

For Office Use Only	Date Received	Time Received	Initials
---------------------	---------------	---------------	----------

PRELIMINARY RENTAL APPLICATION

Please note that this is a preliminary application and gives no lease or rent rights.

Property Name: _____ Date: _____

Unit Size: 1 2 3 4 Unit Type: Apartment Studio Townhouse

Would you or a member of your household benefit from the design features of a barrier free unit? Yes or No

Applicant Legal Name: _____ Email: _____ Phone: _____
(first, middle & last)

Co- Applicant Legal Name: _____ Email: _____ Phone: _____
(first, middle & last)

APPLICANT'S HISTORY

APPLICANT

CO-APPLICANT

Current Address:	_____		
Date:	From _____	Rent \$ _____	
	To _____		
Reason for Moving:	_____		
Current Landlord:	_____		
Address:	_____		
Phone:	_____		

Current Address:	_____		
Date:	From _____	Rent \$ _____	
	To _____		
Reason for Moving:	_____		
Current Landlord:	_____		
Address:	_____		
Phone:	_____		

Previous Address:	_____		
Date:	From _____	Rent \$ _____	
	To _____		
Reason for Moving:	_____		
Landlord:	_____		
Address:	_____		
Phone:	_____		

Previous Address:	_____		
Date:	From _____	Rent \$ _____	
	To _____		
Reason for Moving:	_____		
Landlord:	_____		
Address:	_____		
Phone:	_____		

Previous Address:	_____		
Date:	From _____	Rent \$ _____	
	To _____		
Reason for Moving:	_____		
Landlord:	_____		
Address:	_____		
Phone:	_____		

Previous Address:	_____		
Date:	From _____	Rent \$ _____	
	To _____		
Reason for Moving:	_____		
Landlord:	_____		
Address:	_____		
Phone:	_____		

If you have resided at additional addresses within the past two (2) years, please attach additional previous address information on a separate sheet

Applicant – Head of Household Date

Co-Applicant – Spouse / Co-Head Date



Please list ALL persons that will occupy the residence:

NAME	MAIDEN (if applicable)	MARRIED/ SINGLE/ DIVORCED	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #
1.				Self	
2.					
3.					
4.					
5.					
6.					

(CURRENT)

APPLICANT'S EMPLOYMENT			
APPLICANT		CO-APPLICANT	
Employer:		Employer:	
Street Address:		Street Address:	
City, State Zip:		City, State Zip:	
Phone:		Phone:	
Length of Employment:		Length of Employment:	
Position Held:		Position Held:	
Salary Wage:	Per:	Salary Wage:	Per:
Supervisor:		Supervisor:	
Status:	Full Time:	Status:	Full Time:
	Part Time:		Part Time:
Average Hours Worked per Week:		Average Hours Worked per Week:	

(CURRENT)

APPLICANT'S EMPLOYMENT			
APPLICANT		CO-APPLICANT	
Employer:		Employer:	
Street Address:		Street Address:	
City, State Zip:		City, State Zip:	
Phone:		Phone:	
Length of Employment:		Length of Employment:	
Position Held:		Position Held:	
Salary Wage:	Per:	Salary Wage:	Per:
Supervisor:		Supervisor:	
Status:	Full Time:	Status:	Full Time:
	Part Time:		Part Time:
Average Hours Worked per Week:		Average Hours Worked per Week:	

Total household income from all other sources (i.e. social security pension, child support, Section 8 Certificate):

Source: _____ Amount \$: _____
 Source: _____ Amount \$: _____
 Source: _____ Amount \$: _____

Do you or any member of your household engage in current illegal use or illegal distribution of a controlled substance or have you previously been convicted of the same? Yes or No

If you answered "yes" to the above question, have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? Yes or No

If "yes", please explain: _____

Have you ever been convicted of a crime, felony or misdemeanor? Yes or No

If "yes", please explain: _____

Applicant – Head of Household _____ Date _____

Co-Applicant – Spouse / Co-Head _____ Date _____



Provide asset information below:

NAME OF BANK(S), STOCKS(S) OR BOND(S)	BANKING INFORMATION (include address, city, state, zip, phone, & fax)	ACCOUNT NUMBER	APPLICANT/ CO-APPLICANT (CHECK ONE)	CURRENT BALANCE/ CURRENT VALUE
			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	
			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	
			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	

(Please attach additional information on a separate sheet)

Do you receive dividend income? Yes No If yes, provide details _____

Do you own real estate? Yes No

Have you disposed of any assets in the last two (2) years for less than fair market value? _____
 If 'yes', please explain: _____

Do you own a car? Yes or No Year/Model/Color: _____ License #: _____

Do you own a 2nd car? Yes or No Year/Model/Color: _____ License #: _____

Are you a full time student? Yes or No

Are any members of your household full-time students? Yes or No

Do you have any pets? Yes or No If yes, type(s): _____ weight(s): _____

Do you have any service or companion animals? Yes or No

Have you ever committed fraud in a subsidized housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes or No

If 'yes', please explain: _____

PERSONAL REFERENCES List 3 relatives we can call for a personal reference			
NAME	STREET ADDRESS/CITY/ZIP	RELATIONSHIP	PHONE NUMBER
1.			
2.			
3.			

 Applicant – Head of Household Date

 Co-Applicant – Spouse / Co-Head Date



Applicant's certification that the unit applied for will be the applicant household's permanent residence and it does/will not maintain a separate subsidized rental unit in a different location.

Applicant's Initials Co-Applicant's Initials

GENDER DESIGNATION: (Applicant) I do not wish to furnish this information
 Male Female

GENDER DESIGNATION: (Co-Applicant) I do not wish to furnish this information
 Male Female

AUTHORIZATION FOR CREDIT & CRIMINAL HISTORY CHECK

I/we expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my/our qualifications for employment positions applied for and the information given by me/us herein. In consideration for being considered for housing, I/we release NLR Property Management, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken concerning my/our employment based on such information. I/we also do not require a copy of any disclosure of the nature and scope of the investigation. I/we understand that any offer of apartment rental from NLR Property Management, LLC is based upon my/our successful completion of the background screening. I/we also understand that I/we have the right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

The information contained in this application is treated confidentially. No information will be revealed to anyone without the express written consent of the applicant. Additional information will be required at a later date to complete the processing for residency.

Applicant – Head of Household Date

Co-Applicant – Spouse / Co-Head Date

