



Prairie Sun Apartments  
1001 Mountview Avenue  
Fort Lupton, CO 80621  
(303) 857-3275  
PrairieSun@CornerstoneRent.com

## **Rental Application**

Please complete the attached application packet for rental consideration. Attached is a contact information sheet, a portable tenant screening reports advisement, and our rental application. **You must include with your application the last six pay statements for all sources of income, or if self-employed a copy of your tax claim submission from the previous year along with a profit and loss statement from the previous year and a year-to-date profit and loss statement.**

For child support income, you may provide a copy of your court order at the time of your paperwork appointment. Your application will be placed on our waitlist for the number of bedrooms you've applied. We will then contact you when your name comes to the front of our waitlist and make an appointment with you to come into our Leasing Office and complete all your tax credit paperwork as well as to provide proof of all forms of your income.

Please note that we are a tax credit apartment community and we are required to verify your household income to the satisfaction of our tax credit Compliance department to approve your application for move-in. If your income exceeds our limitations or we are not able to fully prove your income to the satisfaction of our tax credit Compliance department, your rental application may be denied.

Please be sure to inquire about the income limitations prior to submitting your rental application and \$30.00 per adult rental application fee, as your application fee is non-refundable once we run your credit and background check. **You need to submit with your application a check or money order for the amount equal to \$30.00 per adult in your household at the time of application submission, or if you wish to participate in the portable tenant screening report, provide those reports in lieu of the application fee(s).**

Our security deposits are equal to either half of one month's rent or equal to one month's rent, depending on your credit.

(Continued on the next page)



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You will be required to pay your security deposit in full as well as pro-rated rent starting the day you are given a key to the apartment prior to moving in. We calculate pro-rated rent by dividing the monthly rent by the number of days in the actual month and multiplying that number by the number of days you have possession of the unit, beginning the day you accept a key for the apartment. Additionally, we round up from the amount due for pro-rated rent. For example, a rent of \$1,086.00 monthly in October breaks down to \$35.03225 per day. If you accept a key for the apartment on October 15<sup>th</sup>, you will pay for 17 days (15<sup>th</sup> is the first day and 31<sup>st</sup> the last day), totaling \$595.54838, which we would round up to be a total amount of \$595.55.

Please sign below that you have read, understand, and agree to these terms:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Krystle McAllister, Property Manager



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## **Portable Tenant Screening Reports (PTSR) Advisement**

1) You have the right to provide Landlord with a PTSR that is not more than 30 days old, as defined in § 38-12-902(2.5), Colorado Revised Statutes; and

2) if you provide Landlord with a PTSR, the Landlord is prohibited from: a) charging you a rental application fee; or b) charging you a fee for Landlord to access or use the PTSR. Colorado Revised Statute, C.R.S. § 38-12-902(2.5) defines a Portable Screening Report (PTSR), and any PTSR submitted by you, must meet the following definition. (2.5) "Portable tenant screening report" or "screening report" means a consumer report prepared at the request of a prospective tenant that includes information provided by a consumer reporting agency, which report includes the following information about a prospective tenant and the date through which the information contained in the report is current:

(a) Name;

(b) Contact information;

(c) Verification of employment and income;

(d) Last-known address;

(e) For each jurisdiction indicated in the consumer report as a prior residence of the prospective tenant, regardless of whether the residence is reported by the prospective tenant or by the consumer reporting agency preparing the consumer report.

(I) A rental and credit history report for the prospective tenant that complies with section 38-12-904(1)(a) concerning a landlord's consideration of a prospective tenant's rental history; and

(II) A criminal history record check for all federal, state, and local convictions of the prospective tenant that complies with section 38-12-904(1)(b) concerning a landlord's consideration of a prospective tenant's arrest records.

Further, pursuant to C.R.S. § 38-12-904(1.5)(b), landlords may require:

(I) That the screening report was completed within the previous thirty days;

(II) That the screening report is made directly available to the landlord by the consumer reporting agency for use in the rental application process or provided through a third-party website that regularly engages



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in the business of providing consumer reports and complies with all state and federal laws pertaining to use and disclosure of information contained in a consumer report by a consumer reporting agency;

(III) That the screening report is made available to the landlord at no cost to access or use in the rental application process; and

(IV) A statement from the prospective tenant that there has not been a material change in the information in the screening report, including the prospective tenant's name, address, bankruptcy status, criminal history, or eviction history, since the report was generated.

Pursuant to Landlord's Rights, except for Applicant's credit and rental history, Landlord insists that any PTSR provided by you meets these additional requirements.

