



MARGARET PLACE APPLICATION

Property: _____

Applicants

1. Name (first, middle initial, last)	HEAD Of HOUSEHOLD	S.S. Number	Home/cell:
		Date of Birth	Work: Email:
M / F			
ID or Driver's License Number:		State:	Please provide a copy of license / ID
2. Name (first, middle initial, last)	Relationship	S.S.	Home/cell:
		DOB:	Work: Email:
M / F			
ID or Driver's License Number:		State:	Please provide a copy of license / ID
3. Name (first, middle initial, last)	Relationship	S.S.	Home/cell:
		DOB:	Work: Email:
M / F			
ID or Driver's License Number:		State:	Please provide a copy of license / ID
4. Name (first, middle initial, last)	Relationship	S.S.	Home/cell:
		DOB:	Work: Email:
M / F			
ID or Driver's License Number:		State:	Please provide a copy of license / ID

Use page 5 for additional household members.

Housing History

Provide at least 3 years of prior housing history. Use page 5 for additional history if needed.

Current Address:		
From:	To:	Rent___ Own___ Name/Address of Rental Property if applicable:
Present Landlord:		Phone#
Previous Address:		
From:	To:	Rent___ Own___ Name/Address of Rental Property if applicable:
Present Landlord:		Phone#





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Background Questions

Have any applicants been evicted or asked to leave a property?	<input type="radio"/> Yes <input type="radio"/> No
Have any applicants been convicted of a felony?	<input type="radio"/> Yes <input type="radio"/> No
Have any applicants filed for bankruptcy?	<input type="radio"/> Yes <input type="radio"/> No
If yes, to any of these questions, please explain:	

Pet Information

Do you have any pets? No Yes If yes, provide details below and you must provide proof of vaccinations yearly if you move in.			
Dog? Cat?	Breed/ Color:	Weight:	Name:
Dog? Cat?	Breed/Color:	Weight:	Name:

Vehicle Information

Vehicle Make:	Year	Make/ Model/Color:	State:	Plate:
Vehicle Make:	Year	Make/ Model/Color:	State:	Plate:

Emergency Contact

In Case of an emergency: Name	Relationship:
Address:	Phone:
In the event of serious illness, death or emergency, the tenant has given this contact person permission to enter and remove contents from the unit. Yes No If No, please provide a separate plan upon move in.	

Source of Referral

How did you hear about the property?	Word of Mouth	Newspaper	Drive By	On Line	Current Tenant	Other
What is the source name? i.e. Person's name, which paper or online source?						



Income Verification

For each applicant who receives income, fill out the income information.

If you are applying for Tax Credit housing, a Household Questionnaire is required instead of this page.

Applicant Name _____

Employment	Current	Previous
Employer Name		
Supervisor/Telephone	/	/
From-To Dates	To Present	to
Monthly Gross Wages	\$	\$
Other Income Sources	From Where? i.e. Social Security	And Monthly Amount?

Applicant Name _____

Employment	Current	Previous
Employer Name		
Supervisor/Telephone	/	/
From-To Dates	To Present	to
Monthly Gross Wages	\$	\$
Other Income Sources	From Where? i.e. Social Security	And Monthly Amount?

Use last page for additional applicants with income.



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Occupancy Criteria

I understand that the occupancy criteria for household composition, is no more than two persons per bedroom.

Applicant Screening Criteria

The purpose of this application is to determine whether I, along with any co-applicants named hereon, qualify as a tenant. I understand that the following criteria may disqualify me.

1. Prior unlawful detainers and/or evictions.
2. Poor credit history, especially with multiple judgments and/or collections
3. A bankruptcy within the past year.
4. Any felony conviction(s) within the past 10 years.
5. Poor rental history
6. Failure to pay utilities.

If this application is approved, the Landlord, my co-applicants, and I, shall sign a written rental lease agreement. There is no rental lease agreement until the time that a written rental agreement has been signed by Landlord and at least one tenant named herein. If I am approved, I will pay earnest money/security deposit to hold the unit until my move-in date. I understand that if I am approved, and pay the earnest/security deposit money and do not follow through on signing a rental lease agreement, the earnest money will be retained to compensate the Landlords costs and damages. The application fee covers the costs of the background check and is nonrefundable.

I acknowledge that the Landlord and its management agents represent the interests of the owner, but they also have a duty to treat all parties fairly and in accordance with the fair housing law. I have read and understand the occupancy criteria as well as the Applicant Screening criteria. I am at least 18 years of age and all statements herein are true and correct, to the best of my knowledge.

I hereby authorize the Landlord and its management agents to investigate my credit history, financial responsibility, employment and other income, rental and eviction history, as well as any statements made in this application to determine my acceptance for occupancy.

Applicant Signature: _____ Date _____

Applicant Signature: _____ Date _____

Applicant Signature: _____ Date _____

This space is for office use only			
	By Whom:		By Whom:
Credit Report completed		Criminal Background checked	
References completed		Income Verified	
Which Unit Assigned?	BR/Bath	Garage Assigned?	Lease Start Date:
Date	Approved or Denied (circle one)	Date Tenant Notified	Initial:





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Additional Space if needed

Applicants: Additional household members if needed.

