

Rental Application



BACKGROUND INFORMATION

Have you or any member of your household ever been convicted of any crime? Yes/ No

If YES, provide the nature of the crime(s): _____

Date: ____ / ____ / ____ State: _____ City: _____ County: _____

Are any of the above convictions of a FELONY? Yes/ No

If YES, Please explain: _____

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? Yes/ No

If YES, Please explain: _____

Are there any Criminal Charges pending now? Yes/ No

If YES, explain: _____

Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes/ No

If YES, explain: _____

Have you ever filed or are you currently filing for bankruptcy? • Yes • No

If YES, give reason: _____

Date of filing: ____ / ____ / ____

Have you ever lived at any other property managed by Sansone Group? Yes/ No

If YES, where?: _____

STUDENT ELIGIBILITY QUESTIONS

Are ALL members of the household Full-time students? Yes/ No

IF YES, please list names of Full Time Students: _____

Will ALL members of your household be full time students during any 5 months of THIS year? Yes/ No

(Example: A student who goes away to school full time)

Will ALL members of your household be FULL TIME STUDENTS during any 5 months of NEXT year? Yes/ No

Is ANY Adult Member of your household a part or full time student in an institute of higher education? Yes/ No

If YES, name of household member enrolled? _____

NAME OF SCHOOL: _____

How does the household member pay for their education? _____

What is the cost of tuition per semester? _____

Does ANY ADULT household member intend to become a student within the next 12 months? Yes/ No

IF YES: name of person enrolling in school: _____

IF YES, indicate if person will be a full-time or part-time student: _____

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INCOME INFORMATION

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors. Include all GROSS INCOME (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

Employment wages or salaries? Yes / No

(Include overtime, tips, bonuses, commission and payments received in cash.)

Household Member	Name of Company	Start Date of Employment	Earned Income Amount

Are you or anyone in household Self Employed? Yes / No

Name: _____ Company Name: _____

Start Date: ___ / ___ / ___ Earned Annual Income Amount: _____

Unemployment Benefits or Worker's Compensation? Yes / No

Household Member	Name of Company	Amount

Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)? Yes / No

Household Member	Name of Company	Amount

Does a member of the household receive Court Order Child Support or Alimony? Yes / No

(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)

Household Member	Name of Person Paying	Amount	Frequency of Payment

How is the support received? (Check all that apply)

Child Support Enforcement Agency- Name of Agency: _____

Court of Law - Name of Court: _____

Directly from Individual - Name of Person: _____

Other - Please Explain : _____

If money is not actually received, are you taking legal action to remedy? Yes / No

Explanation: _____

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INCOME INFORMATION (CONTINUED)

Social Security, SSI or any other payments from the Social Security Administration? Yes / No

Household Member	SSA Office	Amount
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Regular payments from a pension and/or retirement benefit, annuities? Yes / No

Household Member	Source of Benefit	Amount
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Regular payments from a severance package? Yes / No

Household Member	Source of Benefit	Amount
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Does any household member receive Veteran's benefits or military pay? Yes / No

Household Member	Source of Benefit	Amount
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Regular payments from any type of legal settlement? (For example, insurance settlement?) Yes / No

Household Member	Source of Benefit	Amount
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Disability, death benefits or life insurance dividends? Yes / No

Household Member	Source of Benefit	Amount
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Educational grants, scholarships, or other student benefits? Yes / No

Household Member	Source of Benefit	Amount
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Regular payments from lottery winnings or inheritances? Yes / No

Household Member	Source of Benefit	Amount
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INCOME INFORMATION (CONTINUED)

Regular payments from rental property or other types of real estate transactions? Yes/ No

Household Member	Source of Benefit	Amount
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Regular momentary gifts or payments to utility company from anyone outside of the household?
Yes / No

Household Member	Source of Benefit	Amount
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Any other income sources or types not listed above? Yes/ No

Household Member	Source of Benefit	Amount
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Do you or any other household member expect any change in income in the next 12 months? Yes/ No

If YES, explain: _____

Are you or any household member claiming zero income? Yes/ No

If YES, explain: _____

I will be using the following sources of funds to pay for my necessities: _____

ASSET INFORMATION

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household have any of the following ASSETS:

Checking or Savings bank account? CHECKING, SAVINGS OR BOTH (Circle answer) Yes/ No

Household Member	Bank or Financial Institution	Amount: (checking 6 month average) (savings current balance)
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CDs, money market accounts or treasury bills? Yes/ No

Household Member	Bank or Financial Institution	Amount
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ASSET INFORMATION (CONTINUED)

Stocks, bonds or securities? Yes / No
 Household Member Source (Broker's Name) Amount

Trust funds? Yes / No
 Household Member Bank or Financial Institution Amount

Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts? Yes / No
 Household Member Location of Account Amount

Cash on hand or in Safety Deposit Box? Yes / No
 Household Member Amount

Surrender value of a whole life, universal life (term), or endowment insurance policy which is available to the policy holder before death? Yes / No
 Household Member Life Insurance Company Amount

Real estate, rental property, land contract/contract for deeds or other real estates holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property) Yes / No

Household Member Source of Benefit Amount

Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.) Yes / No

Household Member Source of Benefit Amount

Do you have a safe deposit box containing contents with a monetary value? Yes / No
 Household Member Source of Benefit Amount

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ASSET INFORMATION (CONTINUED)

Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? Yes / No

Household Member	Description of Asset Disposed	Amount

Explanation: _____

Do you have a Pre-Paid Debit Card? (Direct Express, Smi-One, CashApp..ect)

Yes / No

Name of Debit Card Type:	Name on Debit Card:	Current Balance

Do you have any other assets not listed above? Yes / No

Please Describe: _____