Please sign below that you were presented this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Krystle McAllister, Property Manager



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## **Contact Information**

To best ensure we may contact you when necessary, please complete the following contact information.

### **Head of Household**

Full Name (Include Middle Name): \_\_\_\_\_

Mobile Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### **Co-Head of Household**

Full Name (Include Middle Name): \_\_\_\_\_

Mobile Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**DIFFERENT BROKERAGE RELATIONSHIPS ARE AVAILABLE WHICH INCLUDE LANDLORD AGENCY, TENANT AGENCY OR TRANSACTION-BROKERAGE.**

## **BROKERAGE DISCLOSURE TO TENANT**

### **DEFINITIONS OF WORKING RELATIONSHIPS**

For purposes of this document, landlord includes sublandlord and tenant includes subtenant.

**Landlord's Agent:** A landlord's agent works solely on behalf of the landlord to promote the interests of the landlord with the utmost good faith, loyalty and fidelity. The agent negotiates on behalf of and acts as an advocate for the landlord. The landlord's agent must disclose to potential tenants all adverse material facts actually known by the landlord's agent about the property. A separate written listing agreement is required which sets forth the duties and obligations of the broker and the landlord.

**Tenant's Agent:** A tenant's agent works solely on behalf of the tenant to promote the interests of the tenant with the utmost good faith, loyalty and fidelity. The agent negotiates on behalf of and acts as an advocate for the tenant. The tenant's agent must disclose to potential landlords all adverse material facts actually known by the tenant's agent, including the tenant's financial ability to perform the terms of the transaction and, if a residential property, whether the tenant intends to occupy the property. A separate written tenant agency agreement is required which sets forth the duties and obligations of the broker and the tenant.

**Transaction-Broker:** A transaction-broker assists the tenant or landlord or both throughout a real estate transaction by performing terms of any written or oral agreement, fully informing the parties, presenting all offers and assisting the parties with any contracts, including the closing of the transaction, without being an agent or advocate for any of the parties. A transaction-broker must use reasonable skill and care in the performance of any oral or written agreement, and must make the same disclosures as agents about all adverse material facts actually known by the transaction-broker concerning a property or a tenant's financial ability to perform the terms of a transaction and, if a residential property, whether the tenant intends to occupy the property. No written agreement is required.

**Customer:** A customer is a party to a real estate transaction with whom the broker has no brokerage relationship because such party has not engaged or employed the broker, either as the party's agent or as the party's transaction-broker.

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### **RELATIONSHIP BETWEEN BROKER AND TENANT**

Broker and Tenant referenced below have NOT entered into a tenant agency agreement. The working relationship specified below is for a specific property described as:

1001 Mountview Avenue Apartment Fort Lupton, CO 80621

or real estate which substantially meets the following requirements:

N/A

Tenant understands that Tenant is not liable for Broker's acts or omissions that have not been approved, directed, or ratified by Tenant.

#### **CHECK ONE BOX ONLY:**

**Multiple-Person Firm.** Broker, referenced below, is designated by Brokerage Firm to serve as Broker. If more than one individual is so designated, then references in this document to Broker shall include all persons so designated, including substitute or additional brokers. The brokerage relationship exists only with Broker and does not extend to the employing broker, Brokerage Firm or to any other brokers employed or engaged by Brokerage Firm who are not so designated.

**One-Person Firm.** If Broker is a real estate brokerage firm with only one licensed natural person, then any references to Broker or Brokerage Firm mean both the licensed natural person and brokerage firm who shall serve as Broker.

**CHECK ONE BOX ONLY:**

**Customer.** Broker is the  landlord's agent  landlord's transaction-broker and Tenant is a customer. Broker intends to perform the following list of tasks:  Show the premises  Prepare and Convey written offers, counteroffers and agreements to amend or extend the contract. Broker is not the agent or transaction-broker of Tenant.

**Customer for Broker's Listings – Transaction-Brokerage for Other Properties.** When Broker is the landlord's agent or landlord's transaction-broker, Tenant is a customer. When Broker is not the landlord's agent or landlord's transaction-broker, Broker is a transaction-broker assisting Tenant in the transaction. Broker is not the agent of Tenant.

**Transaction-Brokerage Only.** Broker is a transaction-broker assisting the Tenant in the transaction. Broker is not the agent of Tenant.

If Broker is acting as a transaction-broker, Tenant consents to Broker's disclosure of Tenant's confidential information to the supervising broker or designee for the purpose of proper supervision, provided such supervising broker or designee shall not further disclose such information without consent of Tenant, or use such information to the detriment of Tenant.