5. Name (first, middle initial, last)	Relationship	S.S.	Home/cell:
	M / F	DOB:	Work: Email:
6. Name (first, middle initial, last)	Relationship	SS	Home/cell:
	M / F	DOB:	Work: Email:

Housing : Additional space If needed:

Previous Address:	
From: To:	Rent ___ Own ___ Name/Address of Rental Property if applicable:
Present Landlord:	Phone#
Previous Address:	
From: To:	Rent ___ Own ___ Name/Address of Rental Property if applicable:
Present Landlord:	Phone#

Applicant Income: Additional space If needed: Name:

Employment	Current	Previous
Employer Name		
Supervisor/Telephone	/	/
From-To Dates	To Present	to
Monthly Gross Wages	\$	\$
Other Income Sources	From Where? i.e. Social Security	And Monthly Amount?



Please tear off this page and keep it for future reference.

The attached form is an application to lease at one of the Mary T. Inc. Properties. It is not a lease or rental agreement. Below is our process for rental and move-in. Please contact the Management Office for further questions.

Application

The attached form is not a lease or rental agreement. The purpose of the application is to determine if you qualify as a tenant. If your application is approved, you will need to sign a rental lease agreement. The rental lease agreement requires a signature by all adult tenants and the Property Manager or management agent. Your application will not be reviewed until it is complete, signed by you and accompanied with a copy of all I.D.'s (adults) and an application fee. When you are approved, you are required to pay a security deposit/earnest money which is an agreement to take the unit/town home you applied for on the move in date agreed upon. If you do not follow through with a lease signing after you are approved and pay the deposit, earnest money (\$250 of the deposit) will not be returned. If you are denied, you will be notified by mail.

Lease Signing

A sample Rental Lease Agreement and Handbook are available for your review at the rental office. You may ask to review it at the office. Your lease will be modified to include your correct rent, move-in date and lease end date. All initial leases run one year. All leases will automatically renew every 60 days. The tenant can terminate the lease with a 60 written notice after the initial one year lease is completed. See lease for lease breaking fees. When you sign your lease, be prepared to pay the first month's rent (or prorated amount for mid-month). If you move in after the 20th of a month, the partial month and a full next month's rent will be due. In addition, pet deposits (\$500 per pet) and pet rent (\$25) will be due when signing the lease.

Joint responsibility

If other adults live with you and you plan to each pay half the rent, you must both pay on time to avoid late fees. All lease signers are responsible for 100% of the rent and to be paid in addition to late fees. We recommend that one person is responsible to collect all rent and pay on time.

Rules and Regulations

A copy of the Handbook is available at the rental office. When you sign a lease, you will receive a copy of the Handbook. The handbook rules are considered a part of your lease.

Keys and Move In

Your occupancy will begin on the first day of the lease. It will be available by 12 noon on that day. On your move out day, you must vacate by 12 noon. If not, you will be charged for another day of occupancy. You will be given 2 Unit/House Keys after rent and fees and pet deposits are paid and a lease is signed. **No tenant move in will be allowed until the lease start date.** If applicable, you will also receive mailbox keys and a garage door opener. You will be given a unit inspection checklist to fill out and return to the office. Note any damages on the unit inspection checklist. You may be held responsible for damages not noted on the move-in checklist.

Utilities

You are responsible to pay additional costs which may include: electric, gas, water, cable, phone, and internet. This will vary depending on which property you are applying for. You must arrange with the utility companies to put the service in your name.

Special Needs

As outlined in Fair Housing laws, reasonable modifications or accommodations are allowed. Requests for special needs or modifications must be in writing and may be at your expense depending on the request. You must have approval in writing for any change to occur.



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TENANT DEMOGRAPHIC PROFILE

Property Name:		
Unit #	Number of BR's	Office use: MHFA #

Head of Household Name:	Date of Birth:
Gender of Head of Household: <input type="radio"/> Male <input type="radio"/> Female	
Marital Status of Head of Household: <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Not Married (includes divorced, single, widowed)	
Ethnicity of Head of Household: <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino	
Race of Head of Household: <input type="radio"/> Asian	
Check all that apply	
<input type="radio"/> Black/African American	
<input type="radio"/> White	
<input type="radio"/> American Indian or Alaska Native	
<input type="radio"/> Native Hawaiian or Pacific Islander	

Number of Total Adults in Household:	Number of Children Under 18 in household:
Mobility Impaired: Does at least one household member require features of an accessible unit? <input type="radio"/> Yes <input type="radio"/> No	
Social Services: Does any one in the household receive any type of social services? <input type="radio"/> Yes <input type="radio"/> No	
Homeless Household: <input type="radio"/> Household previously without permanent shelter	
<input type="radio"/> Homeless for at least 12 months or more that 4 times in 3 years	
<input type="radio"/> Not homeless in the past 3 years or never been homeless	

The information contained on this form will be used by the owner to compile and submit the Characteristics of Tenant Households, a report of demographic data, to the State Housing Agency. Failure to provide the requested information will not result in the rejection of your tenant application or residency.

