



Dear Applicant,

Thank you for your interest in Doreatha D. Campbell Senior Housing!

Doreatha D. Campbell Senior Housing is walking distance to banks, shopping, pharmacies, and restaurants. The Willingboro Senior Center offers transportation to and from the Center for our residents, at their request.

Amenities include: Community Room, laundry room on each floor, trash room on each floor, patio / garden area, and secure entry.

The Virtua Mobile Grocery Store is at the building on Tuesday mornings, as well as health screenings the first Tuesday of the month.

We have a Social Services Coordinator on Tuesday and Thursday.

Utilities Included in rent: heat, gas, water, and sewer.

All applicants 18 years of age and older must include a **\$50.00 money order** made payable to Doreatha D. Campbell Senior Housing, as a non-refundable application-processing fee.

Please make sure that the application is signed and **ALL** pages are completed.

Applications not completed in their entirety will not be processed.

Again, if you have any questions when completing the application, please feel free to contact me at (609) 877-4014.

Sincerely,

Michele Sloan
Property Manager

Doreatha D. Campbell

Senior Housing

Gross Annual Income Limits By Household Size

# Of People	Minimum Income	Maximum Income
1	\$16,000.00	\$40,150.00
2	\$20,000.00	\$45,900.00

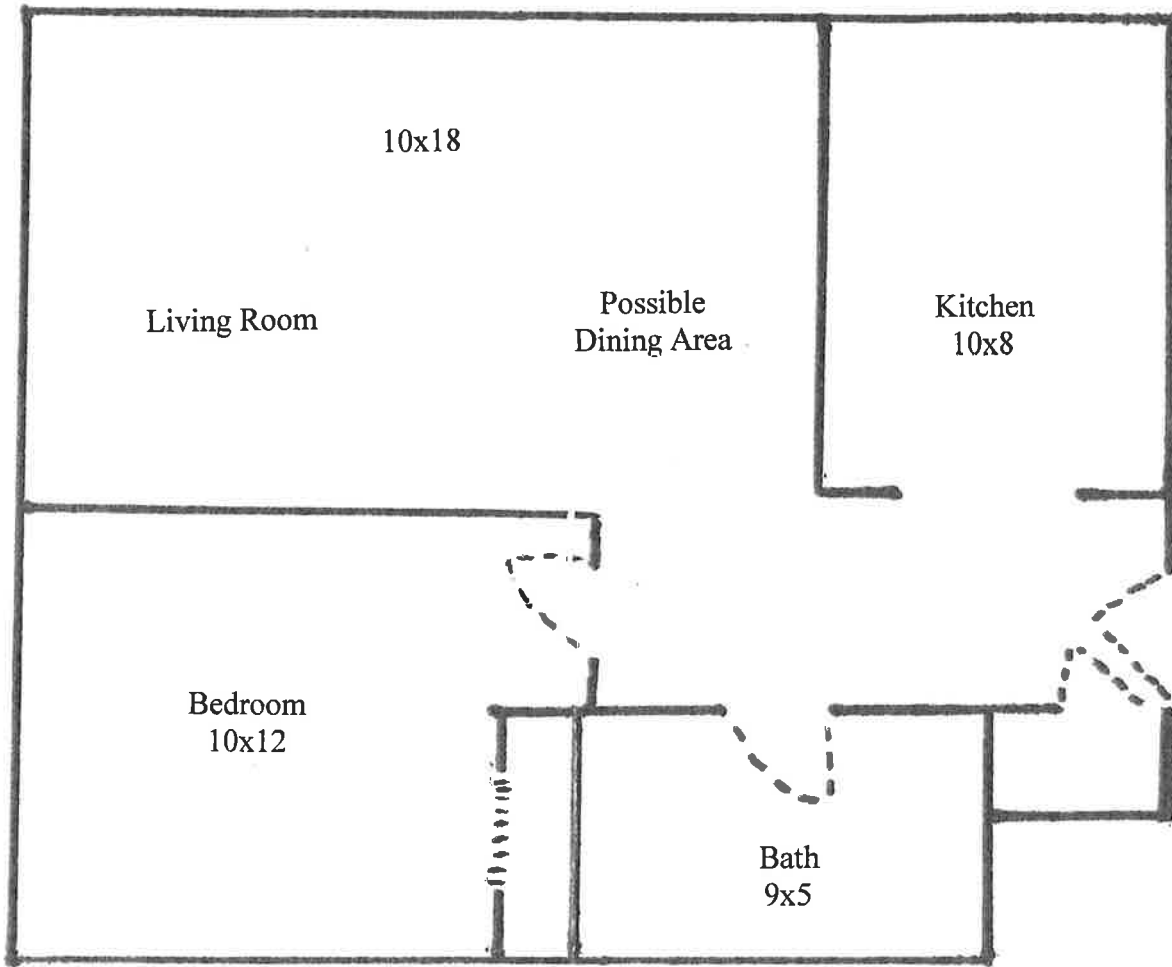
Rent And Security Deposit Information

1 Bedroom: \$840.00 Per Month

Security Deposit: \$1,260.00

Max Rent: \$1,075.00

When an apartment becomes available, a deposit of \$400.00 will be required to hold the unit for you. This deposit will be applied to your first months rent.



APPLICATION FOR HOUSING

PROPERTY NAME: Doreatha D. Campbell Senior Housing

DATE: _____
TIME: _____

Applications are placed in order of date received. An applicant may be interviewed only after the receipt of this tenant application, which must be fully completed and signed by all family members 18 of age and older. **Please answer every question! Partially filled out applications will be returned for completion.**

How did you learn about this property? _____

PLEASE PRINT CLEARLY

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt # City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you RENT or OWN or Live w/ family

Amount of current monthly rental or mortgage payment: \$ _____ Do you currently reside at a HUD property and do you receive a subsidy? Yes No

If owned, do you receive monthly rental income from property? Yes No

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: One BR Two BR Three BR

Do you or any member of your household need any specific unit designs, such as wheelchair accessibility, visual aids (Braille) or apparatus for hearing assistance? Yes No

If Yes, describe: _____

If a member of a household needs reasonable accommodations in order to participate in the application process or to make effective use of the housing program, the applicant has the right to request such an accommodation. _____

Will you be making any reasonable accommodation requests for any members of your household?
 Yes No

Describe: _____

The owner and management do not discriminate against applicants on the basis of limited access or any other reason



B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to Head	Marital Status D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Full or Part Time Student Y/N
Head		Head					
Co-T							
3							
4							
5							
6							
7							
8							

Are you enrolled as a student in an institute of higher education? Yes No
(Institutions of higher education include post-secondary and vocational institutions)

