



RIVERS RESIDENCE RENTAL APPLICATION



All applicants of Rivers Senior Apartment Facility must be sixty years or older. A deposit of \$100 must accompany this application in order to be placed on the waiting list for a 1 or 2 bedroom apartment. Once an apartment becomes available and application has been approved, the deposit will roll into a portion of the security deposit. The waiting list deposit will only be refunded if the application is not approved. Please check your application to ensure we have complete information and phone numbers so we may process your application quickly. **Incomplete applications will delay processing. Manager may require additional information.**

PLEASE TELL US ABOUT YOURSELF

FULL NAME _____ HOME PHONE _____
DATE OF BIRTH _____ SSN _____
EMAIL ADDRESS _____ ALT PHONE # _____
NAME OF CO-APPLICANT _____ DATE OF BIRTH _____
CO-APPLICANT'S SSN _____
PLEASE LIST YOUR PETS _____
I AM INTERESTED IN: 1 bedroom apt _____ 2 bedroom apt _____ Any specific preferences? _____

PLEASE GIVE RESIDENTIAL HISTORY (past 3 years, list most current first)

CURRENT
ADDRESS _____ APT# _____ CITY _____ STATE _____ ZIP _____
MONTH/YR MOVED IN _____ REASON FOR LEAVING _____
MONTHLY PAYMENT _____ CURRENT LANDLORD/AGENT _____ PHONE _____

PREVIOUS
ADDRESS _____ APT# _____ CITY _____ STATE _____ ZIP _____
MONTH/YR MOVED IN _____ REASON FOR LEAVING _____
MONTHLY PAYMENT _____ CURRENT LANDLORD/AGENT _____ PHONE _____

FINANCIAL INFORMATION

PRIMARY INCOME SOURCE (Check all that apply) Full Time employment Part-Time Employment
 Pension Social Security Disability VA Benefits Other
MONTHLY INCOME _____ CO-APPLICANT MONTHLY INCOME _____
EMPLOYER _____ DATES EMPLOYED _____ POSITION _____
SUPERVISOR _____ PHONE # _____ SALARY _____
If currently employed for less than 12 months, please list previous employer and contact info. _____

EMERGENCY CONTACTS

Please list two emergency contacts that will not be residing with you.

NAME _____ ADDRESS _____ PH# _____

NAME _____ ADDRESS _____ PH# _____

PLEASE LIST YOUR REFERENCES (On back)

BANKING ACCOUNTS

Institution _____ Type of Account _____ ACCOUNT NUMBER _____

Institution _____ Type of Account _____ ACCOUNT NUMBER _____

PERSONAL REFERENCE

Name _____ Relationship _____ Phone Number _____

Your Driver's License Number _____ State _____

Vehicle Information _____

Make/Model _____ Year _____ License Plate _____ State _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ If SO, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN EVICTED? _____ IF SO, PLEASE EXPLAIN: _____

SIGNATURE AND CERTIFICATION

I certify that the above information is full and complete to the best of my knowledge. I understand that my signature authorizes the St. Joseph County Commission on Aging to run a full credit and background check. The information obtained will be used for the sole purpose of evaluating financial resources as they relate to supporting a 12-month lease. Applicant agrees to pay a non-refundable application fee of \$30.00 for purposes of verification and screening. Management reserves the right to require additional information as it pertains to income and background verification.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____