

**ST. CHARLES PLACE APARTMENTS
APPLICATION FOR LEASING ADDENDUM**

NAME _____ Please Print _____ Phone Number _____ Email Address _____

ADDRESS _____ Street _____ City _____ State _____ Zip Code _____

1. Household Composition – Please list all persons who will be living as part of the household. Use an additional page if necessary.

First	Household Member MI	Name Last	ID or Driver's License #	Social Security Number	Relation to Head of Household	Sex	Race	Birth Date (Including Year)
					HEAD OF HOUSEHOLD			

a. Yes No Are you married (legal or common-law)? Please list name of spouse _____

Answer the following questions if you are married (legal or common-law):

Yes No Does your spouse live with you? If not, where does your spouse live?
 Yes No Is your spouse temporarily absent from your home (due to employment, illness, incarceration, etc.)?
 Yes No If your spouse does not live with you, are you separated?

b. Yes No Are you single, divorced, or widowed?

c. Yes No Are any household members full time students? If yes, please list family members below (include all ages).

Name of Student	Age	Name of School	City / State

2. Income – Please indicate by checking “yes” or “no” if any of these types of income are received by any member(s) of the household. List ALL income earned or received by everyone living in the household, regardless of age. Please list the full amount of income before any deductions.

Type of Income	Yes	No	Name of Family Member Receiving Income	Source			Amount	Frequency (hourly, weekly, bi-weekly, monthly, etc.)	Date Income Started
Wages or Employment				Employer:		Phone # of Employer:			
				Employer Address:		Fax # of Employer:			
				Employer:		Phone # of Employer:			
				Employer Address:		Fax # of Employer:			
Type of Income	Yes	No	Name of Family Member Receiving Income	Source			Amount	Frequency (hourly, weekly, bi-weekly, monthly, etc.)	Date Income Started
Military Income									

Self-Employment Income			(ex: lawn care, hair stylist, babysitting, adult care, etc.)					
Temporary/Sporadic Income								
Cyclical or Seasonal Work								
Unemployment Benefits								
Child Support	Y e s	N o	Child's Name:	CIN:	STATE:	Non-Custodial Parent Name (First and Last):		
			Child's Name:	CIN:	STATE:	Non-Custodial Parent Name (First and Last):		
Pension/Retirement			Company/Organization:			Phone #:		
Social Security			Name of Family Member(s)					
SSI			Name of Family Member(s)					
TANF			Name of Family Member(s)					
Alimony			Name of Family Member(s)					
Food Stamps			Name of Family Member(s)					
Veterans Admin.								
Type of Income	Y e s	N o	Name of Family Member Receiving Income	Source		Amount	Frequency (hourly, weekly, bi-weekly, monthly, etc.)	Date Income Started
Regular Contributions or Gifts				(ex: Someone helps with bills, buying food, buying items such as cleaning products or hygiene items, etc.)				
Student Financial Assistance				(ex: Scholarships, Grants, Work Study, etc.)				
Lump Sum Payments								

Workers Compensation									

- a. Yes No Did you or any other member of your household file income taxes in the past twelve months? Please provide a copy of the Income Tax statement.
- b. Yes No Do you or any other member of your household plan to file income taxes in the following twelve months?

3. Assets – Do any household members have assets or receive income from assets? Check “yes” or “no” and complete all that apply to the household:

Type of Asset	Yes	No	Name of Family Member with Asset	Bank Name (Location of Asset if not held in a Bank)	Account No.	Approx. Value of Asset
Checking Account						
Savings Account						
Certificate(s) of Deposit						
Trusts						
Real Estate						
Stocks/Bonds						
Company Retirement or Pension Fund						
Insurance Settlements						
Type of Asset	Yes	No	Name of Family Member with Asset	Bank Name (Location of Asset if not held in a Bank)	Account No.	Approx. Value of Asset
IRA, 401(k), or other similar retirement savings						

Property					
Other (please specify)					
TOTAL VALUE:					

a. Yes No Has any asset been given away or sold for less than its fair market value in the past 2 years? (Real Estate, etc.)
 If yes, specify asset: _____ What was the market value? _____ How much did you receive? _____

b. How much interest or other income have you received from assets in the past year? _____

4. Additional Questions:

a. Yes No Are you or any other household member(s) a current abuser or addict of a controlled substance, or currently engaging in the illegal use of drugs and/or abuse of alcohol?

b. Yes No Have you or any other household member(s) been ARRESTED or CONVICTED for the illegal manufacture or distribution of a controlled substance?
 If yes, please state member(s) name: _____

What was the charge or conviction? _____ What county and/or state? _____

c. Yes No Have you or any other household member(s) been ARRESTED for or CONVICTED of any criminal activities in the past five years including drug-related offenses)?
 If yes, please state member(s) name: _____

What was the charge or conviction? _____ What county and/or state? _____
 Do you or any other household member(s) have to register as a sex offender? Name(s): _____

e. Yes No Have you received or been issued any lease violations or evictions in the past year from your owner/landlord/manager?
 If yes, please explain (You must provide any copies of lease violations):

5. What utilities are you currently responsible for?

<input type="checkbox"/> Yes <input type="checkbox"/> No ELECTRIC PROVIDER: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No TRASH	<input type="checkbox"/> Yes <input type="checkbox"/> No WATER	<input type="checkbox"/> Yes <input type="checkbox"/> No SEWER	<input type="checkbox"/> Yes <input type="checkbox"/> No GAS
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- a. If utilities are not in your name, please list whose name they are in. _____
- b. What is the relationship to the Head of Household? _____

All information provided on this application and other required documents is subject to verification. All family members age 18 or older should review the information on this form and all required releases which **MUST** be signed in order to be considered for a unit.

By my signature below, I do swear and attest that all information on this application is true and correct. By my signature, I grant permission for the Leasing Agent to verify information necessary to determine my eligibility. I further understand that false or incomplete statements are grounds for denial of this application.

Signature of Head of Household _____ Date _____ Signature of Spouse / Co-head _____ Date _____

Signature of Other Adult _____ Date _____ Signature of Other Adult _____ Date _____

Emergency Contact Person: _____ Relationship: _____ Phone No. _____