FRANKLIN GROUP
Your Home. Your Future. Our Focus.

APPLICATION FOR RESIDENCY

Please note: Each adult 18 years of age and older needs to complete a separate application unless a married couple.

APPLICANT INFORMATION

Name: _____
Last First Middle Initial

Marital Status: _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

Spouse: _____
Last First Middle Initial

Current Address: _____
Street City State Zip

Telephone: _____ Email Address: _____

HOUSEHOLD INFORMATION

Please list all information for ALL household members who will occupy the unit, including yourself.

Name (First, MI, Last)	Relationship to Head of Household	Male/Female (Optional)	Social Security Number	Date of Birth (MM/DD/YYYY)	Student? If yes, FT or PT
	Head of Household				

Do you anticipate a change in household composition during the next twelve (12) months? ☐ Yes ☐ No

Will any of the above household members live anywhere except in the apartment? ☐ Yes ☐ No

Will any other persons live in the apartment on a less than full-time basis? ☐ Yes ☐ No

Does any member of the household have a need for accessible features (i.e. barrier-free apartment, grab bars, etc.) ☐ Yes ☐ No

If answered yes to any of the above, please explain: _____

_____

_____

EMERGENCY CONTACT INFORMATION

Name of Primary Contact: _____
Last First Middle Initial

Current Address: _____
Street City State Zip

Phone Number: _____
Daytime Evening

Name of Secondary Contact: _____
Last First Middle Initial

Current Address: _____
Street City State Zip

Phone Number: _____
Daytime Evening

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APPLICATION FOR RESIDENCY

HOUSING HISTORY

Please include the previous two (2) years of rental / housing history. If additional space is necessary, please attach a separate sheet.

Present Residence: ☐ Rent ☐ Own ☐ Other Monthly Amount $_____

Landlord's Name: _____

Landlord's Address: _____
Street City State Zip

Landlord's Telephone: _____ Dates of Occupancy: _____ to _____

Reason for moving: _____

Previous Residence: ☐ Rent ☐ Own ☐ Other Monthly Amount $_____

Landlord's Name: _____

Landlord's Address: _____
Street City State Zip

Landlord's Telephone: _____ Dates of Occupancy: _____ to _____

Reason for moving: _____

Have you ever been evicted? ☐ Yes ☐ No If yes, please explain _____

VEHICLE / DRIVER INFORMATION

Vehicle #1: Year _____ Make _____ Model _____ Color _____

License Plate _____ State _____

Vehicle #2: Year _____ Make _____ Model _____ Color _____

License Plate _____ State _____

OTHER INFORMATION

Have you or any other adult member ever used any name(s) or Social Security Number(s) other than the one you are currently using? ☐ Yes ☐ No

If yes, explain _____

Do you have any pets? ☐ Yes ☐ No If yes, what kind and size _____

Has any household member ever been convicted of any drug offense? ☐ Yes ☐ No

If yes, who and explain _____

Has any household member ever been convicted of a criminal offense? ☐ Yes ☐ No

If yes, who and explain _____

Are you or any household member listed on a state or federal sex offender registry? ☐ Yes ☐ No

Does anyone in your household have any criminal charges pending against them? ☐ Yes ☐ No

If yes, who and explain _____

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APPLICATION FOR RESIDENCY

EMPLOYMENT INFORMATION

Include all **current** employers. If more space is needed, attach a separate sheet.

Present Employer: _____

Employer's Address: _____
Street City State Zip

Employer's Telephone: _____ Dates of Employment: _____ to _____

Occupation / Title: _____ Salary: $_____/ ☐hour ☐week ☐month ☐year

Average Hours worked / week _____

Do you work overtime at this job? ☐ Yes ☐ No If yes, average OT hours per week _____

Do you receive any commissions, tips, or bonuses at this job? ☐ Yes ☐ No If yes, amount $_____/ ☐hour ☐week ☐month ☐quarter ☐year

Second Employer: _____

Employer's Address: _____
Street City State Zip

Employer's Telephone: _____ Dates of Employment: _____ to _____

Occupation / Title: _____ Salary: $_____/ ☐hour ☐week ☐month ☐year

Average Hours worked / week _____

Do you work overtime at this job? ☐ Yes ☐ No If yes, average OT hours per week _____

Do you receive any commissions, tips, or bonuses at this job? ☐ Yes ☐ No If yes, amount $_____/ ☐hour ☐week ☐month ☐quarter ☐year

Spouse's Employer: _____

Employer's Address: _____
Street City State Zip

Employer's Telephone: _____ Dates of Employment: _____ to _____

Occupation / Title: _____ Salary: $_____/ ☐hour ☐week ☐month ☐year

Average Hours worked / week _____

Do you work overtime at this job? ☐ Yes ☐ No If yes, average OT hours per week _____

Do you receive any commissions, tips, or bonuses at this job? ☐ Yes ☐ No If yes, amount $_____/ ☐hour ☐week ☐month ☐quarter ☐year

STUDENT STATUS

Are there any **adult** family members who are full-time or part-time students? ☐ Yes ☐ No

If yes, list whom and status (PT/FT) _____

Are there any **adult** family members who will become full-time or part-time students during the next 12 months? ☐ Yes ☐ No

If yes, list whom and status (PT/FT) _____

If there are **adult** students in your household, how is tuition being paid? _____

If there are **adult** students in your household, please list the institutions in which they attend:

Student Name School Student Name School

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BENEFIT INCOME

Please list the total benefit income of all household members.
If a divorce decree, separation agreement, or court order exists, but payments are not received, list the amount ordered by the document.

