

**FLYNN MANAGEMENT CORPORATION
STANDARD RENTAL APPLICATION**

Project # _____ Apt. # _____

PRINT LEGIBLY IN BLACK OR BLUE INK

Name of Property: _____ Location: _____ Manager: _____

Please state below the name(s) of household member(s) designated to be APPLICANT and CO-APPLICANT. (Co-Applicant is defined as an individual who has the **legal** right to enter into a lease agreement and will share all the rights and responsibilities.)

Size of Apartment Requested - Check One Only: 1 BR _____ 2 BR _____ 3 BR _____ 4 BR _____
Total Number of Occupants: _____ Requested Move-in Date: _____

Name and Relationship of All Adult Persons (**18 Years of Age and Older**) to Occupy Apartment. Each applicant and co-applicant must also complete an Applicant Questionnaire.

| | NAME | SEX | SOCIAL SECURITY NO. | DATE OF BIRTH | RELATIONSHIP |
|-----------------|------|-----|---------------------|---------------|--------------|
| APPLICANT | | | | | |
| CO-APPLICANT #1 | | | | | |
| CO-APPLICANT #2 | | | | | |
| CO-APPLICANT #3 | | | | | |

Name and Relationship of All **OTHER** Persons (minors or caregivers) to Occupy Apartment Other than the Above:

| FULL NAME | SEX | SOCIAL SECURITY NO. | DATE OF BIRTH | RELATIONSHIP |
|-----------|-----|---------------------|---------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

OTHER INFORMATION

Total Number of cars (including company cars) to be parked on property: _____ (**Limit One Per Licensed Driver**)
NO COMMERCIAL VEHICLES OR MOTORCYCLES

| VEHICLE #1 | | VEHICLE #2 | |
|----------------|------------|----------------|------------|
| Make | Year | Make | Year |
| Model | Body Style | Model | Body Style |
| Color | | Color | |
| Tag Number | State | Tag Number | State |
| Registered to: | | Registered to: | |

NO PETS ALLOWED (with the exception of designated elderly properties) (Subject to written approval of management)

Kind: _____ Weight (20 lb. limit): _____ **LIMIT 1 PER UNIT - Domestic cat or dog only**
Name: _____ Date of Birth: _____

If there are no pets in the household, all adult members must initial below:

Applicant _____ Co-Applicant #1 _____
Co-Applicant #2 _____ Co-Applicant #3 _____

I hereby make application for an apartment and certify that this information is correct. I authorize Flynn Management Corporation and/or its agents to contact any references and landlords that I have listed. A credit report will be obtained on all applicants and a \$_____ non-refundable charge for this service is required at the time the signed Rental Application is submitted for eligibility determination. A security deposit of \$_____ is required. Receipt of \$_____ is hereby acknowledged as full payment of same. This is an application and gives NO lease or rental rights. The above information is needed to determine eligibility. After eligibility is determined and an apartment becomes available, the applicant will be contacted and be given seven (7) days to respond. If the applicant does not respond, the application will be withdrawn.

By signing this application, I hereby certify that the income reporting procedures for determining adjusted income has been explained to me by the management and it has been made clear to me that adjusted income is derived from the total income of all members of the household.

This will certify that only those mentioned in this application will occupy the premises, and that this housing is/will be my permanent residence. I also certify that I do/will not maintain a separate subsidized rental in a different location. This application and the contents thereof are considered part of my lease agreement. In consideration of the Owner's Agent holding this apartment for me, I hereby waive all rights to the return of this deposit and forfeit as liquidated damages, in the event I do not choose to enter into the rental contract applied for here. (Management reserves the right to refund the deposit of any applicant who is not approved.)

DEPOSIT NOT REFUNDABLE AFTER 72 HOURS

Applicant's
Signature _____

Co-Applicant #1's
Signature _____

Date Signed _____

Date Signed _____

Co-Applicant #2's
Signature _____

Co-Applicant #3's
Signature _____

Date Signed _____

Date Signed _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through Rural Development, that Federal laws prohibiting discriminating applicants on the basis of race, color, national origin, religion, sex, marital or familial status, age, and handicap are complied with. 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, ethnicity and sex of individual applicants on the basis of visual observation or surname. If you do not wish to furnish the above information, please initial below.

