| Office Use Only     | Application Number: |  |  |
|---------------------|---------------------|--|--|
| Date/Time Received: | / Received by:      |  |  |

| LUTHER | VILLAGE     | III |
|--------|-------------|-----|
| TENANT | APPLICATION |     |

| State<br>First | Zip<br>Date of Birth   | Years of Resi                                   |  |
|----------------|------------------------|---|--|
| State          | Zip<br>Date of Birth   | Years of Resi                                   | dence  |
| State<br>First | Zip<br>Date of Birth   | Telephone #                                     |  |
| First          | Date of Birth          |   |  |
| First          |                        |   | M or F   |
| First          | Middle Initial         | Last  | M or F   |
|                |                        |   | (Circle One)   |
|                | Date of Birth          |   | (,   |
|                |                        |   |  |
|                |                        |   |  |
| )ME:           | 1                      | VALUE OF ASSET                                  | 'S OWNED:  |
|                | Resident #2            |   |  |
|                |                        | Checking & Savings                              | \$   |
| ithout dedu    | ictions                | Money Market                                    | \$   |
|                |                        | Certificates of Deposit                         | \$   |
|                |                        | Stocks / Mutual Funds                           | \$   |
|                |                        | Bonds   | \$   |
|                |                        | Real Estate (Market Value                       |  |
|                |                        | less mortgage balance)                          | \$   |
|                |                        | TOTAL   | \$   |
|                | •                      | 5% of above TOTAL                               | \$   |
|                |                        | (this amount must be added to the TOTAL INCOME) |  |
|                | DME:<br>esident #1<br> | esident #1 Resident #2                          | OME:       VALUE OF ASSET         esident #1       Resident #2 |

\_\_\_\_\_

Address: \_\_\_\_\_\_
Telephone: \_\_\_\_\_\_

Address:

Previous Landlord: ...... from (\_\_\_\_\_) to (\_\_\_\_\_)

Telephone: \_\_\_\_\_

E

Name:

Name:

|                   | been evicted?     Yes     No       /hat Year?     Reason for Eviction                           |                    |
|-------------------|---|--------------------|
|                   | been convicted of a felony?       Yes       No         /hat Year?       Identify Felony         |                    |
|                   | been convicted or required to register for a sex offense?<br>hat year and state?                | ? Yes No No        |
| •                 | been convicted of theft, shoplifting, or crime where you  | served time and/or |
| probation?<br>Yes | No Identify Crime and date(s)   |                    |
| <u>.</u>          | been convicted of a violent crime with/without the use of No         Identify Crime and date(s) | · -                |
| The Information   | n Requested Below is Voluntary.   |                    |
|                   | ian/Alaska Native Asian Hispanic or Latin<br>ian/Pacific Islander White Non-Hispanic            | ,                  |
| SIGNATURE:        |   | DATE:              |
| (H                | Head of Household)  | DATE:              |
| (S                | Spouse/Second Occupant)   |                    |

