



HENRY T. WING

RESIDENCES

Thank you for your interest in our community! If you would like to apply for residency at _____, the following forms require your signature:

- Application for Residency
- Release to Obtain Information (Credit & Criminal consent form)
- Landlord verification form

You will also need to submit the following with each application:

- Copy of State issued photo identification
- 2 of your most recent and consecutive paystubs

RENTAL APPLICATION

(**Note:** Each co-resident over 18 years of age must submit a separate application.)

APPLICANT

Full Name: _____ Phone #: _____
Social Security #: _____ Date of Birth _____
Occupation: _____ Gross Annual Income: _____

☐ 1 Bed

☐ Two bedroom

List others to reside in apartment:

1. _____
2. _____

Present Address:

Street: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Rent or Own? _____ Dates: _____ Mthly Payment: _____
Landlord/Lender: _____ Street _____
City: _____ State: _____ Phone: _____

Previous Address:

Street: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Rent or Own? _____ Dates: _____ Mthly Payment: _____
Landlord/Lender: _____ Street _____
City: _____ State: _____ Phone: _____

Previous Address:

Street: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Rent or Own? _____ Dates: _____ Mthly Payment: _____
Landlord/Lender: _____ Street _____
City: _____ State: _____ Phone: _____

Current Employer or Income Source:

(Please attach most recent W-2, 1099 tax documents or the most recent month's pay stubs)

Name of Employer/Source of Income: _____

Address: _____

Phone #: _____ Employment Date: _____

Position: _____ Salary: _____

Previous Employer or Income Source:

Name of Employer/Source of Income: _____

Address: _____

Phone #: _____ Employment Date: _____

Position: _____ Salary: _____

Other source of Income:

	Type of Income	Source/Bank	Gross Annual Amount
1.	_____	_____	_____
2.	_____	_____	_____

Bank References:

Name and Address of Bank: _____

Account Type and Account #: _____ Balance: \$ _____

Name and Address of Bank: _____

Account Type and Account #: _____ Balance: \$ _____

Credit References:

Account Type	Acct. #	Bank Name	Bal. Owed
_____	_____	_____	_____
_____	_____	_____	_____

Relatives/Emergency Contact (Not residing with you)

1. Name: _____ Relationship: _____
Address: _____ Phone: _____

2. Name: _____ Relationship: _____
Address: _____ Phone: _____

How Did You Hear About Us?

- ☐ Advertisement – If so, which newspaper or website? _____
- ☐ Friend, family or co-worker – If so, please give us the name of the person who referred you so we can thank them: _____.
- ☐ Other -- Please explain: _____.

Base rent and other monthly charges are due and payable on the first day of each month in advance.

Management shall not make any inquiry concerning race, religious creed, color, national origin, sex, sexual orientation, age (except if a minor), ancestry or marital status of the applicant or concerning the fact that the applicant is a veteran or a member of the armed forces or is handicapped or disabled. The applicant authorizes the Management and/or Renting Agency to obtain or cause to be prepared a consumer credit report relating to the applicant.

Neither the Owner nor the Management is responsible for the loss of personal belongings caused by fire, theft, smoke, water or otherwise, unless caused by their negligence.

The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation a Lease agreement in the usual form, a copy of which the applicant has received or has had occasion to examine, which lease or agreement may be terminated by the Lessor if any statement herein made is not true. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature. I hereby authorize the Landlord to obtain a consumer credit report, criminal background report as well as information regarding my employment and rental history. I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

Deposit is to be applied to actual damages sustained by the owner, except it is to be refunded if said application is not accepted by the owner. This application and deposit are taken subject to previous applications.

Signature of Applicant

Date

Signature of Applicant

Date

Base Rent Per Month _____

Other Monthly Charges _____ Explain _____

Application Fee _____ Security Deposit _____

Last Month's Rent _____ Bal. Due Upon Acceptance _____

By signing this document electronically, I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document



Credit & Criminal Consent Form

To: HallKeen Management

Re: **Release to Obtain Information**

In consideration for being permitted to apply for this apartment at _____, Applicant, do represent all information in this application to be true and accurate and that owner/manager/ employee/agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing, including, but not limited to, credit and criminal background reports.

I, Applicant authorize any person or credit/criminal background checking agency having any information on me, to release any and all such information to the owner/manager employee/agent or credit checking agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

All applicants over 18 must sign:

Applicant:

Signature

Social Security #

Date

By signing this document electronically, I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document

Print Name

Applicant:

Signature

Social Security #

Date

By signing this document electronically, I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document

Print Name

Applicant:

Signature

Social Security #

Date

By signing this document electronically, I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document

Print Name

Applicant:

Signature

Social Security #

Date

By signing this document electronically, I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document

Print Name

Pursuant to fair housing laws, advertising/marketing must not indicate any preference or limitation, or otherwise discriminate based on race, color, disability, religion, sex, familial status, sexual orientation, gender identity, national origin, genetic information, ancestry, children, marital status, or public assistance recipient. This prohibition includes phrases such as "active adult community" and "empty nesters". Exceptions may apply if the preference or limitation is pursuant to a lawful eligibility requirement.

Landlord Verification Form

Date: _____

To whom it may concern:

_____ has applied for residency at our property. In order to complete the application process, we require completion of the below listed questions.

It would be appreciated if you would complete these items, and return this form in the enclosed envelope. **To expedite the process, please feel free to email the information to _____.**

Thank you for your assistance in this matter.

Sincerely,

Leasing & Management Staff, Hall Keen Management

I, _____ hereby authorize the release of the below listed information regarding current or previous housing.

Applicant signature

date

By signing this document electronically, I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document

Address: _____

Amount of monthly rent: _____

Dates of Residency: _____

Was the rent paid in a timely fashion? _____

Were there ever any complaints from neighbors? _____

Were there any other lease or rule violations? _____

Has the resident been asked to move from the premises? _____

Would you rent to the tenant again? _____

If no, please comment: _____

Prepared by (signature): _____

Date: _____

Please print name: _____

Position or title: _____