

For Office Use Only
Date Received: _____

Colony Estates and Chugach Estates

Residential Rental Application

****Please Note: a separate application is required for each unmarried Adult applicant****

Applicant's Legal Name: _____

Spouse's Legal Name: _____ Applicant's Date of Birth: _____

Drivers License# or State ID: _____ Spouse's Date of Birth: _____

Social Security #: _____ Spouse's Social Security #: _____

Number of members of household: _____ Names and Relationship of other members of household: _____

HOW DID YOU HEAR ABOUT US? _____

APPLICANT: RESIDENCE HISTORY

Current Telephone Number _____

Current Mailing Address: _____

Current Residence Address: _____

Are you currently renting? _____ If yes, how long at this address _____

Monthly payment: \$ _____ Utilities Included (Electric, Heat, etc.): \$ _____

Owner or Property Management Name: _____

Address: _____

Phone Number: _____

Are you currently receiving any rental assistance? Yes No

Why do you want to move from your current location? _____

If rented less than three years, please list last three years landlords

Owner or Property Management Name: _____

Address: _____

Phone Number: _____

Owner or Property Management Name: _____

Address: _____

Phone Number: _____



APPLICANT: CREDIT REFERENCES

Examples of credit references include: credit cards, loans, utilities, etc.

1. Creditor Name: _____

Address: _____

Phone Number: _____ Account Number: _____

2. Creditor Name: _____

Address: _____

Phone Number: _____ Account Number: _____

APPLICANT: PERSONAL REFERENCES

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

APPLICANT: FINANCIAL INFORMATION (INCOME)

Employer: _____ Monthly Gross Earnings: _____

Address: _____

How long? _____ Is this a Title V Subsidized position? _____

Other Sources of Income:

Self-employment: _____ Monthly Gross Earnings: \$ _____

Unemployment benefits or workman's compensation Yes No

If yes, Monthly Payment: _____

Pension: _____ Monthly Payment: \$ _____

Address: _____

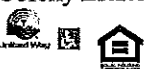
Phone: _____ Fax: _____

Social Security: Yes No If yes, Monthly Payment: \$ _____

Permanent Fund: Yes No Senior Care: Yes No

Public Assistance: Yes No If yes, Monthly Payment: \$ _____

Alimony or Child Support: Yes No If yes, Monthly Payment: \$ _____



Regular payments from veterans benefits, annuities, severance packages, any type of settlements, lottery winnings, inheritances, native claims, rental properties or other types of real estate transactions: Yes No

If yes, please describe and give details including payments, addresses, and phone numbers, etc. _____

Other Income, including regular gifts or payments from anyone outside of the household (Please list source and monthly amount): _____

APPLICANT: FINANCIAL INFORMATION (ASSETS)

Please list all assets and approximate value (please include, savings accounts, investment accounts, real estate, etc.)

Savings Checking Money Market account (Check all that apply)

Bank Name: _____ Account Number: _____

Address: _____

Phone: _____ Fax: _____ Balance: _____

Savings Checking Money Market account (Check all that apply)

Bank Name: _____ Account Number: _____

Address: _____

Phone: _____ Fax: _____ Balance: _____

Certificates of Deposit or Treasury Bills: Yes No If yes,

Name: _____ Account Number: _____

Address: _____

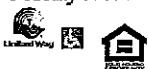
Phone: _____ Fax: _____ Value: \$ _____

Stocks, bonds or securities: Yes No If yes,

Name: _____ Account Number: _____

Address: _____

Phone: _____ Fax: _____ Value: \$ _____



Trust Funds: Yes No If yes, is this a revocable Trust? Yes No or an irrevocable Trust? Yes No

Name: _____ Account Number: _____

Address: _____

Phone: _____ Fax: _____ Value: \$ _____

Pensions, IRAs, Keogh or other retirement accounts: Yes No If yes,

Name: _____ Account Number: _____

Address: _____

Phone: _____ Fax: _____ Value: \$ _____

Cash on hand of \$500.00 or more: (NOT in an account) Yes No If yes, how much? \$ _____