| ETHNICITY | Hispanic/ Latino | Non-Hispanic Latino | | Hispanic/ Latino | Non-Hispanic Latino |
|-----------------|------------------|---------------------|-------------|------------------|---------------------|
| Applicant | | | Occupant #1 | | |
| Co-Applicant #1 | | | Occupant #2 | | |
| Co-Applicant #2 | | | Occupant #3 | | |
| Co-Applicant #3 | | | Occupant #4 | | |

I do not wish to furnish this information: ___ Applicant ___ Co-Applicant #1 ___ Co-Applicant #2 ___ Co-Applicant #3

| RACE | American Indian/ Alaskan Native | Asian | Black or African American | Native Hawaiian or Other Pacific Islander | White |
|-----------------|------------------------------------|-------|------------------------------|--|-------|
| Applicant | | | | | |
| Co-Applicant #1 | | | | | |
| Co-Applicant #2 | | | | | |
| Co-Applicant #3 | | | | | |
| Occupant #1 | | | | | |
| Occupant #2 | | | | | |
| Occupant #3 | | | | | |
| Occupant #4 | | | | | |

I do not wish to furnish this information: ___ Applicant ___ Co-Applicant #1 ___ Co-Applicant #2 ___ Co-Applicant #3

FOR MANAGER USE ONLY - DO NOT WRITE BELOW

Date Application Received: _____ Time Application Received: _____

Received By: _____

Rental Assistance Available: Yes _____ No _____

HUD/Section 8 Available: Yes _____ No _____

Estimated Rent: \$ _____

Estimated Gross Household Monthly Income: \$ _____

Maximum Tax Credit Income: \$ _____ (LIHTC Properties Only)

Applicant Name(s): _____ Property: _____

APPLICATION:

Approved _____

Not Approved _____

Date _____

Date _____

By _____

By _____

Written Rejection to Applicant:

Date _____

By _____

EMPLOYMENT INFORMATION

CURRENT JOB

PRIOR JOB

SECOND JOB

| | | |
|--|---|--------------------------------------|
| Name of Employer: | | |
| Address of Employer: | | |
| City, State, Zip: | | |
| Telephone Number – including area code: | | |
| Name of Immediate Supervisor: | | |
| Applicant's Job Description: | | |
| Date Employment Began: | | |
| Gross Monthly Amount (Before Deductions) | \$ _____ Per Month Before Deductions | \$ _____ Per Month Before Deductions |
| Are You Retired? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Ended |
| Gross Monthly Social Security, SSI, Pension Amount (Before Deductions) | \$ _____ Per Month Before Deductions | |
| Are you Currently Unemployed? If yes, when do you expect to resume employment? | <input type="checkbox"/> Yes <input type="checkbox"/> No Date Resume Employment: | |
| Monthly Unemployment Benefits | \$ _____ Per Month | |

OTHER INCOME

| SOURCE | WORKERS COMP | CHILD SUPPORT | AFDC | OTHER |
|--------|--------------|---------------|--------------|--------------|
| AMOUNT | \$ _____ Per | \$ _____ Per | \$ _____ Per | \$ _____ Per |

ASSETS

Do you own any of the following assets? **ALL ITEMS MUST BE CHECKED.**

| TYPE | YES | NO | LOCATION/BANK | ESTIMATED VALUE |
|-------------------------|-----|----|---------------|-----------------|
| Home | | | | \$ _____ |
| Land | | | | \$ _____ |
| Mobile Home | | | | \$ _____ |
| Bank/Savings Account(s) | | | | \$ _____ |
| Stocks/Bonds | | | | \$ _____ |
| Retirement Accounts | | | | \$ _____ |
| Profit Sharing Plans | | | | \$ _____ |
| Other: | | | | \$ _____ |

IN CASE OF PERSONAL EMERGENCY, NOTIFY:

| | | |
|----------------|---------------------|-------------------------|
| Name: _____ | Phone: (____) _____ | Relationship: _____ |
| Address: _____ | City: _____ | State: _____ Zip: _____ |

If any member of the household meets the Federal definition of "Disabled", which would result in an adjustment to the household income, and/or are in need of a handicap accessible unit, please check here: _____

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 (800) 795-3272 (voice), (202) 720-6382 (TDD)."

I certify that the information and statements provided above are true and complete to the best of my knowledge and belief and that I have disclosed all income and assets. I hereby authorize the release of any and all information concerning my employment, income, assets, credit, criminal, and residency history to Flynn Management Corporation.

Applicant or Co-Applicant Signature

Applicant or Co-Applicant Printed Name

Date

Attachments

- Drivers License – Front
- Drivers License - Back
- Social Security Card