



RENTAL APPLICATION

Sessions Village

<p><i>For Office Use:</i></p> <p>Date Rec'd _____</p> <p>Time Rec'd _____</p>

(Please Print)

Applicant's Full Name: _____ Date of Application: _____

Desired Move-In Date: _____ Type and Size of Apartment Desired: _____

PRESENT RESIDENCE:

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Lived There from: _____ to: _____ Monthly Payment: _____

Reason for Moving: _____

Apartment//Landlord Name: _____ Landlord Phone: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

PREVIOUS RESIDENCE:

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Lived There from: _____ to: _____ Monthly Payment: _____

Reason for Moving: _____

Apartment//Landlord Name: _____ Landlord Phone: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

HOUSEHOLD COMPOSITION:

NAMES OF HOUSEHOLD MEMBERS (First, Middle Initial, Last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	PLACE OF BIRTH	DATE OF BIRTH
	HEAD			

1. Are you or is anyone in your household currently a full-time student, or planning to be one within the next 12 months? Yes: _____ No: _____

REFERENCES:

Personal Reference: _____ Relationship: _____ Phone: _____

Personal Reference: _____ Relationship: _____ Phone: _____

FOR OFFICE USE ONLY:

Reference _____ Date _____

Reference _____ Date _____

EMERGENCY CONTACTS: In case of emergency, please notify:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

INCOME: (A "0" must be marked in each column in which you do not receive income from that source.)

INCOME SOURCE	HSHD. MEMBER	AMOUNT	CONTACT	ADDRESS & TELEPHONE
GROSS WAGES/SAL.				
GROSS WAGES/SAL.				
SOCIAL SECURITY				
SOCIAL SECURITY				
PENSION				
SSI INCOME				
PUBLIC ASSISTANCE				
INTEREST INCOME				
INCOME ON RENTAL				
CHILD SUPPORT				
UNEMPLOYMENT				
OTHER				

NET FAMILY ASSETS: (A "0" must be marked in each column in which you do not have that type of asset.)

TYPE OF ACCOUNT	TYPE OF ACCOUNT	INSTITUTIONAL LOCATION OF ASSET	ACCOUNT NUMBER	ESTIMATED BALANCE	ESTIMATED VALUE
CASH ON HAND					
CHECKING					
CHECKING					
SAVINGS					
SAVINGS					
CD'S					
CD'S					
STOCKS/BONDS					
REAL ESTATE					
OTHER					

ADJUSTED ANNUAL INCOME:

You may receive a deduction for any out of pocket childcare expenses incurred for children ages 12 and under living in your household which will enable you to work or go to school.

Will you be claiming this as an expense? Yes _____ No _____ If yes, the annual cost will be \$_____.

You may receive a deduction for any handicap assistance expense when the expense enables a family member (including the handicap members) to work.

Will you be claiming this as an expense? Yes _____ No _____

Please fill in the anticipated annual amount to be spent on the following **(those not reimbursed by insurance):**

Physician Visits \$_____ Dental Expenses \$_____

Prescription Medicines, \$_____

Non Prescription Medically Needed Items (with Dr. authorization)\$_____

Medical/Health Insurance Premiums \$_____

Medicare Deducted from Social Security \$_____

Optical Expenses \$_____ Hearing Aids/Batteries \$_____

Cost of Live-in Attendant \$_____ Pmts on old Medical Bills \$_____

In accordance with State and Federal Laws you are hereby notified that an investigation is being made by Sessions Village using the information you provided on this Application, together with information obtained from outside sources. I/We authorize Sessions Village to obtain any credit reports, public records, residential and employment history it deems necessary and to verify all information set forth in the application as well as that obtained by Sessions Village. You have the right to dispute the accuracy of the information provided by RealPage or by the entities you have disclosed and, upon written request, the right to a complete and accurate disclosure of the nature and scope of the investigation and/or a written summary of your rights under the WA Fair Credit REPORTING ACT. I/We certify that to the best of My/Our knowledge all statements made herein are true and correct. I/We understand that false, fraudulent or misleading information disclosed may be grounds for denial of tenancy or subsequent eviction. I hereby release all persons, companies, corporations as well as RealPage from all liability and responsibility that may result from providing information about me and my history.

By my signature below, I affirm that I have read this release or it has been read to me, and I understand its content.

Signature

Date

Staff Signature

Date

VEHICLES: List any cars, trucks, or other vehicles owned:

Type of Vehicle: _____ Yr./Make: _____

Color: _____ License Plate #: _____

I acknowledge that Management will rely heavily on the information, which I have supplied. I certify and warrant the accuracy of the information and authorize Management to verify any information that I have provided. I specifically authorize Management to conduct an investigation as to my qualification to reside in the apartment applied for, and to contact all persons identified as references.

In the event, any information contained herein is false, Management may reject this application or, if this application has been accepted, may immediately terminate my tenancy. I hereby certify that if I am applying for a federally subsidized apartment, it will serve, as my permanent residence, and that I will not maintain a separate subsidized rental unit in a different location.

Applicant Signature: _____ Date: _____
(Head of Household)

Co-Applicant Signature: _____ Date: _____

RACE & ETHNIC STATUS OF APPLICANT: (used for statistical purposes only)

ETHNICITY

- Hispanic
- Not Hispanic

AND

RACE

- White
- Black/African American
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Asian
- Other _____

“The information regarding race, national origin, and sex solicited on this application is requested in order to maintain accurate statistics on the program. Federal Laws prohibit discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin.

CITIZENSHIP ELIGIBILITY VERIFICATION

I attest, under penalty of perjury, that I am (check the box):

- 1. A citizen or national of the United States
- 2. An alien lawfully admitted for permanent residence (Alien Number A_____).
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A_____. Or Admission Number _____)

I attest, under penalty or perjury, the documents that I have presented as evidence of identity and eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date(Month/Day/Year)
Address(Street Name and Number)	City State Zip Code

REVIEW AND VERIFICATION: (To be completed and signed by Manager/Agent)

Documents that Establish Identity and Age Criteria:

- 1. A State issued driver’s license or a State issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes.
(Specify State)_____
- 2. U.S. Military Card
- 2. United States Passport
- 2. Certificate of United States Citizenship
- 2. Birth Certificate issued by State, county, or municipal authority bearing a seal or other certification.
- 3. Other (Specify document and issuing authority) _____

Documentation Identification # _____

Expiration Date (if any) _____

I attest, under penalty or perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date(Month/Day/Year)
Address(Street Name and Number)	City State Zip Code