Real estate, rental property, land contract for deeds or other real estate holdings? Yes No if yes, Assessed Value: \$ _____

Rental income: \$ _____ Legal description: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Personal property held as an investment: Yes No If yes, Item: _____ Value \$ _____

Do you have a life insurance policy? Yes No If yes, Whole life? Yes No Universal? Yes No Term? Yes No Cash Value \$ _____

Policy#: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

A safe deposit box: Yes No if yes, Value \$ _____

Have you disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? Example: have you given your family any of your assets (home, money, etc) without a charge? Yes No If yes, please describe:



Other (Please include name, address, phone number, account number and value): _____

APPLICANT: EMERGENCY NOTIFICATION

Please list name, address, work and home telephone numbers of two relatives or friends we can contact in case of emergency.

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

- Do you have full custody of your dependent child(ren) or grandchild(ren)?
Yes No
- Are you or any other household members currently a full-time student or do you expect to be one? Yes No If yes,
 - Are you a guardian of a minor full-time student living in your household?
Yes No
 - If you are a full-time student, are you married? Yes No
 - If you are a full-time student, are you involved in JTPA or similar training programs? Yes No
 - Is there at least one member of your household who is not a full-time student? Yes No
- Will you require a live-in care attendant to live independently? Yes No if yes, a signed notice from a physician must be attached and updated annually.
- Have you ever been convicted of a felony? Yes No if yes, what was the felony? _____
- Do you own a pet? Yes No
- Do you smoke? Yes No
- Are you allergic to smoke? Yes No



- Do you own a vehicle? Yes No if yes, year make & model _____
 - Will you need a plug-in in the winter? Yes No
 - Are you currently on other housing waiting lists? Yes No
 - Will you require vision or hearing impaired equipment? Yes No
 - Do you need a wheelchair accessible unit? Yes No
 - Do you prefer a one or two bedroom unit? _____
 - Are you 55 years of age or older? Yes No
 - Are you currently homeless? Yes No
 - Are you displaced? Yes No
 - Are you in an abusive situation? Yes No
 - Are you aware of any bed bugs where you are currently residing? Yes No
 - Have you ever been evicted? Yes No
- Why? _____ When? _____

ACKNOWLEDGMENT

As part of the qualification process, Colony Estates Limited Partnership (CELP); Chugach Colony Estates Limited Partnership (CCELP) or the managing partner, Palmer Senior Citizens Center, Inc. (PSCC) will verify the information provided in this application. By signing below, you are acknowledging that the information set forth in this document is true and correct to the best of your knowledge, and that any misrepresentation of the facts is grounds for rejection of this application. In addition, by signing below, the applicant authorizes whatever credit investigation CELP, CCELP or PSCC considers appropriate and necessary. This investigation may include the exchange of information and a report from a credit reporting agency. If a credit agency furnishes a report, its name and address will be furnished upon applicant's request. By signing below, the applicant is aware that this is a PRELIMINARY application and that more information may be requested in order to complete the qualification process. It is the policy of Colony Estates Limited Partnership; Chugach Colony Estates Limited Partnership and the Palmer Senior Citizens Center, Inc. not to discriminate in rental practices on the bases of race, religion, sex, age, sexual orientation, national origin, or handicapped status.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____



RELEASE OF INFORMATION

I hereby authorize you to release information concerning my financial status to the Colony Estates Limited Partnership; Chugach Colony Estates Limited Partnership; its managing partner, the Palmer Senior Citizens Center, Inc.; or any of its partners or members of the management team for the purpose of determining my eligibility and/or to verify information required for certification of my application for occupancy in the Colony Estates/ Chugach Estates Senior Housing. This information may include, but is not limited to, credit history, rental history, financial and asset information including but not limited to, bank balances, credit references, pension, social security, senior care, permanent fund, etc.

Signed this _____ day of _____, _____ by

Applicant

Spouse

Witness (if signed with X)

Witness (if signed with X)

