

Cinnabar Commons Rental Application

Incomplete applications will not be processed.

Lead Applicant Name	Mailing Address	Street	Apt. #
Co-Applicant	City	State	Zip Code
Home Phone	Work Phone	E-mail	
Preferred Apartment Size Studio 1BR 2BR 3BR	Total Number of People in Household		

List below all persons who will be living in the apartment

Name	Social Security No.	Date of Birth	M/F	Relationship to Applicant #1
1				SELF
2				
3				
4				
5				
6				
7				

Please answer the following questions:

Household Size	
Do you expect any changes to your household size within the next 12 months?	Yes or No (circle one)
Explain: Name, Relationship, etc	
Evictions	
Have you or anyone in your household ever been evicted?	Yes or No (circle one)
Explain:	
Bankruptcy	
Have you or anyone in your household ever filed for bankruptcy?	Yes or No (circle one)
Explain:	
Felonies	
Have you or anyone in your household ever been convicted of a felony?	Yes or No (circle one)
Explain:	
Military	
Have you or anyone in your household ever served in the U.S. Military?	Yes or No (circle one)
Please give service, last rank, primary MOS, and dates of service:	

Cinnabar Commons Rental Application

Custody

Do you have full custody of your child(ren) listed? Yes or No (circle one)

Explanation of custody arrangements:

Child Support or Alimony

We must count court ordered support whether or not it is received unless legal action has been taken to remedy.

We must also count support that is not court-ordered but received directly from payer.

Are you or anyone in your household entitled to receive child support or alimony? Yes or No (circle one)

If money is not actually received, are you taking any legal action to remedy? Yes or No (circle one)

Please provide the name(s) and address(es) of agency, court or individual providing the support.

Name:

Address:

Special Needs

Do you or anyone in your household have any special housing needs? Yes or No (circle one)

Explain:

Live-In Care Attendant

Will you or anyone in your household require a live-in care attendant? Yes or No (circle one)

Section 8 Rental Assistance

Do you possess a current Section 8 voucher or certificate? Yes or No (circle one)

Is it transferable? Yes or No (circle one)

Please provide the name and address of your county or city housing authority:

Name:

Address:

Pets

Do you have a pet? Yes or No (circle one)

If yes, how many? Description:

Student Information

This apartment is governed by a regulatory agreement that has restrictions on full-time student and requires us to determine student status

We must determine prior to eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

Are you or any member of your family (including minors) a student? Yes or No (circle one)

If yes, please list

Name of Student	Name of School	Grade	Part or Full-Time?

Personal

In case of emergency, please notify:

Name:

Phone #:

Relationship:

Cinnabar Commons Rental Application

Please complete the following income information for every household member:

Include all income anticipated for the next twelve months.

The following are possible sources of income:

Employment, wages or salaries- include overtime, tips, bonuses, commissions, and payments received in cash

Social Security, SSI or any other payments from the Social Security Administration

Veteran's benefits, pensions, retirement benefits or annuities

Unemployment benefits or workers compensation

Regular pay as a member of the Armed Forces

Public Assistance, General Relief or AFDC

Any other source of income not listed

Self-employment

Child Support or Alimony

Severance payments

Settlements

Applicant #1-Income

Name			Drivers License/ID#
Primary Income Source		Contact Person	Phone:
			Fax:
Address	City	State	Gross amount received annually
			\$
Additional Income Source		Contact Person	Phone:
			Fax:
Address	City	State	Gross amount received annually
			\$
Total Annual Gross Income			\$

Applicant #2- Income

Name			Drivers License/ID#
Primary Income Source		Contact Person	Phone:
			Fax:
Address	City	State	Gross amount received annually
			\$
Additional Income Source		Contact Person	Phone:
			Fax:
Address	City	State	Gross amount received annually
			\$
Total Annual Gross Income			\$

Zero Income Verification

Are you or is any other adult member of your household claiming zero income? Please list

Name(s):

Cinnabar Commons Rental Application

Please complete the following asset information for all household members including minors:

The following are possible sources of assets

Checking or savings accounts

CD's, money market accounts, or treasury bills

IRA's and other retirement accounts

Real estat, rental property, land contracts for deeds or other rreal estate holdings

Insurance Settlements

Stocks and bonds

Trust funds

Personal property as
an investment

Any other asset not
listed

Appliant #1- Assets

Name on the Account	Balance/Value	Annual Interest Rate, Dividends or Income	
Checking or Savings Account Number	Name of Bank	City	State
Name on the Account	Balance/Value	Annual Interest Rate, Dividends or Income	
Checking or Savings Account Number	Name of Bank	City	State
Name on the Account	Balance/Value	Annual Interest Rate, Dividends or Income	
Other Asset (specify)	Source	City	State

Applicant #2-Assets

Name on the Account	Balance/Value	Annual Interest Rate, Dividends or Income	
Checking or Savings Account Number	Name of Bank	City	State
Name on the Account	Balance/Value	Annual Interest Rate, Dividends or Income	
Checking or Savings Account Number	Name of Bank	City	State
Name on the Account	Balance/Value	Annual Interest Rate, Dividends or Income	
Other Asset (specify)	Source	City	State

Have you or any other member of your household disposed of or given away any asset(s) for less than fair market value within the last two years?

Yes or No

Amount: \$

Explanation:

Cinnabar Commons Rental Application

Please provide names and addresses of your landlords for the last two years:

Present

Address	City	State	Zip	From	To
Landlord's name		Phone:			
		Fax:			
Name of apartment (if applicable)		Monthly rent		Utilities	

Previous Residence

Address	City	State	Zip	From	To
Landlord's name		Phone:			
		Fax:			
Name of apartment (if applicable)		Monthly rent		Utilities	

Previous Residence

Address	City	State	Zip	From	To
Landlord's name		Phone:			
		Fax:			
Name of apartment (if applicable)		Monthly rent		Utilities	

Please read the stipulations below before signing:

I verify my support of the policy of Cinnabar Commons to ensure that this community is a drug free zone, and that use and sale of controlled substances will not be tolerated. I understand that all information must be filled in completely for this application to be processed. I certify that the information I have given on this application is true and correct, and I understand that false statements will disqualify my application for residency. I hereby authorize Cinnabar Commons to use any of the above-referenced information for verification of the items in this rental application, including but not limited to the obtaining of a credit report, and I agree to furnish additional credit references on request. I understand that this rental Application is not a rental agreement or lease. I understand that that all applications are subject to the approval of the owner or managing agent. I have read the application and understand it.

Applicant #1	Date
Applicant #2	Date
Applicant #3	Date
Applicant #4	Date
Applicant #5	Date
Applicant #6	Date
Applicant #7	Date