



Our People, First.

RENTAL APPLICATION
(Please Print)

Name of Property: **THE LUX TOWNHOMES**

Date _____

Apt. Size Desire: No. of Bedrooms _____

Name of Head of Household (Head)	Spouse Name (if living with the household)

	()	()
Current Address: Street City State Zip	Day Phone	Night Phone
Email Address:	xxxxxxx	xxxxxxx

Circle One:	Single	Married	Divorced	Separated
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Have you ever used another name? Y/N _____. If so, please indicate name: _____

PLEASE ANSWER ALL QUESTIONS! WRITE N/A IF A PARTICULAR QUESTION IS NOT APPLICABLE.

If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number, your name and your Social Security number.

2. FAMILY COMPOSITION: _____

Member No.	Name(s)	Relation to Head	Date of Birth Mo-Dy-Yr	Social Security No.	Sex (M/F)
1.		HEAD			
2.					
3.					
4.					
5.					
6.					

Anticipated change in family size? (Y/N) _____. Anticipated change in number of students? (Y/N) _____
 Do you or anyone in your household have a criminal, civil or small claims record? (Y/N) _____
 If yes, please explain: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.



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3. ANTICIPATED INCOME: # PRESENT EMPLOYMENT AND OTHER INCOME RECEIVED BY HOUSEHOLD MEMBERS:

Employment

Member No.	Source of Income: Indicate Name of Source	Position	From/To	Gross Income/Monthly
	Name:			\$

Address:	Phone No.:	Contact:
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Member No.	Source of Income: Indicate Name of Source	Position	From/To	Gross Income/Monthly
	Name:			\$

Address:	Phone No.:	Contact:
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4. VEHICLES (including company cars, motorcycles, etc.):

Name	Driver's Lic No.	State	Model	Year	Color	Car Lic No.	State	Mon. Pmt

5. RESIDENCE HISTORY OF CURRENT AND PREVIOUS LANDLORD:

** Please list residence history for co-applicant if the co-applicant has not previously resided with the HOH

Current Address	Rent/Mo	Utilities/Mo	Move-in Date	Reason for Leaving

Landlord Name	Landlord Address	Landlord Phone No.

Previous Address	Rent/Mo	From/To	Reason for Leaving

Landlord Name	Landlord Address	Landlord Phone No.

Previous Address	Rent/Mo	From/To	Reason for Leaving

Landlord Name	Landlord Address	Landlord Phone No.

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6. CHARACTER REFERENCE (Other than Relatives):

Name	Address	Phone No.

7. IN CASE OF EMERGENCY, NOTIFY:

Name	Address	Phone No.

8. SPECIAL NEEDS:

Does anyone in your family have special needs? Yes No Are special living accommodations required? Yes No

Please explain: _____

Do you have any pets? Yes No If yes, what kind of pet(s)? _____ How many? _____

I/We authorize **THE LUX** to verify information in this application. I/We further agree that a full disclosure of pertinent facts may be made to **THE LUX** as to my/our character, general reputation, income, credit and mode of living. I understand that this application may be rejected as the result of my/our misrepresentation or insufficient information.

Acceptance of this application and any **deposits/reservation fees** are not binding upon **THE LUX** until this application is approved in writing. Applicants must present confirmation that LGE has been transferred into their name at time of move-in and that renter's insurance has been obtained. The **\$300.00 reservation fee** required (if approved) will be applied to the security deposit upon move-in. If the move-in is cancelled, this fee **will not be refunded**.

I/We understand that this application and all related inquiries will be used only for its relevance to screening and occupancy at this property. I/We also understand that this application is for occupancy at a Low Income Housing Tax Credit property and will require annual recertification of my/our household.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION (18 YEARS OR OLDER):

Applicant Signature (HEAD) Date

Property Representative Date

Applicant Signature (OTHER ADULT) Date



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TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby, authorize all persons or companies in the categories listed below to release without liability information regarding employment, income and/or assets to _____ (Owner or agent) for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to, personal identity; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation as a qualified tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information includes, but are not limited to:

- Past and Present Employees
- Welfare Agencies
- Veterans Administration
- Previous Landlords (including Public Housing Agencies)
- State Unemployment Agencies
- Retirement Systems
- Social Security Administration
- Banks and Other Financial Institutions
- Support and Alimony Providers
- Medical and Child Care Providers
- Credit/Background/Lifetime sex offender

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

Applicant/Resident	Print Name	Date
Co-applicant/Resident	Print Name	Date
Adult Member	Print Name	Date

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