

Which property are you interested in?

I/WE WISH TO MOVE IN WITH A CURRENT RESIDENT NAME: \_\_\_\_\_ APT#: \_\_\_\_\_

Revision 4/23



APARTMENT NAME

CITY

**\$25 application fee per adult is required. Only money orders or cashier checks made out to the apartment name listed above will be accepted. No cash!**

**ALL INCOMPLETE & UNPAID APPLICATIONS WILL BE RETURNED** Please complete all areas of the application and fax, mail or email back to the information at the bottom of this page. If faxing or emailing the application, please mail original with fee(s). Completed applications are placed on our list in order of date and time received. Life Style, Inc. is an equal opportunity provider and employer, is in compliance with 504 and Fair Housing Regulations and does not discriminate on the basis of disability status in the admission or access to, treatment or employment in any of its activities. We will gladly assist any applicant needing help completing this application. **PLEASE PRINT CLEARLY AND USE BLUE OR BLACK INK.**

APPLICANT NAME: \_\_\_\_\_  
First Middle Last

CO-APPLICANT NAME: \_\_\_\_\_  
First Middle Last

CURRENT ADDRESS: \_\_\_\_\_ APT. #: \_\_\_\_\_ P.O. BOX # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE NEEDED: \_\_\_\_\_ SIZE NEEDED: \_\_\_\_\_

How did you hear of this housing development and/or Life Style, Inc.? Newspaper \_\_\_\_\_ / Internet \_\_\_\_\_ Which site? \_\_\_\_\_  
Friend \_\_\_\_\_ / Family \_\_\_\_\_ / Social Services \_\_\_\_\_ / Employer \_\_\_\_\_ / Other: \_\_\_\_\_

**WHO GENERALLY KNOWS HOW TO CONTACT YOU? - LIST NAMES, ADDRESSES & PHONE NUMBERS**

Name: \_\_\_\_\_ In case of emergency: Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Cell #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

**WHAT IS YOUR SOURCE OF INCOME? HOUSEHOLD MUST SHOW INCOME THAT IS TWICE THE RENT AMOUNT TO BE ELIGIBLE TO RENT.**

**APPLICANT'S EMPLOYER**

Name/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

**CO-APPLICANT'S EMPLOYER**

Name/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

**OTHER HOUSEHOLD INCOME SOURCE**

Name/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

**OTHER HOUSEHOLD INCOME SOURCE**

Name/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

**WHO WILL LIVE IN THE RENTAL? - ONLY THOSE LISTED BELOW WILL BE ALLOWED TO OCCUPY THE UNIT** List applicant as Head and all other members who will be living in the unit. Give the relationship of each member to the head of the household.

\*Please check this box if you prefer not to specify your gender.

First	Middle	Last	Relation to	Birth Date	Gender*	Age	Social Security #
1.			Head				
2.							
3.							
4.							
5.							
6.							
7.							

**TELL US ABOUT YOUR CURRENT LIVING SITUATION – ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY**

Monthly rent \$ \_\_\_\_\_ Are you on a lease? Yes \_\_\_\_\_ No \_\_\_\_\_ Did you give proper notice to move out? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you currently using a Section 8 Housing Voucher? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, will this voucher transfer? Yes \_\_\_\_\_ No \_\_\_\_\_  
Who provides the housing voucher? \_\_\_\_\_

Do you have an animal? Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_ What kind of animal do you have? \_\_\_\_\_  
Will animal(s) accompany you to your new rental location? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is this animal(s) needed for medical reasons? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who is the animal for? \_\_\_\_\_  
What is the name, office address, phone & fax number of the doctor/medical professional that will verify the medical need for the animal?  
\_\_\_\_\_  
\_\_\_\_\_

**WHERE HAVE YOU LIVED? – PLEASE INCLUDE COMPLETE NAMES, ADDRESSES AND PHONE NUMBERS OF YOUR LANDLORD OR MORTGAGEE FOR THE LAST FIVE YEARS. IF YOU HAVE NOT RENTED BEFORE PLEASE LIST YOUR PLACES OF RESIDENCE FOR THE LAST FIVE YEARS.**

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How long have you lived here? From: \_\_\_\_\_ To: present Did you Rent \_\_\_\_\_ Own \_\_\_\_\_ Stayed With Family/Friend \_\_\_\_\_  
Landlord/Mortgagee name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone / Cell #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How long did you live there? From: \_\_\_\_\_ To: \_\_\_\_\_ Did you Rent \_\_\_\_\_ Own \_\_\_\_\_ Stayed With Family/Friend \_\_\_\_\_  
Landlord/Mortgagee name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone / Cell #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How long did you live there? From: \_\_\_\_\_ To: \_\_\_\_\_ Did you Rent \_\_\_\_\_ Own \_\_\_\_\_ Stayed With Family/Friend \_\_\_\_\_  
Landlord/Mortgagee name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone / Cell #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS EVEN IF THEY DO NOT APPLY TO YOU**

Do you currently use any tobacco products? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you a current illegal user of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been convicted of the illegal use, manufacture or distribution of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you answered yes to any of the **two** previous questions, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been convicted or plead guilty of a crime including a felony, gross misdemeanor or misdemeanor anywhere in the United States? Which state(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you or any member of this household subject to a lifetime registration requirement under a state sex offender registration program? Which household member? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been evicted or had an unlawful detainer or an eviction filed against you? Yes \_\_\_\_\_ No \_\_\_\_\_

**APPLICANT CERTIFICATION – PLEASE READ AND HAVE ALL ADULTS 18 AND OLDER SIGN**

- A. Please note that this is an application and gives you no lease or rent rights. At the time of acceptance of a unit, you must contact the Management Agent within 48 hours to accept the unit and submit a security deposit. **You will then have seven (7) additional days to cancel the tenancy and receive the security deposit back.** The deposit will be held according to the terms of the lease. No deposit is required at this time with this application.
- B. This application will also be used to establish our waiting list for future occupancy. You are required to contact our office if you have changes to this application which includes contact information and addresses. Lack of current information may cause your application to be removed from our list.
- C. **Resident Selection Criteria:** All applications are screened by Life Style, Inc. staff before acceptance. The following criteria will be applied uniformly: Criminal background checks, credit reports & present/prior rental history. Life Style, Inc. will not discriminate against any person because of race, color, creed, religion, national origin, sex, marital status, sexual orientation (incl. gender identity), status with regard to public assistance, disability or age.
- D. I/We understand that the above information is being collected to determine my/our eligibility. I/We do hereby authorize Life Style, Inc. and its staff or authorized representatives to contact previous or current landlords, local police departments, rental research agencies or other sources for credit and verification which may be released to appropriate Federal, State or local agencies.
- E. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that my eligibility for housing will be based on Life Style, Inc.'s resident selection criteria. I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy.

\_\_\_\_\_  
Signature of Head of Household Date

\_\_\_\_\_  
Signature of other household member over 18 Date

\_\_\_\_\_  
Signature of Co-Head Date

\_\_\_\_\_  
Signature of other household member over 18 Date