  If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**E. ADDITIONAL INFORMATION**

Criminal Activity

**(Please check “yes” or “no” for each question)**

|  |
| --- |
| **Lifetime Sex Offender:** Are you or is any member of your household, subject to a lifetime State sex offender registration program in any State? Yes \_\_\_\_\_ No \_\_\_\_\_  If yes, which family member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which State? \_\_\_\_\_\_\_\_\_\_ Explain Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  If yes, which family member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which State? \_\_\_\_\_\_\_\_\_\_ Explain Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Have you ever been convicted of any fraud in a federally assisted housing program or been requested to repay money for misrepresenting information for such housing program? Yes \_\_\_\_\_ No \_\_\_\_\_.  Has any household member’s rental assistance or tenancy in subsidized housing program ever been terminated for fraud, nonpayment of rent, or failure to cooperate with the re-certification procedures? Yes \_\_\_\_\_ No \_\_\_\_\_.  If yes, explain the circumstances:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Have you or any member of your household ever been convicted of a felony or pled guilty or “no contest” to a felony, whether or not resulting in a conviction? Yes \_\_\_\_\_ No \_\_\_\_\_.  Have you or any member of your household ever been convicted or, pled guilty or “no contest” to, engaging in the illegal manufacture, sale, distribution, use, or possession of an illegal drug or controlled substance whether or not resulting in a conviction? Yes \_\_\_\_\_ No \_\_\_\_\_  Has anyone in the household ever been convicted, plead guilty or been placed on probation for a crime? [ ] Yes [ ] No  . If yes please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

|  |
| --- |
| Have you ever filed for bankruptcy? [ ] Yes [ ] No  If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Will you take an apartment when one is available? [ ] Yes [ ] No  Briefly describe your reasons for applying:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**F. REFERENCE INFORMATION**

**Current Landlord:**

|  |  |  |
| --- | --- | --- |
| Name: | Address: | |
| Home Phone #: | Other Phone #: | How long? |

**Prior Landlord:**

|  |  |  |
| --- | --- | --- |
| Name: | Address: | |
| Home Phone #: | Other Phone #: | How long? |

**Credit Reference #1**

|  |  |  |
| --- | --- | --- |
| Address: | Acct #: | Phone #: |

**Credit Reference #2**

|  |  |  |
| --- | --- | --- |
| Address: | Acct #: | Phone #: |

**Credit Reference #3**

|  |  |  |
| --- | --- | --- |
| Address: | Acct #: | Phone #: |

**Personal Reference #1**

|  |  |  |
| --- | --- | --- |
| Address: | Relationship: | Phone #: |

**Personal Reference #2**

|  |  |  |
| --- | --- | --- |
| Address: | Relationship: | Phone #: |

**Personal Reference #3**

|  |  |  |
| --- | --- | --- |
| Address: | Relationship: | Phone #: |

**In Case of emergency notify:**

|  |  |  |
| --- | --- | --- |
| Address: | Relationship: | Phone #: |

**G. VEHICLE AND PET INFORAMTION (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. (***if applicable, some of the properties does not have parking)***

|  |  |  |
| --- | --- | --- |
| Type of Vehicle: | License Plate #: | Year/Make Color |
| Type of Vehicle: | License Plate #: | Year/Make Color |

|  |
| --- |
| Do you own any pets? [ ] Yes [ ] No  If yes describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CERTIFICATION**

This application is made for the purpose of procuring rental of the herein described premised, and for credit clearance.

Everything that I/We have stated in this application is correct to the best of my/our knowledge. I/We understand that you will retain this application whether or not it is approved. You are authorized to check my/our credit and employment history and to answer questions about my/our credit experience with you.

I/We hereby agree to release and hold harmless GENESSY Management and Development, its agents, servants and employees from any and all liability, legal proceedings and costs including attorneys fees arising out of either the verification of the information contained on this application form or the release of this information to other parties. I/We also agree to release from all liability any landlord of former landlord or credit grantor that may supply information to verify my/our credit history.

All of the above data and information set forth herein including, but not limited to the statement of my/our assets, income and financial condition is warranted to be true and accurate and to fully and correctly state my/our financial condition as of the date of this application. I/We also covenant and agree to notify you of any changes in the status of any of the aforementioned items during the period of my/our tenancy. I/We further understand all information on my application is true and correct and that any false information or statement is grounds for denial of rental or basis for eviction if I/We become a tenant.

The fee to process this application for an apartment and is nonrefundable under any circumstances after credit check is ran.

Applicant(s) has read and understands above statement and to the best of his/her knowledge states that all facts are true and correct. If is further understood that a credit report and complete verification will be issued by an independent agent. Any false information may constitute grounds for rejection and/or forfeiture of deposits.

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

Signature of Tenant Date Signature of Tenant Date

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

Signature of Tenant Date Signature of Tenant Date

**NOTICE**: The federal Equal Credit opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sec, marital status, age (with certain limited exceptions): because all or part of the applicant’s income derives from any public assistance programs: or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington D.C. 20580.

**GENESSY Management** is an EQUAL HOUSING OPPORTUNITY PROVIDER. We do not discriminate on the basis or race, color, religion, sex, national origin, familial status, handicap/disability, marital status, sexual orientation, age, ancestry, or source of income.



Revised 5/1/2014