**THIS IS NOT A CONTRACT.**

If this is a residential transaction, the following provision applies:

**MEGAN'S LAW.** If the presence of a registered sex offender is a matter of concern to Tenant, Tenant understands that Tenant must contact local law enforcement officials regarding obtaining such information.

**TENANT ACKNOWLEDGMENT:**

Tenant acknowledges receipt of this document on \_\_\_\_\_ (Date).

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Tenant

**BROKER ACKNOWLEDGMENT:**

On \_\_\_\_\_, Broker provided \_\_\_\_\_ (Tenant) with this document via in person (Date) \_\_\_\_\_ and retained a copy for Broker's records. Full Name(s)

Brokerage Firm's Name: Cornerstone Residential, LLC.

Lauren Grove  
Broker

## Colorado Radon Disclosure - Rental Properties

**RADON WARNING STATEMENT: THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT STRONGLY RECOMMENDS THAT ALL TENANTS HAVE AN INDOOR RADON TEST PERFORMED BEFORE LEASING RESIDENTIAL REAL PROPERTY AND RECOMMENDS HAVING THE RADON LEVELS MITIGATED IF ELEVATED RADON CONCENTRATIONS ARE FOUND. ELEVATED RADON CONCENTRATIONS CAN BE REDUCED BY A RADON MITIGATION PROFESSIONAL.**

**RESIDENTIAL REAL PROPERTY MAY PRESENT EXPOSURE TO DANGEROUS LEVELS OF INDOOR RADON GAS THAT MAY PLACE THE OCCUPANTS AT RISK OF DEVELOPING RADON-INDUCED LUNG CANCER. RADON, A CLASS A HUMAN CARCINOGEN, IS THE LEADING CAUSE OF LUNG CANCER IN NONSMOKERS AND THE SECOND LEADING CAUSE OF LUNG CANCER OVERALL. A LANDLORD IS REQUIRED TO PROVIDE THE TENANT WITH ANY KNOWN INFORMATION ON RADON TEST RESULTS OF THE RESIDENTIAL REAL PROPERTY.**

Lessor's/Landlord's Disclosure:

Presence of radon (*check only one box*)

1.  Lessor (Landlord) has no knowledge of a radon test(s) having been conducted on the residential real property in the housing.
2.  Lessor (Landlord) knows that a radon test(s) having been conducted on the residential real property in the housing. *If this box is checked, A, B, and C below must be completed.*
  - A. The most current records and reports pertaining to the radon concentrations within the residential real property are located (*describe location of records*):  
\_\_\_\_\_.
  - B. The radon concentrations detected, and mitigation or remediation performed, if any:  
\_\_\_\_\_.
  - C. The following mitigation system is installed in the residential (*describe, if applicable, and attach documentation regarding the system*):  
\_\_\_\_\_.
3.  Lessor (Landlord) has attached a copy of the most recent brochure published by the Department of Public Health and Environment in accordance with C.R.S. § 25-11-114(2)(a) that provides advice about radon in real estate transactions. Prospective Tenant(s) Email Address(es):  
\_\_\_\_\_.

### Prospective Lessee's (Tenant's) Acknowledgment (Initial):

  N/A   If Box 2 above is checked, Prospective Lessee/Tenant has received copies of all information listed above.

           Lessee/Tenant has received the radon brochure.

ACCURACY CERTIFICATIONS and TENANT'S ACKNOWLEDGMENT. Lessor (Landlord) and any agent named below certify that to the best of their knowledge the above information and statements made or provided by them, respectively, are true and accurate. The person who signs for the Lessor (Landlord) may be (1) the owner himself or herself; (2) an employee, officer or partner of the owner; or (3) a representative of the owner's



## Colorado Radon Disclosure - Rental Properties

management company, real estate agent or locator service, if such person is authorized to sign for the Lessor (Landlord). The person who signs for the Lessor (Landlord) may be: (1) the Lessor (Landlord) himself or herself; or (2) an employee, officer or partner of the agent if such person is authorized to sign for the Lessor (Landlord).

**The prospective Tenants signing below acknowledge that they have received a copy of this Radon Disclosure and radon brochure before becoming obligated to sign the Lease.**

\_\_\_\_\_  
Lessor (Landlord)/Agent for Landlord      Date

\_\_\_\_\_  
Prospective Tenant      Date

\_\_\_\_\_  
Prospective Tenant      Date

\_\_\_\_\_  
Prospective Tenant      Date

THIS FORM HAS NOT BEEN APPROVED BY THE COLORADO REAL ESTATE COMMISSION. IT WAS DRAFTED BY TSCHETTER SULZER, PC.

