



PLEASANT VIEW APARTMENTS
202 Larry Lane
Pauls Valley, OK 73075
405-207-9474

Office Use Only	
Date of Application	
Time of Application	
Size Unit Desired	
Agent:	

Application for Rental Housing

Complete this application with all pertinent details. This information requested provides the basis for our selection of the best neighbors for you and all residents. If accepted as a resident, this application will become part of your permanent file. **Do not use N/A. Please print in ink.**

Head of Household and Spouse or Co-Applicant

1. Head of household full legal name _____
2. Home Phone _____ 3. Work Phone _____ 4. S.S.N. _____
5. Spouse/Co-Applicant full legal name _____
6. Home Phone _____ 7. Work Phone _____ 8. S.S.N. _____
9. Have you, spouse or co-applicant ever used different names from the names shown above?
 Yes _____ No _____. If yes, list the names used and the dates such names were used:

10. Have you, spouse or co-applicant ever been evicted or otherwise removed from rental housing?
 Yes _____ No _____. If yes, provide landlord name, address and dates:

11. Has any place where you, your spouse or co-applicant were living been destroyed or damaged by fire?
 Yes _____ No _____. If yes, details:

Household Composition

12. List all persons, including yourself, who will reside in the apartment. The number in the left hand column is the household member number, and, is the number requested in the remaining sections of this application.

Mem #	Full Name	Relation	Sex	Age	Date of Birth	Occupation/ School	Soc. Sec. #	Drivers License #
H.								
2.								
3.								
4.								

13. Does the applicant or any family members require a handicap accessible unit? Yes _____ No _____

14. Will any above household members live anywhere except the apartment? Yes _____ No _____
 Are there any other persons who will live in the apartment on a less than full time basis?
 Yes _____ No _____; If either question is answered yes, explain: _____

15. List all full time, part time and/or seasonal employment for head, spouse/co-applicant and other household members age 18 or older, including the self-employed.

Mem #	Employment	Employer Address, City & State	Employer Phone	Est. Income for Coming Year

16. Income from other sources. List non-employment income for all household members. This includes interest, dividends, income from rental property, social security, SSI, pensions, public assistance, unemployment compensation, alimony, child support, workers compensation, disability compensation, the portion of educational grants and scholarships allotted for subsistence and all other income.

Mem #	Type of Income/ Who Pays It	Address of Income Source	Contact Person & Phone #	Est. Income Coming Yr.

17. List assets of all household members, including bank accounts, stocks, bonds, credit union shares, land and real estate.

Mem #	Description of Asset	Estimated Current Value	Est. Annual Income from Assets

18. List names of 3 references, credit and personal.

Name	Address	Phone Number

Allowances

19. Dependent Deduction: Enter the names of all household members other than head or spouse who are:

Under age 18	18 or older & full time student	18 or older & disabled or handicapped

20. (A) Childcare expenses: List amounts you pay for the care of children or foster children in the household under age 13 to permit an adult family member(s) to work or go to school: \$ _____
(B) List the name of children for whom care is provided: _____

Elderly and Handicapped Care/Expenses

21. (A) List amounts you pay for care or apparatus on behalf of a handicapped/disabled family member to permit an adult family member to work: \$ _____
(B) If such amounts are claimed, list the name of the handicapped/disabled family member on whose behalf they are claimed: _____
(C) _____Elderly and handicap allowance: An elderly and handicap household is one in which the head, spouse or sole member is 62 or older, disabled or handicapped
(D) _____Medical expenses. Elderly and handicapped households qualify for a medical expense deduction. If your household is an elderly or handicap household and you wish to claim this deduction, check here and provide documentation of the medical expenses you pay monthly or anticipate to pay for the current year: \$ _____

All Applicants

22. Does any member of your household receive regular cash contributions from agencies or from individuals not living with you? _____Yes _____No; Explain: _____
23. Does any member of your household receive income from assets, including interest, dividends, stocks, or bonds? _____Yes _____No; Explain: _____
24. Have you ever sold or given away any real property or assets in the past 2 years? _____Yes _____No
If yes, explain: _____
25. Does any member of your household attend a school of higher education full time/part time?
_____Yes _____No; Explain: _____
26. Does any member of your household receive money from school aid, scholarship or educational grants?
_____Yes _____No; Explain: _____
27. Do you, or any other member of your household currently use illegal drugs or other illegal controlled substances? _____Yes _____No; Explain: _____
28. Have you or any member of your household ever engaged in drug related criminal activity, such as use, possession, distribution, trafficking or manufacture of an illegal drug? _____Yes _____No. If yes, explain circumstances, outcome and present status: _____
29. Have you or any member of your household been involved in criminal activity that poses a threat to the health, safety or welfare of others? _____Yes _____No. If yes, when & where: _____
30. Have you, your spouse or co-applicant ever applied for a government subsidized apartment before?
_____Yes _____No. If yes, where: _____

31. Rental history. Enter the information requested for your current address and the most recent prior address. Include places where you were not listed on the lease and places you lived under a different name.

Applicant Current Street Address	City, State and Zip	Monthly Rent	Phone #
Landlord/Person in charge and Street Address	City, State and Zip	Applicant Paid Utilities	Landlord Phone

Move in date at current address _____ Security deposit paid at current address \$ _____

Do you have an executed lease agreement at the above address? ____Yes ____No

Applicant Previous Street Address	City, State and Zip	Monthly Rent	Phone #
Landlord and Street Address	City, State and Zip	Applicant Paid Utilities	Phone #

Name of household members living with you at previous address: _____

Security deposit paid at previous address \$ _____ Did you receive a full refund? _____
 Did you fulfill the lease term? _____. If no, explain: _____

Move in date at previous address _____ Move out date at previous address _____

32. Utility payment history. List the names of all utility companies which you now have, or have had accounts at the most recent previous and current addresses

Utility Company	Type (Gas, Electric)	Name of Account Holder	Property Address

33. Are you subject to a guardianship or Power of Attorney? ____Yes ____No

If you answered yes, please provide the appropriate court filing.

Statements by all adult household members. We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application, or, if move-in has occurred, terminate our rental agreement.

We the applicant, certify that the unit that we will be renting will be our household primary residence.

We authorize the property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services and to contact previous and current landlords or other sources for credit verification confirmation which may be released to appropriate federal, state or local agencies.

If our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence and that there are no other persons for whom we have or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

We have read and understand the information in this application, in particular, the information contained in the instructions for Head of Household and we agree to comply with such information.

We have been notified that the Resident Selection Plan which summarizes the procedures for processing applications is posted in the management office.

We understand that if this application is placed on a waiting list, we may request sample copies of the rental agreement and Policies and Guidelines. If this application is approved, and move-in occurs, we certify we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages and security deposits.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, criminal history, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household and all of our income is available for its needs.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

Date	Signature of Head of Household
Date	Signature of Spouse or Co-Applicant
Date	Signature of Co-Applicant
Date	Signature of Co-Applicant

Acceptance of completed application by management

Date	Signature of Management Representative



This project does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, it's federally assisted program's activities.

