



### PRE-APPLICATION FOR HOUSING

Apartment Name \_\_\_\_\_

Date Rcvd: \_\_\_\_\_  
(Office Use Only)

City \_\_\_\_\_

Time Rcvd: \_\_\_\_\_  
(Office Use Only)

How did you hear of this property?  Newspaper  Website  Social Service Agency  
 Sign  Friend/Relative  Other (Specify) \_\_\_\_\_

What size of home are you applying for?  1BR  2BR  3BR When? \_\_\_\_\_

**PERSONAL INFORMATION - One application for each applicants 18 years and older.**

Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race \* National Origin \*\*

City, State, Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**ADDITIONAL HOUSEHOLD MEMBERS - List all household members that will reside in your household during your occupancy.**

| First Name | Last Name | Relationship to Applicant | Date of Birth | Age | Sex | Social Security # | Race * | National Origin ** |
|------------|-----------|---------------------------|---------------|-----|-----|-------------------|--------|--------------------|
|            |           |                           |               |     |     |                   |        |                    |
|            |           |                           |               |     |     |                   |        |                    |
|            |           |                           |               |     |     |                   |        |                    |
|            |           |                           |               |     |     |                   |        |                    |

Household Race/Nationality - The following information is requested by us to ensure that Federal Laws prohibiting discrimination against tenants/applicants on the basis of race, national origin and sex are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner/agent is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

**\* RACE - Please use the following codes to indicate the race of your household members:**

(1) American Indian; (2) Asian; (3) Black or African American; (4) Native Hawaiian/Pacific Islander; (5) White

**\*\* National Origin - Please use the following codes to indicate the National Origin of your household members:**

(A) Hispanic/Latino; (B) Not Hispanic/Latino

**REFERENCES - List all places you have lived for the last five years.**

**Current Landlord:** \_\_\_\_\_ Phone # \_\_\_\_\_ Dates Rented: \_\_\_\_\_

Landlord Address: \_\_\_\_\_  
Address City State Zip Code

Rented Address: \_\_\_\_\_  
City State Zip Code

**Previous Landlord:** \_\_\_\_\_ Phone #: \_\_\_\_\_ Dates Rented: \_\_\_\_\_

Landlord Address: \_\_\_\_\_  
Address City State Zip Code

Rented Address: \_\_\_\_\_  
City State Zip Code

**Previous Landlord:** \_\_\_\_\_ Phone #: \_\_\_\_\_ Dates Rented: \_\_\_\_\_

Landlord Address: \_\_\_\_\_  
Address City State Zip Code

Rented Address: \_\_\_\_\_  
City State Zip Code

**PRIOR, CURRENT, AND FUTURE HOUSING STATUS**

- Yes  No Have you rented from CEPCO Management Inc. in the past? If yes, where? \_\_\_\_\_
- Yes  No Do you or any member of your household who wants to claim Handicapped/Disability Status?
- Yes  No Do you require a unit with accessible features for assistance with mobility, hearing, or visual impairments?
- Yes  No Have you or any member of your household had an eviction action filed against you?
- Yes  No Have you or any member of your household been convicted of a crime?
- Yes  No Are you receiving any assistance from any Housing Assistance Program (HUD, Section 8, etc.) or plan to?
- Yes  No Do you anticipate any changes to your household composition in the next 12 months?

**STUDENT STATUS**

Yes  No Are any members of your household a student and over the age of 18 years?

**HOUSEHOLD INCOME INFORMATION - Indicate which incomes are received from all household member.**

|                              |                             |                            |                              |                             |                               |
|------------------------------|-----------------------------|----------------------------|------------------------------|-----------------------------|-------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Employment Income?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pensions or Annuities         |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Unemployment Compensation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Regular Cash Contributions?   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Child Support Payments?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Income from other agencies?   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Alimony Payments?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Interest from asset accounts? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Welfare Assistance?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Income from a dependent?      |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Social Security Benefits?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other Income?                 |

**HOUSEHOLD INCOME SOURCES - Indicate household member, income source, and annual income amount.**

| HOUSEHOLD MEMBER | SOURCE OF INCOME (Name, address, and phone number) | ANNUAL INCOME AMOUNT |
|------------------|--|----------------------|
|                  |  |                      |
|                  |  |                      |
|                  |  |                      |
|                  |  |                      |

**HOUSEHOLD ASSET INFORMATION - Indicate which assets are held by household members.**

|                              |                             |                    |                              |                             |                          |
|------------------------------|-----------------------------|--------------------|------------------------------|-----------------------------|--------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Checking Accounts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Certificates of Deposit? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Savings Accounts?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Money Market Funds?      |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stocks or Bonds?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Retirement Accounts?     |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Real Estate?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pension Funds?           |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Annuity Accounts?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other Assets?            |

**HOUSEHOLD ASSETS HELD - Indicate household member, asset source, and asset value.**

| HOUSEHOLD MEMBER | ASSETS HELD/ TYPE OF ASSET (Name, address, and phone number) | ASSET VALUE |
|------------------|--|-------------|
|                  |  |             |
|                  |  |             |
|                  |  |             |
|                  |  |             |

**DEDUCTIBLE EXPENSES - Expenses associated with our Senior (62 or older), handicap, or disabled applicants.**

|                              |                             |   |          |
|------------------------------|-----------------------------|---|----------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you receive Medicare Benefits? If yes, what is your monthly Medicare premium?          | \$ _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have supplemental health insurance? If yes, what is your monthly premium?          | \$ _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you receive Medical Assistance?  |          |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have any outstanding medical bills on which you are continuing to pay?             |          |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you expect to have any medical expenses during the next 12 months?                     |          |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you pay for a care attendant or any equipment for a handicap member of your household? |          |

**EMERGENCY CONTACTS - Individuals you wish us to contact in case of an emergency.**

|                            |                |                     |
|----------------------------|----------------|---------------------|
| <u>Contact Name:</u> _____ | Phone #: _____ | Relationship: _____ |
| Address: _____             | _____          | _____               |
|                            | Address        | City                |
|                            |                | State               |
|                            |                | Zip Code            |
|                            |                |                     |
| <u>Contact Name:</u> _____ | Phone #: _____ | Relationship: _____ |
| Address: _____             | _____          | _____               |
|                            | Address        | City                |
|                            |                | State               |
|                            |                | Zip Code            |

**SIGNATURE AND DATE - Your application will only be accepted, for consideration if signed and dated.**

I/We certify that all information in this pre-application is true to the best of my/our knowledge and that false statement or information is punishable by law and will lead to cancellation of the application or termination of tenancy after occupancy.

I/We do hereby authorize CEPCO Management, Inc. and their staff or authorized representatives to contact emergency contacts listed, any agencies, offices, groups or organizations to obtain and verify any information which is deemed necessary to complete my/our application for housing in the property managed by CEPCO Management, Inc.

I/We understand that by signing this form, I/We are granting CEPCO Management, Inc. permission to verify my/our credit, public, collection, criminal, eviction, and rental history.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Applicant

**APPLICATION REFERENCE FEES - Application fee is required for each adult member of the household. HUD properties do not require application fees.**

An application reference fee, in the amount of \$\_\_\_\_\_ per adult member of the household, is required by the management agent for the purpose of checking the applicant's credit, public, collection, criminal, eviction, and rental history through the background screening company RHR Rental History Reports. The application fee is required for each adult member of the household. We only require the application fee to be paid when a unit is available or will be available and your application is being considered for occupancy. Our written Resident Section Criteria is available upon request. Checks or money orders only.

CEPCO Management, Inc. is an equal opportunity housing provider and employer.