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

\_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

# Prairie Sun Apartments

1001 Mountview Avenue

Fort Lupton, CO 80621

(Phone) 303-857-3275

## Rental Application

<b>Unit Number</b>
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PART I - HOUSEHOLD COMPOSITION							
HH Mbr#	Last Name	First Name	Date of Birth	Relationship to Head of Household	Full time Student?	Drivers License Number	Social Security or Alien Reg No.
1					Y / N		
2					Y / N		
3					Y / N		
4					Y / N		
5					Y / N		
6					Y / N		
7					Y / N		
8					Y / N		
9					Y / N		

Do you anticipate a change in the household occupants in the next 12 months?	YES	NO	Do you have a pet?
If Yes, please explain:			Yes No

PART II - STUDENT STATUS			
Are ALL occupants of the household full time students?	Yes	No	(Circle one)
<b>If Yes, to the above, answer the following:</b>			
Is the household comprised of a single parent and with school age child(ren), neither of whom are dependents of a third party?	Yes	No	(Circle one)
Are Applicant & Co-Applicant married and do they file a joint income tax return?	Yes	No	(Circle one)
Does the household receive TANF/AFDC?	Yes	No	(Circle one)
Are any of the students currently or previously part of the Foster Care Program	Yes	No	(Circle one)
Are any of the students, participants in the Job Training Partnership Act?	Yes	No	(Circle one)

PART III - CONTACT INFORMATION- RENTAL HISTORY (Need 2 years of History)							
Cell Phone ( )				Home Phone ( )			
Present Address	City	State	Zip	How Long? from to	( ) Own ( ) Rent	Phone	Monthly Payment \$
Name of Present Landlord/Mortgage Co.				City	State	Zip	Day Phone ( ) Night Phone ( )
Previous Address	City	State	Zip	How Long? from to	( ) Own ( ) Rent	Phone	Monthly Payment \$
Name of Previous Landlord/Mortgage Co.				City	State	Zip	Day Phone ( ) Night Phone ( )

PART IV - IMPORTANT INFORMATION							
AUTO #1 (Year, Make, Model, Color)	License Plate	State	Payment Made to:			Monthly Payment \$	
AUTO #2 (Year, Make, Model, Color)	License Plate	State	Payment Made to:			Monthly Payment \$	
Name of APPLICANT'S nearest Relative	Relationship	Address		City	State	Zip	Phone ( )
Emergency Contact	Relationship	Address		City	State	Zip	Phone ( )
Personal Reference	Relationship	Address		City	State	Zip	Phone ( )

PART V - SECTION 8				
Do you receive Section 8 assistance?	YES	NO	If YES, please complete the rest of this section	
Name of Caseworker	Telephone number of Caseworker	Office:	Voucher Amount \$	Last Recertification Date

**PART VI - RECURRING INCOME - PREVIOUS 2 YEARS (1st Applicant)**

<b>Applicants Name:</b>						
<b>(Circle all applical</b>						
Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed	Unemployed	
<b>Current Employer</b>		Position	How Long from _____ to _____	Supervisor Name		
Telephone Number		Fax Number	Address			
Current Wages \$ _____ per Hour / Week / Month	(Circle one)	Average Hours Per Week	Do you earn tips? YES NO	If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	
<b>Second Employer</b>		Position	How Long from _____ to _____	Supervisor Name		
Telephone Number		Fax Number	Address			
Current Wages \$ _____ per Hour / Week / Month	(Circle one)	Average Hours Per Week	Do you earn tips? YES NO	If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	
<b>Previous Employer</b>		Position	How Long from _____ to _____	Supervisor Name		
Telephone Number		Fax Number	Address			
Current Wages \$ _____ per Hour / Week / Month	(Circle one)	Average Hours Per Week	Do you earn tips? YES NO	If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	
<b>(Circle each one individually)</b>						
<b>OTHER INCOME:</b> <i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if</i>	Alimony / Child Support	YES	NO	\$ _____	Week / Month	
	AFDC / TANF	YES	NO	\$ _____	Week / Month	
	Social Security / Disability	YES	NO	\$ _____	Week / Month	
	Retirement / Pension / Annuities	YES	NO	\$ _____	Week / Month	
	Unemployment	YES	NO	\$ _____	Week / Month	
	Worker's Compensation	YES	NO	\$ _____	Week / Month	
	Recurring Gifts from Family	YES	NO	\$ _____	Week / Month	
	Grants & Scholarships	YES	NO	\$ _____	Week / Month	
	Military/Reserve Pay	YES	NO	\$ _____	Week / Month	
	Other Recurring Monies	YES	NO	\$ _____	Week / Month	

