

Please list the properties you wish to apply for:

ADD-ON \_\_\_\_\_  
Revision 11/11



APARTMENT NAME \_\_\_\_\_

CITY \_\_\_\_\_

*This application requires a \$25 application fee p/adult issued to the name of the property. Do not send cash.*



**APPLICATION FOR OCCUPANCY  
INCOMPLETE APPLICATIONS WILL BE RETURNED**

Please complete application and mail or fax to the address at the bottom of this page. One application covers all Life Style, Inc. properties. Completed applications are placed in order of date and time received. LIFE STYLE, INC. is an Equal Housing Opportunity provider, in compliance with 504 and Fair Housing Regulations. LIFE STYLE, INC. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. We will assist any applicant needing help completing this application. **PLEASE USE BLUE OR BLACK INK.** If faxing application, please fax all sides and mail original.

**APPLICANT NAME:** \_\_\_\_\_  
First Middle Last

**CO-APPLICANT NAME:** \_\_\_\_\_  
First Middle Last

**CURRENT ADDRESS:** \_\_\_\_\_ **APT. #:** \_\_\_\_\_ **P.O. BOX #:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE: ( )** \_\_\_\_\_  
**CELL #: ( )** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

**Size of unit desired:** \_\_\_\_\_ **Date of occupancy:** \_\_\_\_\_  
How did you hear of this housing development and/or Life Style, Inc.? \_\_\_\_\_ Newspaper / \_\_\_\_\_ Internet - which site? \_\_\_\_\_  
\_\_\_\_\_ Friend / \_\_\_\_\_ Family / \_\_\_\_\_ Social Services / \_\_\_\_\_ Employer / Other: \_\_\_\_\_

**EMERGENCY CONTACTS:**

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY, STATE, ZIP: _____	CITY, STATE, ZIP: _____
PHONE #: ( ) _____	PHONE #: ( ) _____
CELL #: ( ) _____	CELL #: ( ) _____

**HOUSEHOLD MUST SHOW A SOURCE OF INCOME TO BE ELIGIBLE FOR HOUSING.**

**APPLICANT'S EMPLOYER**  
Name/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

**CO-APPLICANT'S EMPLOYER**  
Name/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

**ADDITIONAL HOUSEHOLD INCOME**

Name/Company	Address, City, State & Zip	Phone	Monthly Amount
			\$
			\$

**HOUSEHOLD COMPOSITION - List head of household and all other members who will occupy the unit.**

First	Middle Initial	Last	Relationship	Birth Date	Sex	Age	Social Security #
1.			to Head				
2.							
3.							
4.							
5.							
6.							
7.							

**CURRENT HOUSING STATUS – ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY**

Monthly rent paid \$ \_\_\_\_\_ Monthly utility cost \$ \_\_\_\_\_ Number of bedrooms \_\_\_\_\_ Number of occupants \_\_\_\_\_  
Are you currently using Section 8 or get assistance by a Housing Voucher? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, will this voucher transfer with you ? Yes \_\_\_\_\_ No \_\_\_\_\_ Who provides the voucher? \_\_\_\_\_  
Do you have a pet? Yes \_\_\_\_\_ No \_\_\_\_\_ Will this animal accompany you to your new residence? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you need this animal for medical reasons? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the name, address & phone number of the medical professional that will verify the medical need for the animal: \_\_\_\_\_

**RENTAL REFERENCES – PLEASE INCLUDE COMPLETE NAMES, ADDRESSES AND PHONE NUMBERS OF YOUR LANDLORD, MANAGEMENT COMPANY OR MORTGAGEES FOR THE LAST FIVE YEARS. IF YOU HAVE NOT RENTED BEFORE PLEASE LIST YOUR PLACES OF RESIDENCE FOR THE LAST FIVE YEARS.**

Have you ever lived in any other state(s) within the past 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_ which ones? \_\_\_\_\_  
Have you ever rented with Life Style, Inc. before? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How long have you lived here? From: \_\_\_\_\_ To: present Rented \_\_\_\_\_ Owned \_\_\_\_\_ Family \_\_\_\_\_ Friend \_\_\_\_\_  
Landlord/Mortgagee name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Cell #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Past Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How long did you live there? From: \_\_\_\_\_ To: \_\_\_\_\_ Rented \_\_\_\_\_ Owned \_\_\_\_\_ Family \_\_\_\_\_ Friend \_\_\_\_\_  
Landlord/Mortgagee name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Cell #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Past Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How long did you live there? From: \_\_\_\_\_ To: \_\_\_\_\_ Rented \_\_\_\_\_ Owned \_\_\_\_\_ Family \_\_\_\_\_ Friend \_\_\_\_\_  
Landlord/Mortgagee name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Cell #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you currently use any tobacco products? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you a current illegal user of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been convicted of the illegal use of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been convicted of the illegal manufacture or distribution of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you answered yes to any of the three previous questions, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been evicted or had an unlawful detainer or an eviction filed against you? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been convicted or plead guilty of a crime including a felony, gross misdemeanor or misdemeanor anywhere in the United States? Which state(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**APPLICANT CERTIFICATION**

- A. Please note that this is an application and give you no lease or rent rights. At the time of acceptance of a unit, you must contact the Management Agent within 48 hours to accept the unit and submit a security deposit. You will then have seven (7) additional days to cancel the tenancy and receive the security deposit back. The deposit will be held according to the terms of the lease. The Management will refund deposits of any applicants who are not approved. No deposit is required at this time with this application.
- B. This application will also be used to establish our waiting list for future occupancy. You are required to contact the project office every six (6) months if you wish to be kept on our waiting list. If you do not contact us, your application will be removed from our waiting list.

I/We certify that if I/we move into this development, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We do hereby authorize LIFE STYLE, INC. and its staff or authorized representatives to contact previous or current landlords, local police departments, offices, groups or organizations, rental research agencies or other sources for credit and verification which may be released to appropriate Federal, State or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that my eligibility for housing will be based on LIFE STYLE, INC.'s tenant selection criteria. I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

\_\_\_\_\_  
Signature of Head of Household Date

\_\_\_\_\_  
Signature of other household member over 18 Date

\_\_\_\_\_  
Signature of Co-Head Date

\_\_\_\_\_  
Signature of other household member over 18 Date