

APARTMENT APPLICATION

Instructions:

1. To complete this application you must answer all the questions. Incomplete applications will not be considered.
2. There is a \$35.00 (Thirty-five dollar) charge for each adult credit check (18 years and older).
 - Should you qualify for Tiffany Gardens, L.P., a \$10.00 credit per adult will be applied to your account.
 - **MONEY ORDER ONLY** payable to: SEBCO Development, Inc. – **NON-REFUNDABLE**.
3. This questionnaire must be signed by all household members over the age of 18 years old.
- 4. NO PETS ALLOWED**

Apartment Applying For: _____

Move In Date: _____

HOUSEHOLD INFORMATION

Head of Household: _____

Address: _____

City _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

How long have you lived at your current address? _____ Years _____ Months

List every person starting with yourself that will be residing with you at the apartment you are applying for. Please provide all the information indicated. You may add an additional page if necessary.

Name of Household Member	Relationship to Head of Household	Sex	Place of Birth	Date of Birth	Full time Student (Y/N)	Social Security Number	U.S. Citizen	Marital Status
	SELF							



EMPLOYMENT INFORMATION

List every full time and / or part time employment for all household members including yourself. Please include self-employment earnings if applicable.

If applicable, also list any additional income source such as Public Assistance (including housing allowance), AFDC, Social Security, S.S.I., Pension, Disability, Workers Compensation, Unemployment, Child Support, Annuities, Dividends, Income from rent property, Armed Forces Reserves, Scholarships, and / or grants.

Household Member	Name & Address of Employer	How Long Employed	Other Income Source	Annual Earnings

TOTAL INCOME:

Please add all the income you have listed above and indicate the total earnings for a year:

- Annual Household Income: \$ _____
- Head of Household Income: \$ _____

LANDLORD INFORMATION

Please provide the following information in your current Landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

- What is the current monthly rent for the apartment you reside in? \$ _____
- How much do you contribute to the total rent of the apartment? \$ _____
- Reason for moving (please check one)

- | | |
|---|---|
| <input type="checkbox"/> Living with parents | <input type="checkbox"/> Not enough space |
| <input type="checkbox"/> Bad Housing Conditions | <input type="checkbox"/> Living in a shelter |
| <input type="checkbox"/> Health Problems | <input type="checkbox"/> Do not like neighborhood |
| <input type="checkbox"/> Rent too high | <input type="checkbox"/> Increased family size |
| <input type="checkbox"/> Other _____ | |



Are you presently receiving Section 8 Housing certificate or voucher? [] Yes [] No

Are you presently or have you ever been in the process of being evicted? [] Yes [] No

ASSETS / BANK INFORMATION:

Bank Name: _____

Checking Account #: _____

Savings Account #: _____

Bank Name: _____

Checking Account #: _____

Savings Account #: _____

GENERAL INFORMATION:

Have you ever been convicted of a felony? [] Yes [] No

If yes, please specify: _____

Have you ever filed for Chapter 7 (Bankruptcy) [] Yes Year _____ [] No

SOURCE OF INFORMATION

- How did you hear about this development?
- [] Newspaper
 - [] Internet
 - [] Local Organization
 - [] Friend
 - [] Broker
 - [] Other

Please provide contact information for emergencies:

Name: _____

Address: _____

Phone #: _____

Cell #: _____



Please enclose the following documents if applicable:

The documents must be attached to the application. Please do not submit any original documents, you must **provide legible copies as they will not be returned**. Please note that if documents are missing your application will not be processed.

1. Photo ID (Driver's License / Passport / Resident Alien or Permanent)
2. Social Security Card
3. Birth Certificate
4. Marriage Certificate
5. Last three (3) Years Tax Return
6. 6 (six) Consecutive Pay Stubs
7. 6 (six) Bank Statements

Will you or anyone on the family composition need special accommodations?

[] Yes [] No

PLEASE READ ALL TERMS BELOW AND SIGN:

I _____ hereby authorize the Landlord to obtain information it deems desirable in the processing of my application, including: **credit reports, civil or criminal actions, rental history, and all income verifications**, and other relevant information. The applicant hereby waives any claims for damages by reason of non-acceptance of this application which the Landlord or Agent may reject. It's further agreed that if any information provided by the applicant herein is false, the applicant may be rejected, and any lease made on the strength of this application may at the option of the Landlord be terminated.

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT NOT BEING TRUTHFUL IN THIS APPLICATION WILL BE CAUSE FOR DISQUALIFICATION

Head of Household Signature: _____

Date: _____

Family Member #1: _____

Date: _____

Family Member #2 _____

Date: _____

Family Member # 3: _____

Date: _____

Family Member # 4: _____

Date: _____

