QuestCDC

IT IS THE POLICY OF THIS COMMUNITY TO RENT TO QUALIFIED PERSONS REGARDLESS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP, OR FAMILIAL STATUS, AND IN COMPLIANCE OF ALL FEDERAL, STATE, AND LOCAL LAWS.

A SEPARATE FORM MUST BE COMPLETED FOR EACH ADULT UNLESS MARRIED

SECTION 1 - HOUSEHOLD OCCUPANTS

Applicant _____ Date of Birth ___/___/___ Social Security # _____

Home #_____ Cell #_____E-Mail _____

List a spouse or any children that will be residing with you in this unit {Does not include other adults or children completing their own applications.

First/Last Name _____ Birth Date ____/____/_____ Social Security #_____

E-Mail _____ Phone:_____ Driver's License or State ID# _____

Relationship to Head of Household _____

First/Last Name _____ Birth Date ____/____/_____ Social Security #_____

E-Mail _____ Phone:_____ Driver's License or State ID# _____

Relationship to Head of Household _____

First/Last Name _____ Birth Date ____/____/_____ Social Security #_____

E-Mail _____ Phone:_____ Driver's License or State ID# _____

Relationship to Head of Household _____

SECTION 2 - RENTAL HISTORY

Current Address:

_____

Street APT # City/State/Zip Dates of Residency - From/To

Previous Address:

_____

Street APT # City/State/Zip Dates of Residency - From/To

SECTION 3 - BACKGROUND

A. Have you or any members of your household including children under 18, been involved in, arrested for, charged with, or convicted of any criminal activity? ☐ **Yes** ☐ **No** | If Yes, List the Household Member(s) _____

_____

B. Are you required to register with a sex offender registry? ☐ **Yes** ☐ **No**

If you answered "Yes," to either of the above questions, please list the criminal charges or activity and explain the circumstances of the involvement, arrest, charge or conviction. If additional space is needed, please write on the back of this page.

SECTION 4 -ACCESSIBILITY

Fully accessible units were designed for residents with mobility — related disabilities or who may use a wheelchair or scooter. These units offer features such as wider doors, lowered controls, light switches, counter, cabinets, roll under sinks etc. Applicants may apply for this type of unit anytime during their application process. Upon request an eligible household may be offered a fully accessible unit based on availability. Applicants may also request that special features be added to units where the household does not require full accessibility.

A. Does any household member require a fully accessible unit? ☐ Yes ☐ No

_____

B. Does any household member require a unit with special features or a program modification due to a disability?
☐ **Yes** ☐ **No** | If Yes, please describe the special feature needed to accommodate the household member's disability or handicap d complete a "Request for Reasonable Accommodation" form so that we may review your request(s):

_____

_____

SECTION 5 - EMERGENCY CONTACT/ 72 HOUR CLAUSE / SIGNATURES

Automobiles/Trucks/Motorcycles/Other-

Make:_____Model:_____Year:_____Color:_____Tag//:_____State:_____Expiration date _____

Make:_____Model:_____Year:_____Color._____Tag/:_____State:_____Expiration date _____

Emergency Contact - You must list Full Name, Full Address, Phone Number & Relationship to Applicant

First/Last Name _____ Address_____City_____State____Zip_____

Phone:_____ Relationship to Applicant _____

PET/SERVICE ANIMAL ☐ **Yes** ☐ **No** | Breed_____Color_____Weight _____ lbs Size: ☐ Sm ☐ Med ☐ Lg

Deposit Amount: $_____ (If approved, you must attach Picture and Current Shot Records Required annually)

72 HOUR CLAUSE FOR RETURN OF DEPOSIT

I certify that the facts set forth in this APPLICATION FOR RENTAL are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that a knowing and willful false statement on this application is ground for rejection by the rental manager. T apply to lease the above-described premises on substantially the terms set forth herein. As an inducement to the management to accept this application, I warrant that al statements contained herein are true. I have been advised and understand that residency at this community entails certain income restrictions and that residency is subject to qualification 1 agree that in addition to execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certification will be made under the penalty of perjury. It is understood that the Application is a part of the Lease and Resident hereby affirms that the statements and information contained in the Application are true and correct and that the Residents authority to the Landlord to obtain credit information with a Credit Reporting Agency, including, but not limited to the obtaining of a Consumer Credit Report on the Resident is a continuing right agreed upon by the Resident, including, but not limited to credit verification, skip tracing, or the collection of any delinquent accounts which the Resident may maintain with the Landlord.

Applicant certifies that within the past five years he or she has not obtained the status as an alien lawfully admitted or temporary residence in the United States pursuant to Section 245A (adjustment of status of certain aliens who resided in the United States as unlawful residents since before January I, 1982) or Section 2I OA (determinations of agricultural labor shortages and admission of additional Special Agricultural Workers) of the Immigration and Nationality Act.

Management and Applicant acknowledges that applicant has paid herewith a non-fundable fee of $_____, Applicant has submitted the sum of $ _____as security deposit in consideration for QuestCDC taking the apartment off the market while seeking approval of the application

You have 72 hours to cancel this application. After 72 hours the deposit will only be refunded if the application is not approved. The application fee in non-refundable. This application is preliminary only and does not obligate Management to deliver possession or the apartment.

No refunds will be made until check has cleared the bank. Your deposit will be returned upon completion and adherence lo the terms of your lease, Your Security Deposit will be held at the_____Bank Account Number: _____

By execution of this application, I hereby authorize the management to make such investigations into my history, as they may deem appropriate. I understand that such investigation typically includes (but are not limited to) verification of employment and salary, motor vehicle record check, criminal background check, rental history and consumer credit reports.

SIGNATURES

Applicant Signature DATE

Applicant Signature DATE

Applicant Signature DATE

Management Signature DATE

Office Use Only

Application Taken By:_____Date:_____

Unit Size Requested: _____Floor preference: _____

Comments from consultant: