|  |  |
| --- | --- |
| HOUSING MANAGER INITIALS |  |
| DATE & TIME RECEIVED |  |
| ID / SOCIAL SECURITY NUMBER VERIFIED BY: |  |

What size apartment would you like to occupy? 1 BR 2 BR 3BR 4BR

What date do you anticipate moving? \_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best telephone number to reach you: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all household members who will live in the apartment upon move-in or within the next twelve (12) months, including any temporarily absent (such as military/student/Spouse) members who will be returning to the household.

UNMARRIED ADULT CO-APPLICANTS MUST COMPLETE A SEPARATE APPLICATION.

WHEN APPLICATION FEE IS PAID, APPLICATION FEE IS USED TO RUN BACKGROUND SCREENING AND IS NON-REFUNDABLE.

6

5

4

3

1

2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legal Name of all Household Members- Starting with Head of Household  | Relationship to Head of Household | Birth Date | Social SecurityNumber | Gender | Please list marital status of all household occupants; single, married, separated, divorced widowed |
|   | HEAD OF HOUSEHOLD |  |  | M F |  |
| First Middle LastFirst Middle Last |  |  |  | M F |  |
| First Middle Last |  |  |  | M F |  |
| First Middle Last |  |  |  | M F |  |
| First Middle Last |  |  |  | M F |  |
| First Middle Last  |  |  |  | M F |  |

* Do all household members live in the household full time? YES NO Number of foster children? \_\_\_\_\_
* List names of all household members that are a student or plan on being a student in the next 12 months or was a student in the last 5 months:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you expect any changes to household in the next 12 months? YES NO

If YES, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Will this apartment be your only place of residency? YES NO

If NO, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Have you ever been evicted or has a landlord ever terminated your lease? YES NO

If YES, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are you currently receiving or anticipating receiving rental assistance? YES NO

If YES, which agency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYMENT INFORMATION

Applicant Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Date Started: \_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PER Hour Week Month Year Other\*\*

\*\*Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a second job? YES NO If YES, Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PER Hour Week Month Year Other\*\*

\*\* Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*IF EMPLOYED BY CURRENT EMPLOYER LESS THAN SIX (6) MONTHS-PLEASE COMPLETE:*

Previous Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Date Started:\_\_\_\_\_\_\_\_\_ Date Ended:\_\_\_\_\_\_\_\_\_\_Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PER Hour Week Month Year Other\*\*

\*\*Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPOUSE EMPLOYMENT  *(CO-APPLICANT MUST COMPLETE SEPARATE APPLICATION)*

Applicant Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Date Started: \_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PER Hour Week Month Year Other\*\*

\*\*Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a second job? YES NO If YES, Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PER Hour Week Month Year Other\*\*

\*\* Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LANDLORD HISTORY INFORMATION

Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Month & Year Moved In: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Amount of monthly rent or mortgage?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you: Rent Own Other (please explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord or Mortgage Co.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF LESS THAN THREE YEARS AT CURRENT ADDRESS

Previous Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Month & Year Moved In: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Month & Year Moved out: \_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of monthly rent or mortgage?\_\_\_\_\_\_\_\_\_\_ Reason for leaving?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you: Rent Own Other (please explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord or Mortgage Co.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER INFORMATION

* Will you be bringing any pets? YES NO Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Animal? YES NO
* Are you or your spouse a veteran of the U.S. Military? YOU SPOUSE NO
* If YES, What branch?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are you or any member of the household subject to state lifetime sex offender registration? YES NO
* Have you ever been convicted of a crime? YES NO IF YES, When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Type of Charge(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please list all states / countries that anyone in household over 18 has ever lived / or resided:

HOUSEHOLD MEMBER STATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers license number / State ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Issued: \_\_\_\_\_\_\_ HH Member: \_\_\_\_\_\_\_\_\_\_

Drivers license number / State ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Issued: \_\_\_\_\_\_\_ HH Member: \_\_\_\_\_\_\_\_\_\_

Drivers license number / State ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Issued: \_\_\_\_\_\_\_ HH Member: \_\_\_\_\_\_\_\_\_\_

VEHICLE INFORMATION

Year: \_\_\_\_\_\_\_\_\_\_\_\_ Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Plate # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_

Year: \_\_\_\_\_\_\_\_\_\_\_\_ Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Plate # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_

Year: \_\_\_\_\_\_\_\_\_\_\_\_ Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Plate # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_

WARNING: Section 1001 of the Title 18, United States Code provides, “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned not more than five years, or both.”

I/WE HEREBY MAKE APPLICATION FOR AN APARTMENT AND CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT.

I / WE UNDERSTAND THAT THE MANAGING AGENT WILL VERIFY, IN WRITING, THROUGH A THIRD PARTY, THE INFORMATION PROVIDED ON THIS APPLICATION. I/WE UNDERSTAND FALSIFYING INFORMATION MAY LEAD TO DECLINATION OF APPLICATION.

*BY SIGNING BELOW, I CERTIFY I HAVE READ AND UNDERSTAND THE ABOVE:*

APPLICANT SIGNATURE DATE

APPLICANT SIGNATURE DATE

INCOME AND ASSET DISCLOSURE STATEMENT

*(INCLUDE ALL INCOME FOR ALL FAMILY MEMBERS OF THE HOUSEHOLD, INCLUDING CHILDREN UNDER THE AGE OF 18)*

*(USE HOUSEHOLD MEMBER NUMBER FROM THE FIRST PAGE OF RENTAL APPLICATION)*

*INCOME DISCLOSURE*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DESCRIPTION OF INCOME | RECEIVING NOW ORANTICIPATES RECEIVINGCircle YES or NO |  HOUSE-HOLD MEMBER # | AMOUNT RECEIVEDMONTHLY | COMMENTS |
| Employment Income (including self-employment income) | YES | NO |  | $ |  |
| Alimony and/or Child Support | YES | NO |  | $ |  |
| Disability or Workers Comp. Income from Employer or Settlement | YES | NO |  | $ |  |
| Social Security / SSI or Social Security Disability | YES | NO |  | $ |  |
| Veterans Administration / Military Benefits | YES | NO |  | $ |  |
| TANF/ AFDC(Not Food Stamps) | YES | NO |  | $ |  |
| Income from Annuities / Insurance Policies | YES | NO |  | $ |  |
| Pension Income | YES | NO |  | $ |  |
| Income from Retirement Plans (IRA, 401K, Keogh, etc.) | YES | NO |  | $ |  |
| Rental Income from Property  | YES | NO |  | $ |  |
| Unemployment Benefits | YES | NO |  | $ |  |
| Financial aid / Grants / Scholarships | YES | NO |  | $ |  |
| Other Income (recurring gifts, lottery winnings, etc) | YES | NO |  | $ |  |

\*INCLUDE OVERTIME, TIPS, BONUSES, AND ANY OTHER TYPE OF COMPENSATION

*I/We certify this information is true and correct*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

APPLICANT SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT SIGNATURE DATE

ASSET DISCLOSURE

*(INCLUDE ALL ASSETS FOR ALL FAMILY MEMBERS OF THE HOUSEHOLD, INCLUDING CHILDREN UNDER THE AGE OF 18)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DESCRIPTION OF CURRENT ASSET | YOU MUST CIRCLEONE (Yes or NO) | NAME & ADDRESS OF BANK, AGENCY OR FINANCIAL INSTITUTION | HOUSE-HOLD MEMBER # | CURRENTVALUE | COMMENTS |
| Cash Card or Benefit Card(for benefits/wages, not associated with bank accounts listed) | YES | NO | Card Name:CARD #: |  | $ |  |
| Checking Account | YES | NO | Bank Name:ACCT.# |  | $ |  |
| Savings Account/ Money Market | YES | NO | Bank Name:ACCT.# |  | $ |  |
| Cash Held in Safety deposit Box or at Home | YES | NO |  |  | $ |  |
| Certificate(s) of Deposit (CD’s) | YES | NO |  |  | $ |  |
| Stocks / Bonds /Treasuries / Mutual Funds | YES | NO |  |  | $ |  |
| Individual Retirement Account (IRA, 401K, Keogh) | YES | NO |  |  | $ |  |
| Real Estate Owned: Land / House/Condo/ Mobile Home  | YES | NO | Address: |  | $ |  |
| Rental Property Owned | YES | NO | Address: |  | $ |  |
| Personal Property held as an investment (Antiques, Stamps,Coins,Jewelry, etc) | YES | NO | Describe: |  | $ |  |
| Life Insurance Policy with a Cash Value | YES | NO | Life Ins. Co:Policy #: |  | $ |  |
| Trusts (Principal value available) | YES | NO |  |  | $ |  |
| Any other asset held(Include jointly) | YES | NO |  |  | $ |  |

*I/We certify this information is true and correct*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

APPLICANT SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT SIGNATURE DATE