**RECURRING INCOME - PREVIOUS 2 YEARS (2nd Applicant)**

<b>Applicants Name:</b>						
<b>(Circle all applical</b>						
Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed	Unemployed	
<b>Current Employer</b>		Position	How Long from _____ to _____	Supervisor Name		
Telephone Number		Fax Number	Address			
Current Wages \$ _____ per Hour / Week / Month	(Circle one)	Average Hours Per Week	Do you earn tips? YES NO	If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	
<b>Second Employer</b>		Position	How Long from _____ to _____	Supervisor Name		
Telephone Number		Fax Number	Address			
Current Wages \$ _____ per Hour / Week / Month	(Circle one)	Average Hours Per Week	Do you earn tips? YES NO	If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	
<b>Previous Employer</b>		Position	How Long from _____ to _____	Supervisor Name		
Telephone Number		Fax Number	Address			
Current Wages \$ _____ per Hour / Week / Month	(Circle one)	Average Hours Per Week	Do you earn tips? YES NO	If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	
<b>(Circle each one individually)</b>						
<b>OTHER INCOME:</b> <i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if</i>	Alimony / Child Support	YES	NO	\$ _____	Week / Month	
	AFDC / TANF	YES	NO	\$ _____	Week / Month	
	Social Security / Disability	YES	NO	\$ _____	Week / Month	
	Retirement / Pension / Annuities	YES	NO	\$ _____	Week / Month	
	Unemployment	YES	NO	\$ _____	Week / Month	
	Worker's Compensation	YES	NO	\$ _____	Week / Month	
	Recurring Gifts from Family	YES	NO	\$ _____	Week / Month	
	Grants & Scholarships	YES	NO	\$ _____	Week / Month	
	Military/Reserve Pay	YES	NO	\$ _____	Week / Month	
	Other Recurring Monies	YES	NO	\$ _____	Week / Month	

**PART VII - ASSETS**

OTHER INCOME: Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes, etc. need not be disclosed.

	Applicant Name: _____				Applicant Name: _____				
			Value	Annual Earnings			Value	Annual Earnings	
Cash on Hand	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Checking Account (6 month average)	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Savings Account	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Money Market, CD's and Other	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Stocks / Bonds	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
IRA'S, 401(K), Keogh	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Real Estate	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Boat, Trailer and Rec Vehicles	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Life Insurance Policies	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Trust	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Bitcoin/Venmo	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Other Assets	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
<b>Total: \$ _____</b>				<b>\$ _____</b>	<b>Total: \$ _____</b>				<b>\$ _____</b>

Has any member of the household disposed of an asset for less than fair market value in the past 24 months? YES      NO

If YES, please list: \_\_\_\_\_

**PART VIII- CERTIFICATION**

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Cornerstone Residential, Agent for the owner of the property to accept this application, I certify that all information contained herein is true. Material falsification of information provided may result in the rejection of this application or in the termination of the Lease Agreement.

In addition, applicant has paid \$ \_\_\_\_\_ holding deposit to agent to hold an apartment available from date of application to date of lease initiation. In no event shall this period exceed 30 days. In the event this application is not approved by the owner or the applicant withdraws the application within 72 hours of the date of deposit, the \$ \_\_\_\_\_ holding deposit shall be refunded. After that initial 72 hours period expires, it is understood that should applicant refuse to sign the lease or occupy the premises on the agreed upon date, the holding deposit is thereby forfeited. Upon occupying the premises, the \$ \_\_\_\_\_ holding deposit may be applied to any amounts owing at that time, such as rent due, security deposits, etc.

I/We certify that to the best of my/our knowledge all statements are true and complete. I/We further authorize Cornerstone Residential, or its Agent to obtain credit reports, criminal background reports, character reports, verification of rental history, income history and employment history as necessary to verify all information put forth in the above referenced application for residency, faults, fraudulent or misleading information may be grounds for denial of residency or subsequent eviction.

Have you or any other person planning to reside in our community, ever been indicted or convicted of any felony or misdemeanor offense? Yes   No   (Circle one)

Have you ever been EVICTED? Yes   No   (Circle one)

Where you referred to the property by anyone? Yes   No   (Circle one)

If Yes, Who? \_\_\_\_\_

If Resident, Apt # \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Representative

\_\_\_\_\_  
Date

