

RENTAL APPLICATION
(All Questions Must Be Answered)

HOUSEHOLD INFORMATION AND STUDENT STATUS

Applicant's Name: _____ Marital Status: Single Married
Last First Middle Initial Separated Divorced

SS#: _____ - _____ - _____ Date of Birth: ____/____/____ E-mail: _____
Last First Middle Initial Student Status: None P/T F/T

Co-Applicant or
 Spouse Name: _____ Marital Status: Single Married
Last First Middle Initial Separated Divorced

SS#: _____ - _____ - _____ Date of Birth: ____/____/____ E-mail: _____
Last First Middle Initial Student Status: None P/T F/T

List below, all information for each additional household member that will be occupying the unit:
Cell Phone _____

Full Name	Relationship	Date of Birth	SS#	Student Status: <input type="checkbox"/> None <input type="checkbox"/> P/T <input type="checkbox"/> F/T
-----------	--------------	---------------	-----	---

Full Name	Relationship	Date of Birth	SS#	Student Status: <input type="checkbox"/> None <input type="checkbox"/> P/T <input type="checkbox"/> F/T
-----------	--------------	---------------	-----	---

Full Name	Relationship	Date of Birth	SS#	Student Status: <input type="checkbox"/> None <input type="checkbox"/> P/T <input type="checkbox"/> F/T
-----------	--------------	---------------	-----	---

Full Name	Relationship	Date of Birth	SS#	Student Status: <input type="checkbox"/> None <input type="checkbox"/> P/T <input type="checkbox"/> F/T
-----------	--------------	---------------	-----	---

Do you expect any change in the above listed household composition during the next twelve months? Yes No
 If yes, describe the change: _____

LANDLORD INFORMATION

Current Residence (check one): Own Rent Other: _____ Home Phone: _____

Current Address: _____
Street Name Apt. # City State Zip

Current Landlord: _____ Landlord Phone: _____ Dates of Residency: _____

Previous Residency (check one): Own Rent Other: _____

Previous Address: _____
Street Name Apt. # City State Zip

Previous Landlord: _____ Landlord Phone: _____ Dates of Residency: _____

EMPLOYMENT/INCOME INFORMATION

Current Employer: _____
Name Address (City, State, Zip)

Employer's Phone: _____ Position: _____ Supervisor: _____

Gross Monthly Salary (before taxes): _____ Dates of Employment: _____

Second Employer or
 Spouse Employer or
 Previous Employer: _____

Employer's Phone: _____ Position: _____ Supervisor: _____

Gross Monthly Salary (before taxes): _____ Dates of Employment: _____

Does anyone in the household now receive or expect to receive any income from the sources listed below (check all):

Type of Income	(Check All)	Amount Received	Per Month	Household Member Receiving Income
Income from Self-Owned Business	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Temporary/Seasonal/Other Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Unemployment/Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Public Assistance (TANF/AFDC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Social Security/SSI/Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Retirement/Pension Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Payments from Insurance Policies	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Rental Income from Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Veteran's Administration Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Military Reserves/National Guard	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Caretaking of Children or Elderly	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Income on Behalf of Minor Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Educational Grants/ Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Any Other Income: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____



ASSET INFORMATION

Type of Asset	(Check All)	Name of Financial Institution	Current Cash Value	Current Interest Rate	Anticipated Income
Primary Checking (avg. 6 mo. bal.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Secondary Checking (avg. 6 mo. bal.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
IRA/401K Accounts (if accessible)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Money Market Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Certificate of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Real Estate/Mortgages/Land Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Safe Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Deeds or Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Whole/Universal Life Insurance Policies	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Other Financial Assets	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____

Has any household member disposed of any assets for less than fair market value during the past two years? Yes No
 If **yes**, list market value at time of disposal: \$ _____ and the amount received: \$ _____

MISCELLANEOUS INFORMATION

Do you own pets? Yes No If yes, what kind and size? _____

Has any household member ever been convicted of any drug offense or crimes against persons or property? Yes No
 Is any household member subject to a lifetime registration requirement under a State Sex Offender Registration Program? Yes No
 If yes, please list household member and type of offense: _____

Does any household member currently have any criminal charges pending against them? Yes No
 If yes, please list household member and type of offense: _____

EMERGENCY CONTACT INFORMATION

Primary Contact Name: _____ Relationship: _____

Current Address: _____ Phone Number: _____

Secondary Contact Name: _____ Relationship: _____

Current Address: _____ Phone Number: _____

APARTMENT RESERVATION

Reservation is hereby made for a _____ bedroom apartment at: _____ for occupancy on: _____
 A deposit of: \$ _____ is made for reserving the apartment. The deposit is to be applied to the security deposit on the apartment upon signing a lease. In the event the apartment is available on the date desired, but I do not lease same, the landlord shall refund the deposit less the landlord's actual expenses and damages.

Cancellation Policy:
 A deposit of \$ _____ and an application fee of \$ _____ must accompany this application. You have 72 hours to cancel this application from the time the application fee and deposit are paid to receive a full refund of the deposit. **Cancellations must be done in writing.** After 72 hours the deposit will be retained if you cancel your application. The application fee is non-refundable. Please initial _____. This indicates you have read and understand the cancellation policy.

I understand that if I am unable to enter into and occupy the apartment at the time provided by reason of its not being ready for occupancy, or by reason of the holding over of any previous occupancy, or as a result of any cause or reason beyond the direct control of the Lessor, the Lessor shall not be liable in damages to the resident therefore, but during the period I am unable to occupy the apartment, the rental shall be abated. If Lessor is not able to deliver possession of the apartment within five (5) days of commencement date above, I may cancel and terminate the lease and the deposit will be refunded within twenty (20) days.

Credit / Criminal Background Check:
 Receipt is hereby acknowledged for a non-refundable credit application fee in the amount of \$ _____ which is to reimburse the costs and expenses of processing this application, including, but not without limitation, credit check, criminal background check and loss of rent for reserving the subject apartment, should such costs exceed this application fee. If credit check and/or criminal background check is unsatisfactory to management, the above mentioned deposit will be refunded in full within twenty (20) days, less non-refundable credit application fee.

Applicant's Statement:
 I understand that the information contained on this rental application has been collected to determine my eligibility for residency. I authorize the owner/management to verify all information provided on this rental application and my signature demonstrates consent to obtain such verification in order to determine my eligibility. I authorize any person or credit checking agency having any information on me to release any and all such information to the owner/management or their agents or credit checking agents. I certify that I have revealed all income received and assets currently held or previously disposed of and that I have no other income or assets than those listed on this form (other than personal property). I further certify that the statements provided on this rental application are true and complete to the best of my knowledge and belief. I am aware that providing false information and/or false statements regarding my eligibility may result in denial of my rental application in addition to possible criminal penalties.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make false statement in any matter within the jurisdiction of a federal agency.

Applicant Signature: _____ Date: _____

Co-Applicant or
 Spouse Signature: _____ Date: _____

Management Representative Signature: _____ Date: _____

Time Accepted: _____

Hercules Real Estate Services, Inc. is an Equal Housing Opportunity Organization. An applicant will not be rejected because of race, color, religion, sex, handicap, familial status or national origin. The approval of an applicant is subject to his/her ability to demonstrate that he/she is able to pay the rent and is capable of entering into a contract.

