

APPLICATION

AM 200-A1

CENTRUM MANAGEMENT, LLC.

NOTE: CENTRUM MANAGED COMMUNITIES REQUIRE ALL NEW RESIDENTS TO SIGN A NON-SMOKING ADDENDUM AT THE TIME YOU SIGN YOUR LEASE.

APPLICANT: _____ Birth date: ____/____/____

SSN: _____ ID Type: _____ ID #: _____ Exp: _____

CO-APPLICANT: _____ Birth date: ____/____/____

SSN: _____ ID Type: _____ ID #: _____ Exp: _____

I warrant that all individuals intending to make the prospective apartment home are 55+ ____ or 62+ ____ (Please check one only)

Other Household Members

1 Name _____ Birth Date _____ Social Security No _____

2 Name _____ Birth Date _____ Social Security No _____

3 Name _____ Birth Date _____ Social Security No _____

4 Name _____ Birth Date _____ Social Security No _____

STUDENT STATUS:

Are **all** of the residents of this household **full-time** student? [] Yes [] No

If YES, are the Applicant and Co-applicant married and do they file a joint tax return?
[] Yes [] No

RENTAL/OWNERSHIP HISTORY:

Current _____ Monthly Payment \$ _____ How Long: _____
Address: _____ Home Phone: _____

Rent/Own: _____ Landlord/Mortgage Company Contact: _____
Phone Number: _____

Reason for Moving: _____

(If Less than 5 years at Current Address)

Previous _____ Monthly Payment \$ _____ How Long: _____
Address: _____ Home Phone: _____

Rent/Own: _____ Landlord/Mortgage Company Contact: _____
Phone Number: _____

Move Out Date: _____

Reason for Moving: _____

Vehicle information:

Auto # 1: Make/Model _____ License Number: _____ State: _____

Auto # 2: Make/Model _____ License Number: _____ State: _____

ASSETS:

Assets Include: Cash (wherever held), trust corpus, equity in real estate or capital investments, note receivable, stocks, bonds, money market accounts, certificates of deposit, IRAs, retirement and pension funds, whole life insurance policies, annuities, and luxury personal property (gems, jewelry, art, coin collections, etc..).

Assets Do Not Include: Necessary personal property such as clothing, furniture, daily use autos, tools, dishes, any special equipment for use by the handicapped, term life insurance policies, and assets of a business.

Type of Asset	Value of Asset	Income from Asset
1) Checking Account Bank: _____ Acct #: _____	(Average balance for last 6 months)	Expected Interest per year:
2) Savings Account Bank: _____ Acct#: _____	(Current Balance)	Expected Interest per Year:
3) Real Estate Address: _____ _____	Estimated Value of Property:	Is Property Being Rented? <input type="checkbox"/> Yes <input type="checkbox"/> No Expected Income:
4) Whole Life Insurance Policy Contact: _____ Policy #: _____	Current Cash Value:	
5) Other: _____ Contact: _____ ID#: _____		
6) Other: _____ Contact: _____ ID#: _____		
7) Other: _____ Contact: _____ ID#: _____		
8) Other: _____ Contact: _____ ID#: _____		

Have you disposed of any assets for less than fair market value in the last 24 months? [] Yes [] No
 Is this asset included above? [] Yes [] No

Unemployment Affidavit:

I am not presently employed in any capacity. I am not under any affirmative obligation to obtain employment and do not anticipate becoming employed within the next twelve months. I do not receive unemployment compensation or other benefits as a result of my unemployment status.

 Signature/Date

 Signature/Date
INCOME:

Please list all sources of income and gross amounts below.

Income Includes:

Alimony, child support, welfare, employment, aid to dependent children, social security, annuities, insurance policies, retirement benefits, pensions, disability, gifts from family, and other regular periodic payments. Please consult the property staff for complete list of other income.

Source/ Contact	Applicant #1	Applicant #2
Social Security	\$ _____/Month	\$ _____/Month
Disability/SSI Source: _____ Phone: _____	\$ _____/Month	\$ _____/Month
Pension Source: _____ Phone: _____	\$ _____/Month	\$ _____/Month
Retirement Source: _____ Phone: _____	\$ _____/Month	\$ _____/Month
Employment Source: _____ Phone: _____	\$ _____/Month	\$ _____/Month
Regular Periodic Gifts Source: _____ Phone: _____	\$ _____/Month	\$ _____/Month
Other Source: _____ Phone: _____	\$ _____/Month	\$ _____/Month

EMERGENCY CONTACTS: (to be contacted by a member of the Property Staff in cases of medical emergency, or when lease terms are not being met)

Name: _____ Phone: _____

Address: _____ Relationship: _____

Do you have any pets? Yes or No (Circle one and provide details below if Yes)

Name: _____ Type/Breed: _____ Weight: _____ Age: _____

Name: _____ Type/Breed: _____ Weight: _____ Age: _____

I hereby deposit \$ _____ with Management as a good faith deposit in connection with this rental application. If my application is accepted, I understand that this deposit can be applied toward my refundable security deposit of \$ _____ and my administrative fee of \$ _____ (non-refundable), which are due in full on the date I take possession of the apartment. **If, and when management accepts my application, I agree to execute the rental agreement within 30 days of the date of this application.** If the apartment selected during this application process is not available to occupy within 30 days of this application, I agree to take occupancy within 5 days of its' availability. I acknowledge that my application will be deemed withdrawn and I will not be entitled to possession of the apartment if I fail to so execute and deliver the rental agreement. I hereby waive any claim to damages by reason of non-acceptance.

I understand that I may cancel this application within three days and receive a full refund of this good faith deposit, less the administrative fee. If I cancel after three days, or fail to execute the rental agreement or refuse to occupy the premises on the agreed upon date, I understand this deposit will be forfeited by me for incurred expenses and loss of rent due to my cancellation.

I acknowledge that this application is subject to review and approval of Management and I understand Management has the sole discretion to decide if I can rent this apartment. I authorize Management to confirm the information listed in this application, and to make any inquiries about me of any of the references listed in my application, my employer, and any credit reporting agencies. I certify that all information contained on this three page application is true. If during the application process, there are any changes, which affect eligibility, such as change in household composition, income, student status, or other relevant factors, my application may be denied. If so, I cannot re-apply at a Centrum Management community for at least 45 dates from the date my application was denied.

Have you ever been convicted of a felony? Yes or No (Circle one and provide details below if Yes)

Applicant's Signature/Date

Co-Applicant's Signature/Date

Agent for Management

Apartment Address Assigned: _____

Projected MI Date: _____