



Application for Residency

Applicant Information

Name of Applicant _____
Address _____ City _____
State _____ Zip _____
Home Phone _____ Cell Phone _____
Social Security _____ Driver's License # _____
E-Mail Address _____ Date of Birth: _____

Co-Applicant/Name of Spouse _____
 Same as Above
Address _____ City _____
State _____ Zip _____
Home Phone _____ Cell Phone _____
Social Security _____ Driver's License # _____
E-Mail Address (if different from above) _____ Date of Birth: _____

Emergency Contacts

Contact Name _____ Relationship _____
Address _____ City _____
State _____ Zip _____
Contact Phone: Home _____ Work _____ Cell _____

Contact Name _____ Relationship _____
Address _____ City _____
State _____ Zip _____
Contact Phone: Home _____ Work _____ Cell _____

Applicants Current Residency Status

Own: Home ____ Condo ____
Rent: Home ____ Condo ____

Length of time you have owned or rented _____

Acknowledgement

I acknowledge that The Chamberlin requires deposits and that policies are in effect for smokers and pet owners. An addendum will be included with your Residency Agreement upon move-in. The Chamberlin will provide copies of either policy, upon request prior to move in. The policy will be included with the lease. The fee will appear on your first statement.

Non-Refundable Pet Deposit \$500
Non-Refundable Smokers Fee \$2,500

Pets

No, I am not a pet owner Yes, I am a pet owner

If yes, Type/Breed _____

Weight _____ Age _____

Smoker

No, I am not a smoker Yes, I am a smoker

Automobile(s)

Make _____ Year _____ Color _____ Plate _____

Make _____ Year _____ Color _____ Plate _____

Selection Criteria

INCOME

Income and assets will be verified on each applicant. Monthly income must meet the minimum requirements for the community for which the application is submitted.

CREDIT INFORMATION

Credit information on each applicant will be obtained through one or more Consumer Reporting Agencies. Lack of credit history will not be considered a negative factor.

CRIMINAL BACKGROUND

A public records search will be conducted on each occupant. The Chamberlin reserves the right to deny any application for charges listed within our Selection Criteria.

To be completed by office personnel

Type of Apartment _____ Number _____

Monthly Charge _____ Yearly Charge \$ _____

Lease Start Date _____ Physical _____

Other _____

CONFIDENTIAL FINANCIAL STATEMENT

Income and Assets are required to be verified on each applicant.

Annual Income Verification

Please furnish us with a copy of the TOP PAGE ONLY of your most recent 1040 from your Federal Income Tax File.

<u>Income by Sources</u>	<u>Annual</u>
Social Security	\$ _____
Spouse	\$ _____
Pensions	\$ _____
Spouse	\$ _____
Interest Income	\$ _____
Dividend Income	\$ _____
Other Income _____	\$ _____
	\$ _____
	Total Income \$ _____

Asset Verification:

Please list your assets below. A copy of the End of the Year statements from your financial institutions for your investments including your Bank Statement/s should be furnished for the verification. Please estimate your Real Estate Holdings and indicate if you plan to sell the property at the time of your move to The Chamberlin.

Money Markets	\$ _____
CD's	\$ _____
Stocks	\$ _____
Bonds	\$ _____
Bank Accounts	\$ _____
Real Estate Equity	\$ _____
Other _____	\$ _____
	Total Assets: \$ _____

Fee(s) Due:

- _____ Initial Community Fee of \$2,500. Payable at lease signing.
- _____ Smoking Fee \$2,500*
- _____ Pet Fee \$500*
- _____ Dues of \$2,500 will be assessed on each annual lease renewal.
- _____ My Initial Deposit of \$_____ will be used as a security deposit upon lease signing.

*Smoking and Pet fee will be charged on first monthly statement

I/We have a three (3) day period from the date of my /our signing this application, during which time for any reason, I/we may rescind my/our application for residency with The Chamberlin. My/Our decision shall be made by delivery to the office, within the three (3) day period; a written statement rescinding this application. The Initial Deposit will be refunded.

Should my application be rejected, the Initial Deposit will be refunded to me/us in full.

In the event that I accept a residence and sign the Residency Acceptance Agreement and do not execute the Agreement as specified, The Chamberlin may retain the Initial Deposit as liquidated damages for costs and expenses, and not as a penalty.

If my/our failure to execute the Residency Agreement is the result of my/our death or incapacity which reasonably required hospitalization or confinement in a nursing home for a continuous period of time in excess of sixty (60) days, the Initial Deposit will be refunded, less \$1500 (one thousand five hundred dollars) which will be retained by The Chamberlin as a processing fee.

I/We acknowledge that this application is subject to written/verbal acceptance by The Chamberlin. I/We certify the information provided on this application is accurate to the best of my/our knowledge. Acceptance is subject to a determination of my/our ability, as a resident, to meet the financial obligation and all the provisions of the Residency Agreement. I/We agree and consent to Owner or its employees or agents making such credit, personal or background checks as Owner/Management deems necessary in connection with its determination of my/our acceptability.

Lessee _____ Lessee _____

Witness _____ Date _____

Executive Director Approval _____ Date _____