

RESIDENTIAL APPLICATION FORM

ENGLAND ESTATES

- 2-Bdrm
- 3-Bdrm
- 4-Bdrm

ENGLAND OAKS

- 2-Bdrm
- 3-Bdrm

ENGLAND VILLAGE

- 3-Bdrm
- 4-Bdrm

APPLICANT INFORMATION

Legal Name of Applicant _____

Street Address _____ City/ST/Zip _____

Home Phone Number _____ Mobile Phone Number _____

Email _____

Date of Birth (mm/dd/yyyy) _____

Driver License Number _____ Social Security Number _____

CURRENT RESIDENCE

How Long at Present Address _____ Monthly Rent: _____

Present Landlord's Name _____ Phone # _____

Landlord's Address _____ City/ST/Zip _____

EMPLOYMENT

Employers Name _____ Phone # _____

Employers Address _____ City/ST/Zip _____

How long with current employer? _____ Annual Income: _____

EMERGENCY CONTACT

Name _____

Address _____ City/ST/Zip_____

Phone # _____ Relation_____

Name of nearest relative _____ Phone #_____

Address _____ City/ST/Zip_____

OCCUPANTS

Please list the legal names of everyone who will be living with you. Start with the head of the household, then spouse or co-head, then minors (oldest to youngest), and then any other adults.

	Legal Names	Relationship to Applicant	Sex	Age	Birth Date	Occupation or School Name	Social Security Number
1.							
2.							
3.							
4.							
5							
6.							

NOTE: \$45 Application Fee applied to each occupant in the home 18 years of age or older.

Do you expect anyone to move in or out of your home within the next twelve months? Yes No

If yes, explain: _____

Does anyone who intends to occupy the house claim mobility, visual, or hearing impairment or other special needs which would require a special type of unit or other accommodation? Yes No

If yes, please describe: _____

PROGRAM INTEGRITY INFORMATION (These questions apply to all dwelling occupants)

Have you ever used a name other than the one you are using now? Yes No

If yes, what name? _____

Have you ever used a social security number other than the one you listed above? Yes No

If yes what is it? _____

Have you or anyone intending to occupy the house, been convicted of a disqualifying felony or presently engaged in the use, sale, manufacture or distribution of a controlled substances? Yes No

If yes, who? When? For what? _____

List all money received or earned by everyone living in household. Include all money from Employment, Self Employment, Unemployment compensation, Child Support, Regular Contributions, Social Security, SSI, Retirement, Disability, Workman's Compensation, AFDC, Veterans Benefit, Rental Property Income, Stock Dividends, interest, Alimony, Annuities and all other sources.

Occupants	Source/Employer	Rate	Type of Income	Annualized Income

Has anyone who will occupy the home applied for any benefits or money which is in the process of being approved? Yes No If yes, explain _____

Does anyone outside of your household pay for any of your bill or expenses? Yes No

Are you entitled to or receiving:

Child Support? Yes No

Alimony? Yes No

Government Allotment? Yes No

ADDITIONAL INFORMATION

List the Number, Make and Model of all Autos, Trucks, R/V=s, Campers, Boat Trailers or Utility Trailers

LICENSE NUMBER	MAKE	MODEL

PETS

All resident owned pets brought on any EEIDD residential premises must be registered with the England Airpark Residential Property Management office. The pet owner must agree to comply with all pet guidelines including the \$250 pet fee per pet and any other specified fees.
(See the Pet Acceptance & Retention Guidelines.)

Type	Weight	Age	Breed	Spayed/Neutered	Service Animal

APPLICANT(S)/TENANTS(S) STATEMENT

I certify that the information on this form and all forms associated with this application are accurate and complete to the best of my knowledge and belief. I understand that false statements of information are punishable under Federal and State laws. I also understand the false statements of information are grounds for denial of housing or termination of tenancy.

This application is made with the understanding that it is to be processed for both credit and character references. I have no objection to inquiries for the purpose of verification of the above statement. This includes a BACKGROUND CHECK. It is understood that the above information will be held in strict confidence. I also understand this application is good for only six months from date of application. I must renew this application each six months thereafter if I desire my application to remain active.

Applicant: _____
Signature _____ Date _____

Co-Application: _____
Signature _____ Date _____