Have you or will you be a full-time student for at least 5 months this calendar year? Yes No
(Five calendar months do not need to be consecutive)

Do you anticipate any additions to the household in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain	

Will all of the persons in the household be full-time students this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? <input type="checkbox"/> Yes <input type="checkbox"/> No
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IF YES, ANSWER THE FOLLOWING QUESTIONS: (Please circle the correct answer)

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full-time student(s) an AFDC or a title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?	Yes	No
Have any full-time students previously been in foster care?	Yes	No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, **cross out** or write N/A.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	401-K	\$
	Veteran's Benefits (list claim #)	\$
	Reverse Mortgage Income	\$
	Unemployment Compensation	\$
	Long Term Insurance	\$
	AFDC/TANF	\$
	AFDC/TANF	\$
	Regular payments from a severance package?	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Regular gifts from anyone outside the household? (Recurring Gifts)	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Self-Employment amount	\$
	Description:	
	How long has applicant been self-employed doing this work?	
	Alimony	
	Are you <i>entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <i>yes</i> , list the amount you are <i>entitled</i> to receive	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <i>yes</i> , list amount you receive	\$
	Child Support	
	Is your child support court – ordered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive	\$
	If entitled but do not receive, what attempts have been made to collect?	
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		
MISCELLANEOUS:		
Do you have a voucher from DCA or the housing authority?		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

Cash	#	Bank	Balance \$
Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

Trust Accounts	#	Bank	Balance \$
IRA Accounts	#	Where?	Balance \$
Certificates of Deposit	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
401(k)/Retirement Accounts	#	Where?	Balance \$
Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$

Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$

Life Insurance Policy	#		Cash Value \$
Life Insurance Policy	#		Cash Value \$

Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$

Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

Investment Property		Appraised Value \$
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Real Estate (home, land, camp, mobile home, etc.: <i>Do you own any property?</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction	

Has anyone in the household disposed of any asset in the last 2 years (Example: given away money, sold property to a relative, set up Irrevocable Trust Accounts, etc.) for less than fair market value?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset</i>	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above or are you holding jewelry, coins, stamps, etc. as an investment (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of any crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you or any member of your family ever been evicted from any housing or denied subsidy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Briefly describe your reasons for applying:		
Have you ever experienced a fire in your apartment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If so, what was your address at the time and who was your landlord?</i>		

