



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.

IMPORTANT: All information requested MUST be completed in its entirety including disclosure of your full name *including your middle initial*. Failure to complete the application in its entirety may lead to the rejection of your application for residency.

FIRST NAME	Middle Initial	LAST NAME	Suffix (SR/JR)	Social Security #	Date of Birth	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.

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. Social Security # is required for all household members except those who do not contend immigration status.

Household Member	Full Name	Relationship	Birthdate (mm/dd/yy)	Social Security No.	List ALL States in which each member has lived
1. 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.

GENERAL INFORMATION

Congregate Management Services, Inc and _____ do not and will not discriminate against any person because of race, color, creed, religion, sex, disability status, familial status, national origin, sexual orientation, gender identity or marital status.

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 _____

Waiting List Choice Form

Applicant Name _____

Name of Property I'm Applying for : _____

This form must be completed by applicant and submitted with application for residency. It is used to determine the type of apartment is being requested. Please note, all requests for an accessible unit specially designed for persons with a mobility and/or hearing/visual impairment are required to be verified by a medical professional prior to move in. In order to determine this, please choose which type of apartment(s) you are applying for below. You may apply for more than one type of unit.

I wish to apply for the following type of unit(s):

Standard Apartment:

- ___ Efficiency Standard Apartment (no accessible features)
- ___ One Bedroom Standard Apartment (no accessible features)
- ___ Two Bedroom Standard Apartment (no accessible features)
- ___ Three Bedroom Standard Apartment (no accessible features)

Accessible Apartment (for persons with a verifiable Mobility Impairment (M/I unit-i.e. wider doorways, lower light switch plates and/or cabinets, etc.)

- ___ Efficiency Apartment for persons with a Mobility Impairment (M/I unit)
- ___ One Bedroom Apartment for persons with a Mobility Impairment (M/I unit)
- ___ Two Bedroom Apartment for persons with a Mobility Impairment (M/I unit)
- ___ Three Bedroom Apartment for persons with a Mobility Impairment (M/I unit)

Accessible Apartment (for persons with a verifiable Hearing and/or Visual Impairment (H/V unit-i.e. equipped with strobe lights)

- ___ Efficiency Apartment for persons with a **Hearing or Visual Impairments** (H/V unit)
- ___ One Bedroom Apartment for persons with a **Hearing or Visual Impairments** (H/V unit)
- ___ Two Bedroom Apartment for persons with a **Hearing or Visual Impairments** (H/V unit)
- ___ *Three Bedroom Apartment for persons with a **Hearing or Visual Impairments** (H/V unit)*

Applicant Signature

Date