

**APPLICANT:**FIRST NAME _____ MIDDLE INITIAL ____ LAST NAME _____ VETERAN: YES ☐ NO ☐

SOCIAL SECURITY # _____ DATE OF BIRTH _____ E-MAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE HOME () _____ CELL () _____ WORK () _____

CO-APPLICANT:NAME _____ SOCIAL SECURITY # _____ DOB _____ VETERAN: Y ☐ N ☐

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE HOME () _____ CELL () _____ E-MAIL _____

LIST ALL PERSONS (INCLUDING YOURSELF) LIVING IN YOUR HOUSEHOLD:

NAME	RELATIONSHIP TO	AGE	DATE OF BIRTH	SEX	RACE	SSN	EMPLOYED?

NAME OF CURRENT LANDLORD: _____ PHONE: _____

ADDRESS OF CURRENT LANDLORD _____

MONTHLY RENT PAYMENT \$ _____ # OF TIMES LATE WITHIN THE LAST 12 MONTHS? _____

WHEN DOES YOUR CURRENT LEASE EXPIRE? _____

TIME LIVED AT ABOVE ADDRESS _____

IF LESS THAN TWO YEARS, PREVIOUS ADDRESS _____

NUMBER OF CARS IN HOUSEHOLD _____

DO YOU HAVE A SECTION 8 VOUCHER? _____ AMOUNT \$ _____

IF YES, WHEN DOES YOUR RECERTIFICATION OCCUR: _____

SECTION 8 COUNSELOR & PHONE NUMBER _____

APPLICANT'S INCOME

HOUR \$ _____ WEEK \$ _____ MONTH \$ _____ YEARLY \$ _____

CURRENT EMPLOYER _____

ADDRESS _____ PHONE _____

HOURS PER WEEK _____ LENGTH OF TIME AT CURRENT EMPLOYMENT _____

PREVIOUS EMPLOYER _____ PHONE _____

LENGTH OF TIME AT PREVIOUS EMPLOYMENT _____

PENSION/DISABILITY/SOCIAL SECURITY _____

SPOUSE' S /CO-APPLICANT INCOME:

HOUR \$ _____ WEEK \$ _____ MONTH \$ _____ YEAR \$ _____

CURRENT EMPLOYER _____

ADDRESS _____

HOURS PER WEEK _____ LENGTH OF TIME AT CURRENT EMPLOYMENT _____

PREVIOUS EMPLOYER _____ PHONE _____

LENGTH OF TIME AT PREVIOUS EMPLOYMENT _____

PENSION/DISABILITY/SOCIAL SECURITY _____

ADDITIONAL INCOME:

CHILD SUPPORT RECEIVED MONTHLY \$ _____ IS IT COURT-ORDERED? _____

DO YOU RECEIVE CHILD SUPPORT EVERY MONTH? YES ☐ NO ☐

ADDITIONAL INCOME: SOURCE _____ \$ _____

SOURCE _____ \$ _____

TOTAL INCOME PER MONTH FROM ALL SOURCES \$ _____

RENTAL/CREDIT REFERENCES/CREDIT ACCOUNTS (List all mortgages, open charge account, finance company loans, automobile loans, etc.)

ACCOUNTS	ACCOUNT #	BALANCE	PAYMENT
DAY CARE EXPENSES			

CERTIFICATION BY APPLICANT(S):

I certify that the information given is complete and correct. The Landlord or his agent is hereby authorized to verify the accuracy and correctness of these statements, to communicate with my present and former employers, creditors and landlords, and to procure such other information which the Landlord may require to evaluate this application. I understand that additional resources may be used to verify this application and I release all parties from liability for damages for issuing such information in good faith.

I (we) authorize Genesis Homes to conduct a credit check if applicable. *Your credit report will reflect an inquiry from Rentfacts, A FirstPoint Resource, or our credit service contractor.* I (we) further authorize Genesis Homes to **verify my household income annually**, and agree to vacate premises and terminate lease upon failure to qualify under income guidelines determined by Genesis Homes.

Date _____

Date _____

TELL US WHY YOU ARE INTERESTED IN LIVING IN A GENESIS HOMES PROPERTY:

WHICH AREA/DEVELOPMENT WOULD YOU PREFER? _____

HOW MANY BEDROOMS WOULD YOU PREFER? 2 ☐ 3 ☐ (We do not have any one bedroom units.)

SOME OF OUR UNITS ARE 2 STORY, ARE YOU IN NEED OF A ONE STORY HOME? _____

ARE YOU INTERESTED IN HOMEOWNERSHIP? YES ☐ NO ☐

HOW DID YOU HEAR ABOUT GENESIS HOMES? _____

Please insure that you have completed all sections of the application that apply. This application will be accepted and placed on our waiting list on the date in which it was received. You will receive a call from our Resident Intake Manager when your application comes up on the wait list. Additionally on the back side of this application you will find the Consent and Release of Information Form. Please read and sign this form as well.

Please note that Genesis Homes are smoke and pet-free.
Thank you.

