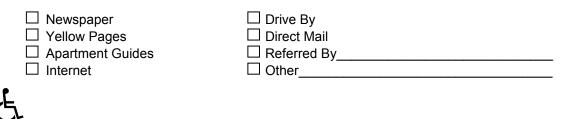
APPLICATION FOR OCCUPANCY

PERSONAL (please print)						
Applicants Name	are you 18 or older	are you 62 or older	Social Securi	y Number Driver's License No or ID		or ID #
0	YES are you 18 or older	YES are you 62 or older				- ID #
Co-Applicant/Spouse	YES	YES	Social Securi	ty Number	Driver's License No o	и ID #
Number and Street		Applicants Home Phone	9	Other Phone	Number	email
City/State/Zip		Co-Applicants Home Ph	ione	Other Phone	Number	email
Other Occupants Name		Relationship		Social Security Number		How many
						Bedrooms are you requesting?
Does your household have any reasonable account of the second sec		•	Yes []No [Describe	
Current Source of Income	Name of Contact Person			Telephone N	0.	If employed, How long?
Street Address	City State		Zip		Monthly Income	
2nd Source of Income	Name of Contact Person		Telephone No.		If employed, How long?	
Street Address	City State		Zip		Monthly Income	
3rd Source of Income	Name of Contact Person			Telephone No.		If employed, How long?
Street Address	City State		State	Zip		Monthly Income
RESIDENCE HISTORY						
Present Landlord or mortgage holder name		Telephone No.		How Long? Reason for leaving?		
Street Address	City	•	State	Zip	•	Monthly Rent/ Mortgage
Previous Landlord or mortgage holder name		Telephone No.		How Long? Reason for leaving?		-
Street Address	City	•	State	Zip	-	Monthly Rent/ Mortgage
In Case of Emergency Notify (other than occupant)	-	Telephone No.	Do you have	any pets? If so	o, specify (type, breed, adu	ult weight)

How did you hear about our community?





APPLICATION FOR OCCUPANCY cont.

Applicant has submitted the sum of \$______ which is a nonrefundable payment for a credit check, and/or criminal conviction check.______

I hereby deposit \$______with Management as a good faith deposit in connection with this application. If application is approved and tenancy taken, this deposit shall apply to initial move-in costs in accordance with the terms of the lease/occupancy agreement. I understand I may cancel this application by written notice within 72 hours and receive a full refund of this good faith deposit. If application is denied, Management will refund this good faith deposit in full. I understand that it may take up to 30 days for me to receive a refund if I cancel within 72 hours or if my application is denied. I hereby agree to the above terms and conditions.

Date

Date

Date and time

What date would you like to move in?_____

Applicant

Co-applicants/Spouse

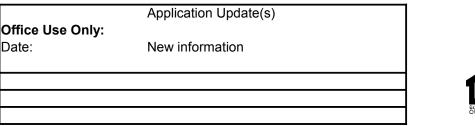
Management Agent

eason Application Declined	Monies Delivered with this application		
 Unfavorable criminal conviction history Unfavorable report from previous landlord Incorrect Information Number of occupants Other 	Deposit\$ Credit Check Fee\$ Pet Fee/ Deposit\$ Other\$ Total\$		

Approved or declined by

Date

We are an equal housing opportunity provider. We provide housing without discrimination on the basis of race, color, religion, sex, physical or mental handicap, familial status, national origin or other protected classes.





AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant/Resident Name: Property:		pt. #:
\bigcirc Initial Certification \bigcirc Recertification (Annual or Interim)	Date expe	cted to move in:
C Recertification (Annual or Interim)	ł	Effective date:
In order to comply with federal regulations red for applications/ residents of tax credit housin and return it as soon as possible.		
I/We, hereby authorize the release of	-	on requested by
Blue Water Village East	†	
regarding my/our income and assets photocopies of this authorization ma	. I/we understa	
Applicant/ Resident Signature	Date	Social Security #
Applicant/ Resident Signature	Date	Social Security #

The information obtained will only be used to determine eligibility in said program and will be kept confidential and not released outside of this scope.

This release for information will expire thirteen months form the date of signature

OCCUPANT COMPOSITION CERTIFICATION

Name:		Address:			Unit #	-
Please List yourself, all dependents and any persons living with you. *All children age 6 or older must have a social security number. This is to be reported to the office.						
Last Name First name	Relationship	Birthdate	Place of birth	SS#	Occupation	Annual Income
	ſ	1	1	1	1	

I/We certify that the information given above is an accurate account of our family composition and is our total family income for the next twelve months.

I/We understand that false information will place me/us in violation of the terms of our Lease and/or Occupancy Agreement and render me liable for prosecution.

Home phone #	Work phone #	Emergency contact name	emergency #			
Resident signature	Date	Spouse/co-resident's signate	Spouse/co-resident's signatureDate			
	\Box I do not wish to rece	ertify and will pay the market rent :	amount			