



## WEINBERG SENIOR LIVING APPLICATION FOR RESIDENCY

Property:	Section:	Date:	
Size of unit you are applying for:			
Status of Applicant:	<input type="checkbox"/> Co-Applicant	<input type="checkbox"/> Other Adult Occupant	
Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	
Maiden or other Name (If Applicable):			
Social Security Number:	Spouse's Name:		
<b>Emergency Contact Information</b>			
Name:	Relationship:		
Address:	State:	ZIP:	
Phone: Home:	Cell:	Work:	Fax:
Email:			
ALLOWED ACCESS: In the event of serious illness, death, or other circumstances that you make unavailable, the emergency contact can remove your property from your unit or the common areas.			
<b>Residency</b>			
Address:	State:	ZIP:	PH:
Dates at Address:	Rent or Own:		
Landlord:	Is Landlord a Relative? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address of Landlord:	State:	ZIP:	PH:
Reason for Moving:			
Are you under a Lease Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expiration Date:	
What notice will be given to current Landlord?			
<b>List Two Previous Residences (If Less Than Five Years, Provide Additional Information)</b>			
Previous Address:	State:	ZIP:	PH:
Rent/Own at Address:	From:	To:	
Previous Landlord:	Relative? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Landlord's Address:	State:	ZIP:	PH:
Reason for Moving:			
Has any adult household member ever resided in another state other than the ones listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, for each state provide name, year and address.			
Previous Address:	State:	ZIP:	PH:
Rent/Own at Address:	From:	To:	
Previous Landlord:	Relative? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Landlord's Address:	State:	ZIP:	PH:
Reason for Moving:			



## WEINBERG SENIOR LIVING APPLICATION FOR RESIDENCY

Has any adult household member ever resided in another state other than the ones listed above? ( ) Yes ( ) No If Yes, for each state provide name, year and address.



**WEINBERG SENIOR LIVING APPLICATION FOR RESIDENCY**

**Employment (Complete Next Section Until Employment History Includes 5 Years)**

Current Employer:	Employed From:	To:
Address:		
Phone:	Position:	Supervisor:
Gross Annual Salary: \$            Or Hourly Wage: \$ Avg. Number of hours worked per week:		
Are you subject to transfer? ( ) Yes ( ) No		

Previous Employer:	Employed From:	To:
Address:		
Phone:	Position:	Supervisor:
Gross Annual Salary: \$            Or Hourly Wage: \$ Avg. Number of hours worked per week:		
Are you subject to transfer? ( ) Yes ( ) No		

Previous Employer:	Employed From:	To:
Address:		
Phone:	Position:	Supervisor:
Gross Annual Salary: \$            Or Hourly Wage: \$ Avg. Number of hours worked per week:		
Are you subject to transfer? ( ) Yes ( ) No		

**Personal References:**

Name:	Address:	PH:
Name:	Address:	PH:

**Other Sources of Income (Please indicate source and annual amount of income received from)**

( ) Social	( ) Bonuses	( ) Military Service
( ) Alimony	( ) AFDC	( ) Other (Explain)
( ) SSI	( ) Commissions	( ) Child Support
( ) Public Assistance	( ) Part-Time Employment	

**Credit Information**

Current Assets Owned:
Have you disposed of any assets for less than fair market value within the last two years? * ( ) Yes ( ) No If Yes, What was sold and for how much? <b>*Stock, Bond, Treasury Bills, Cd's, Property, Trust Funds, Ira's</b>
Bank or Financial Institution:
Branch Address:



**WEINBERG SENIOR LIVING APPLICATION FOR RESIDENCY**

Account#: (Checking)	(Savings)	(Other)
----------------------	-----------	---------



## WEINBERG SENIOR LIVING APPLICATION FOR RESIDENCY

<b>Credit Card or Loan Payments</b>					
Company Name	Monthly Payment			Balance	
Current Monthly Expenses					
Utilities	\$	Child Care	\$		
Car Payment	\$	Insurance	\$		
Medical	\$	Dental	\$		
Other	\$				
Automobile:	Year	Make	Tag (State & #)		
Driver's License Number:			State:		
<b>List Names of All Others Who Will Occupy The Apartment:</b>					
<b>Miscellaneous Information</b>					
Name	Sex	Date of Birth	Relationship	Social Security	Race & Ethnicity
<b>Student Status</b>					
Are you a full time student? ( ) Yes ( ) No					
If Yes, are you: Married and file a joint tax return ( ) Yes ( ) No					
Receiving benefits under AFDC (Aid For Families With Dependent Children) or other benefits under Title IV of The Social Security Act ( ) Yes ( ) No					
Enrolled in a job training program receiving assistance under the job training partnership act (JTPA) or other similar state, federal, or local laws ( ) Yes ( ) No					
A single parent and both you and your children are not dependents of a third party for federal income tax purposes ( ) Yes ( ) No					
HUD requires us to maintain data on race and ethnicity of all applicants. Please note this information is required from all household members.  (a) White, Black, American Indian, Alaskan native, Asian or Pacific Islander (b) Hispanic, Non-Hispanic					
Is any applicant pregnant? ( ) Yes ( ) No <b>(This information will be used to determine unit size only.)</b>					
Is any applicant in the military or a dependent of a serviceman? ( ) Yes ( ) No					



# WEINBERG SENIOR LIVING APPLICATION FOR RESIDENCY

EMC 123 Weinberg Village 4/12/07

How did you hear about us? Please check:  
 Newspaper       Driving/walking by       Other: (please specify)       Resident       Friend

Has any adult household member ever been convicted of a crime (other than a simple traffic offense) within the past three years? \*  
 Yes  No

Has any adult household member ever been evicted from federally assisted housing for drug related criminal activity in the last three years?  
 Yes  No

Is any adult household member subject to a lifetime registration requirement under a state sex offender registration program?  Yes  No

Is any adult household member abusing, or engaging in pattern of abuse, of alcohol, or engaging in illegal use, or a pattern of illegal use, of a drug, in such a way that it would interfere with the health, safety or peaceful enjoyment of the premises by other residents?  
 Yes  No

**\*Note: Conviction of a misdemeanor is not automatically disqualifying.**

**Please note:** All members of the household 18 years and older are required to complete a supplemental application.

This application is made subject to approval of ( ) and may without designating cause be disapproved by them, it being agreed that any such disapproval shall not be considered a reflection upon the applicant. This application is to be made a part of the lease entered into by the applicant and the landlord.

The truth of the information contained herein is essential, and if ( ) deems any answer or statement herein to be false or misleading, it shall be considered that any lease granted by virtue of this application may be canceled at their option.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance, which would, if disclosed, affect my application unfavorably. As an inducement to enter into the lease, I authorize you to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and make of living, and I release all concerned from any liability in connection with any information they give. I have been advised that I have the right, under section 606(b) of the fair credit-reporting act, to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.

Signature of Applicant	
Signature of Leasing Specialist	

It is illegal to discriminate against anyone because of race, color, creed, religion, sex, national origin, marital status, physical or mental handicap or any other prohibited basis of discrimination. If you feel that you have, been discriminated against, please contact Linda Roberts, EMC, at 301-562-1766.

This property does not discriminate on the basis of handicapped status in the admission of or access to, or treatment or employment in, its federally assisted programs or activities.

Applicants must report all changes in address, telephone, or family size to the rental office. Failure to do so may prevent us from contacting you when an appropriate apartment is available.

**For office use only:**



**WEINBERG SENIOR LIVING APPLICATION FOR RESIDENCY**

Approved:

Date:

Denied:

Date:

EMC 123 Weinberg Village 4/12/07