Benefit Type	Received?	Household Member receiving benefit	Gross Benefit Amount	Time Period (per week, month, etc.)
Social Security (Adult)	□Yes □ No			
Social Security (Child)	□Yes □ No			
SSI (Adult)	□Yes □ No			
SSI (Child)	□Yes □ No			
Disability or Death Benefits	□Yes □ No			
Public Assistance (AFDC, TANF)	□Yes □ No			
Alimony	□Yes □ No			
Child Support	□Yes □ No			

OTHER INCOME

Does any member of the household have income from any of the following? If yes, state the amount, frequency, and the household member who receives the income.

Benefit Type	Received?	Household Member receiving benefit	Gross Income Amount	Time Period (per week, month, etc.)
Self-Employment Income	□Yes □ No			
Recurring cash or gift payments, including rent, utility, diapers, etc.	□Yes □ No			
Worker's Compensation	□Yes □ No			
Unemployment Benefits	□Yes □ No			
Military/Reserves/National Guard Pay	□Yes □ No			
Retirement Benefits	□Yes □ No			
Pension Benefits	□Yes □ No			
GI Bill Benefits	□Yes □ No			
Periodic Payments from Lottery Winning	□Yes □ No			
Regular Payments from Trust Account	□Yes □ No			
Other _____	□Yes □ No			

Do you anticipate any increase in your income during the next twelve (12) months? ☐Yes ☐No

If answered yes, please explain: _____

_____

_____

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ASSET INFORMATION

Does any member of the household own any of the following types of assets?

Asset	Own?	Household Member with asset	Current Balance (average 6 mo bal for ck)	Interest Rate (If applicable)	Bank / Institution
Checking Account	□Yes □ No				
Savings Account	□Yes □ No				
Benefit Card / Direct Express	□Yes □ No				
Stocks / Bonds	□Yes □ No				
Treasury Bills	□Yes □ No				
Certificate of Deposit	□Yes □ No				
Rental Property	□Yes □ No				
Real Estate / Mortgage / Mobile Home	□Yes □ No				
Safe Deposit Box	□Yes □ No				
Deeds or Trusts	□Yes □ No				
Annuities	□Yes □ No				
IRA or Keogh	□Yes □ No				
Personal Property (held for investment purposes)	□Yes □ No				
Life Insurance Policy **(not Term)**	□Yes □ No				
Cash On Hand	□Yes □ No				
Electronic Accts. (GoFundMe, Venmo, etc)	□Yes □ No				
Other _____	□Yes □ No				

Has any household member given away / sold any of the above assets at less than fair market value during the past two years? ☐ Yes ☐ No

If yes, when and explain _____

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CONSENT / SIGNATURES

I hereby apply to lease the above-described premises on substantially the terms set forth herein. As an inducement to The Franklin Group, Agent for the owner of the property, to accept this application, I warrant that all statements contained herein are true. I have been advised and understand that residency at this community entails certain income restrictions and that residency is subject to qualification. I hereby authorize Landlord to procure a consumer report as defined in the Fair Credit Reporting Act, 15 U.S.C. 1881 a (d) seeking information on the credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I tender in addition to any security deposit, the amount of $_____ which I acknowledge is the cost of procuring a consumer credit report. This fee is non-refundable. I agree that in addition to execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certification will be made under the penalty of perjury. Applicant understands rental rates are subject to change. In order to lock the current rental rate, an applicant must place a hold fee on the apartment.

A deposit of $_____is made herein. If the application is approved, said deposit will be held as (partial/full) security for the performance of the covenants of the lease and as a damage deposit. The full security deposit will be $_____ If the applicant notifies the Landlord within three (3) calendar days after the execution of this application that the applicant no longer wishes to rent said apartment, Landlord agrees to return said deposit in full. Landlord reserves the right to retain the security deposit if, for any reason, prospective resident withdraws the application for tenancy, if said application is withdrawn after the time limit set out in the previous sentence.

By execution of this application, I hereby authorize The Franklin Group to make such investigations into my credit history as they may deem appropriate. I understand that such investigations typically include (but are not limited to) verification of employment and salary, rental history and consumer credit reports. By signing below, the applicant gives permission to procure a criminal background check and understands the results of such background check could affect the approval of this application. The undersigned do hereby acknowledge disclosure that the licensee, The Franklin Group represents the Landlord in a real estate transaction.

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

SIGNATURES:

Applicant:	**Spouse:**
_____ Signature	_____ Signature
_____ Printed Name	_____ Printed Name
_____ Date	_____ Date

Please note: Each adult 18 years of age and older needs to complete a separate application unless a married couple

Date Apartment Needed: _____ **How did you hear about us?** _____

DO NOT WRITE BELOW THIS LINE – MANAGEMENT USE ONLY

Application

Approved: _____ (Date) By: _____ (Signature)

Declined: _____ (Date) By: _____ (Signature)

Reason _____

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