F. REFERENCE INFORMATION

Current Landlord	Name of Landlord:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
	Applicants Address:	

Prior Landlord	Name of Landlord:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
	Applicants address when renting from this landlord:	

Prior Landlord	Name of Landlord:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
	Applicants address when renting form this landlord:	

Personal Reference:

Address:

Relationship:

Phone #:

In case of emergency notify:

Address:

Relationship:

Phone #:

G. VEHICLE INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:

CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and 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. I/We further consent to have the Owner/Management Agent verify all of the information contained in this Rental Application as well as my/our credit, landlord, criminal background and personal references.

Any changes in family household income or student status changes are required to be reported to the management office within 10 days of the change.

All adult applicants, 18 or older, are required to sign application.

SIGNATURE(S):

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date

Disclosure Statement:

New Jersey's Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64 (FCHA), limits a housing provider's ability to consider a person's criminal history in deciding whether to extend an offer or whether to rent a home after extending an offer.

Before making a conditional offer of housing, AAH Management Co., Inc. may consider only whether an applicant has a conviction for the manufacture or production of methamphetamine on the premises of federally assisted housing, or whether an applicant has a lifetime registration requirement under a State sex offender registration program. AAH Management Co., Inc. will not consider, or request from an applicant or any other person or entity, any other information about an applicant's criminal history as part of the application process until and unless a conditional offer of housing has been made.

After extending a conditional offer of housing, AAH Management Co., Inc. intends to review and consider an applicant's criminal record in determining whether to rent a home, in accordance with the FCHA and its accompanying rules.

AAH Management Co., Inc. will not, either before or after the issuance of a conditional offer, evaluate or consider any of the following criminal records:

- (1) arrests or charges that have not resulted in a criminal conviction;
- (2) expunged convictions;
- (3) convictions erased through executive pardon;
- (4) vacated and otherwise legally nullified convictions;
- (5) juvenile adjudications of delinquency; and
- (6) records that have been sealed.

AAH Management Co., Inc. may consider, after the issuance of a conditional offer, a criminal record that:

- Resulted in a conviction for murder, aggravated sexual assault, kidnapping, arson, human trafficking, sexual assault, endangering the welfare of a child in violation of N.J.S.2C:24-4(b)(3);
- Resulted in a conviction for any crime that requires lifetime state sex offender registration;
- Is for any 1st degree indictable offense, or release from prison for that offense, within the past 6 years;
- Is for any 2nd or 3rd degree indictable offense, or release from prison for that offense, within the past 4 years; or
- Is for any 4th degree indictable offense, or release from prison for that offense, within the past 1 year.

For more information about how these rules apply, please refer to the resources at <https://www.njoag.gov/about/divisions-and-offices/division-on-civil-rights-home/fcha/>.

AAH Management Co., Inc. may withdraw a conditional offer based on your criminal record if AAH Management Co., Inc. determines, by a preponderance of the evidence, that the withdrawal is necessary to fulfill a substantial, legitimate, and nondiscriminatory interest.

If AAH Management Co., Inc. utilizes any vendor or outside person/entity to conduct a criminal record check on their behalf, AAH Management Co., Inc. will take reasonable steps to ensure that the vendor or outside person/entity conducts the criminal record check consistent with the requirements of the FCHA and rules. Specifically, if AAH Management Co., Inc. receives a criminal history inquiry conducted by a vendor or outside person or entity that is conducted in violation of the FCHA in that it reveals a record that is not permitted to be considered under the FCHA, AAH Management Co., Inc. must show that it did not rely on that information in making a determination about your tenancy.

If you are subjected to the withdrawal of a conditional offer of housing due to criminal history, you have the right to request and receive the materials relied upon by AAH Management Co., Inc. in making this determination.

You have the right to dispute, within ten (10) days of receiving this statement, the relevance and accuracy of any criminal record, and to offer evidence of any mitigating facts or circumstances, including but not limited to your rehabilitation and good conduct since the criminal offense. You may also provide evidence demonstrating inaccuracies within aspects of your criminal record which may be considered under the FCHA, or evidence of rehabilitation or other mitigating factors to AAH Management Co., Inc. at any time, including after the ten days.

Any action taken by AAH Management Co., Inc. in violation of the process laid out in this statement may constitute a violation of the FCHA. If you believe that any owner, agent, employee, or designee of AAH Management Co., Inc. has violated any of the above requirements, you may contact the New Jersey Division on Civil Rights at www.NJCivilRights.gov 1-866-405-3050). A complaint must be filed with DCR within 180 days of the allegedly discriminatory conduct. You cannot be subjected to retaliation for filing a complaint or for attempting to exercise your rights under the FCHA. DCR has several fair housing fact sheets available at <https://www.nj.gov/oag/dcr/housing.html>, or available for pickup in any of DCR's four (4) regional offices.

31 Clinton Street, 3rd Floor
Newark, NJ 07102

5 Executive Campus
Suite 107, Bldg. 5
Cherry Hill, NJ 08002

1601 Atlantic Avenue, 6th Fl.
Atlantic City, NJ 08401

140 East Front Street, 6th Floor
Trenton, NJ 08625

Housing Provider Signature

Date

Prospective Tenant Signature

Date

Declaración de divulgación:

Ley de Equidad en la Vivienda de Nueva Jersey, N.J.S.A. 46:8-52 a 64 (FCHA), limita la capacidad de un proveedor de vivienda para considerar los antecedentes penales de una persona al decidir si extiende una oferta o si alquila una casa después de extender una oferta.

Antes de hacer una oferta condicional de vivienda, AAH Management Co., Inc. solo puede considerar si un solicitante tiene una condena por fabricación o producción de metanfetamina en instalaciones de vivienda con asistencia federal, o si un solicitante tiene un requisito de registro de por vida bajo un programa estatal de registro de agresores sexuales. AAH Management Co., Inc. no considerará, ni solicitará a un solicitante o cualquier otra persona o entidad, ninguna otra información sobre los antecedentes penales de un solicitante como parte del proceso de solicitud hasta que se haya realizado una oferta condicional de vivienda.

Después de extender una oferta condicional de vivienda, AAH Management Co., Inc. pretende revisar y considerar los antecedentes penales del solicitante para determinar si alquila una casa, de acuerdo con la FCHA y las reglamentaciones adjuntas.

AAH Management Co., Inc. no evaluará ni considerará ninguno de los siguientes antecedentes penales, ni antes ni después de la emisión de una oferta condicional:

- (1) arrestos o cargos que no hayan dado lugar a una condena penal;
- (2) condenas suprimidas;
- (3) condenas eliminadas mediante el indulto ejecutivo;
- (4) condenas anuladas o invalidadas legalmente de otro modo;
- (5) sentencias juveniles por delincuencia; y
- (6) antecedentes expurgados.

Después de la presentación de una oferta, AAH Management Co., Inc. puede considerar un antecedente penal que:

- Haya resultado en una condena por asesinato, agresión sexual agravada, secuestro, incendio provocado, trata de personas, agresión sexual, poner en peligro el bienestar de un niño en infracción de N.J.S.2C:24-4(b)(3);
- Haya resultado en una condena por cualquier delito que requiera el registro estatal de por vida de agresores sexuales;
- Sea procesable por cualquier delito en primer grado, o liberación de prisión por ese delito, dentro de los últimos 6 años;
- Sea procesable por cualquier delito de segundo o tercer grado, o liberación de prisión por ese delito, dentro de los últimos 4 años; o
- Sea procesable por cualquier delito de cuarto grado, o liberación de prisión por ese delito, dentro del último año.

Para obtener más información sobre cómo se aplican estas reglamentaciones, consulte los recursos en <https://www.njoag.gov/about/divisions-and-offices/division-on-civil-rights-home/fcha/>.

AAH Management Co., Inc. puede retirar una oferta condicional basada en sus antecedentes penales solo si AAH Management Co., Inc. determina, por preponderancia de la evidencia, que esta acción es necesaria para satisfacer un interés sustancial, legítimo y no discriminatorio.

Si AAH Management Co., Inc. utiliza a cualquier proveedor o persona/entidad externa para realizar una verificación de antecedentes penales en su nombre, AAH Management Co., Inc. tomará medidas razonables para garantizar que el proveedor o la persona/entidad externa realice la verificación de antecedentes penales de acuerdo con los requisitos de la FCHA y las reglamentaciones. Específicamente, si AAH Management Co., Inc. recibe una investigación de antecedentes penales realizada por un proveedor o una persona o entidad externa que se lleva a cabo y no cumple con la FCHA en el sentido de que revela un registro que no puede considerarse según la FCHA, AAH Management Co., Inc. debe demostrar que no se basó en esa información para tomar una determinación sobre su arrendamiento.

Si está sujeto a la retirada de una oferta condicional de vivienda debido a antecedentes penales, tiene derecho a solicitar y recibir los materiales en los que se basa AAH Management Co., Inc. para tomar esta determinación.

Usted tiene derecho a disputar, dentro de los diez (10) días posteriores a la recepción de esta declaración, la relevancia y exactitud de cualquier registro penal, y a ofrecer evidencia de cualquier hecho o circunstancia atenuante, incluidos, entre otros, su rehabilitación y buena conducta desde el delito penal. También puede proporcionar evidencia que demuestre inexactitudes en aspectos de sus antecedentes penales que puedan considerarse según la FCHA, o evidencia de rehabilitación u otros factores atenuantes a AAH Management Co., Inc. en cualquier momento, incluso después de los diez días.

Cualquier acción tomada por AAH Management Co., Inc. en violación del proceso establecido en esta declaración puede constituir una violación de la FCHA. Si cree que algún propietario, agente, empleado o persona designada por AAH Management Co., Inc. no ha cumplido con alguno de los requisitos anteriores, puede comunicarse con la División de Derechos Civiles de Nueva Jersey en www.NJCivilRights.gov (1-866-405-3050). Se debe presentar una queja ante la DCR dentro de los 180 días posteriores a la presunta conducta discriminatoria. No puede ser objeto de represalias por presentar una queja o por intentar ejercer sus derechos en virtud de la FCHA.

La DCR tiene distintas hojas informativas sobre equidad en la vivienda disponibles en <https://www.nj.gov/oag/dcr/housing.html>, o puede obtenerlas en cualquiera de las cuatro (4) oficinas regionales de la DCR.

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Firma del proveedor de vivienda

Fecha

Firma del poible inquilino

Fecha



NATIONAL TENANT NETWORK

Rental Application Form

Applicant Information

Last Name			First Name			M.I.			Co-Applicant Last Name			First Name			M.I.					
Date of Birth			Social Security Number			Home Telephone			Date of Birth			Social Security Number			Home Telephone					
Current Street Address						City			State			Zip Code			Co-Applicant Current Address (if different)					
Previous Street Address						City			State			Zip Code			Co-Applicant Previous Address (if different)					
Length of Residence at Current Address __ months			Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No			Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent			Length of Residence at Current Address __ months			Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No			Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent					

Present Housing Information

Landlord or Agent Name			Landlord Telephone Number			Co-Applicant Landlord or Agent Name			Landlord Telephone Number								
Reason for Leaving			Length of Rental __ months			Monthly Rent			Reason for Leaving			Length of Rental __ months			Monthly Rent		

Employment Information

Present Employer Name			Position			Co-Applicant Employer Name			Position														
Supervisor Name			Telephone Number			Supervisor Name			Telephone Number														
Employer Address						City			State			Zip Code											
Employed From			To			Salary			per <input type="checkbox"/> month <input type="checkbox"/> year			Employed From			To			Salary			per <input type="checkbox"/> month <input type="checkbox"/> year		

Banking Information

Bank Name			Telephone Number			Name			Telephone Number								
Account Number			Ever Filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings			Account Number			Ever Filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Emergency Contact Information

Name			Telephone Number			Name			Telephone Number		
Address			Relationship			Address			Relationship		

Other Information

Car Year / Make / Model / /			License Plate State / Number			Car Year / Make / Model / /			License Plate State / Number		
Other Residents (Names / Ages)						Other Residents (Names / Ages)					

New Jersey's Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64 (FCHA), limits a housing provider's ability to consider a person's criminal history in deciding whether to extend an offer or whether to rent a home after extending an offer. Full disclosure regarding this law is being made to you in a supplemental notice. Your signature below confirms your receipt of both documents.

Applicant Signature(s)

By signing below, I/we authorize that the above information is correct and complete and authorize Landlord to obtain information it deems desirable in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises. I also understand that the application fee is non-refundable, even if my application is rejected.

Applicant: X Date: Co-Applicant: X Date:

OFFICE USE ONLY

NTN Access Number:		Address/Unit Applied for:		Monthly Rent Amount for unit applicant is applying for: \$	
Date Screened:		Projected Move-In Date:		Apartment / Unit Type:	

Submit above information to NTN

Phone: (800) 422-8299 Fax: (888) 885-7528 Web: www.ntnonline.com