

FPI RENTAL APPLICATION - TAX CREDIT

Apartment Community Name _____

A separate application is required from each occupant 18 years of age or older.

Applicant - Last	First	Initial	Marital Status	Drivers License #	Social Security #	Date of Birth
Other Residents				Relationship	Social Security #	Date of Birth
				Relationship	Social Security #	Date of Birth
				Relationship	Social Security #	Date of Birth
				Relationship	Social Security #	Date of Birth
				Relationship	Social Security #	Date of Birth
				Relationship	Social Security #	Date of Birth

Do you anticipate the addition of any new household members in the next 12 months? (Circle) YES / NO

If YES please explain:

Do you need an accessible unit? Yes [] No [] If yes, please check one: [] Mobility [] Sensory

Residence History - Please provide all residence history for past 2 years.

Current Address	Address, City, State, Zip					Phone
	Move-In Date	Projected Move-Out Date		Monthly Payment		Own/Rent/Lease
	Landlord or Mortgage Co.			Address, City, State, Zip		Phone
	Reason for Moving					

Previous Address	Address, City, State, Zip					Phone
	Move-In Date	Move-Out Date		Monthly Payment		Own/Rent/Lease
	Landlord or Mortgage Co.			Address, City, State, Zip		Phone
	Reason for Moving					

Previous Address	Address, City, State, Zip					Phone
	Move-In Date	Move-Out Date		Monthly Payment		Own/Rent/Lease
	Landlord or Mortgage Co.			Address, City, State, Zip		Phone
	Reason for Moving					

Employment History

Current Employer	Employer Name			Address, City, State, Zip		Phone
	Supervisor Name			Start Date	Salary per Year, Month, Hour (Circle One)	Position/Occupation

Additional Employment	Employer Name			Address, City, State, Zip		Phone
	Supervisor Name			Start Date	Salary per Year, Month, Hour (Circle One)	Position/Occupation

Previous Employer	Employer Name			Address, City, State, Zip		Phone
	Supervisor Name			End Date	Salary per Year, Month, Hour (Circle One)	Position/Occupation

Vehicles

Auto #1 - Make	Model	Year	Color	License	State
Auto #2 - Make	Model	Year	Color	License	State

Additional Information

Have you ever filed for Bankruptcy?	When?	Have you ever been evicted or asked to move?	Describe:
Will you have any pets?	Describe pet:	Will you have any liquid furniture?	Describe furniture:

Emergency Contact

Name of Nearest Relative/Contact	Relationship	Address, City, State, Zip	Phone
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Personal References

Name of Personal Reference	Length of Acquaintance	Address, City, State, Zip	Phone
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APPLICATION PROCESSING FEE \$ _____

In compliance with the FAIR CREDIT REPORTING ACT, this is to inform you that a credit investigation involving the statements made on this application for tenancy of this apartment community is being initiated. I further authorize FPI Management, Inc. to obtain credit reports, character reports and rental history as needed to verify all information put forth in this application. Management reserves the right to terminate at its election if any person knowingly or willingly makes fraudulent statements on this application. It is illegal and against our policy to discriminate against any person because of race, religion, color, sex, national origin or disability.

I understand that any change to my household income, assets, student status and/ or other compositions after the date of my signature, but prior to initial occupancy must be disclosed immediately to management staff.

I understand that I acquire no rights in an apartment until a fully executed rental agreement has been completed and all monies due have been paid. I certify that to the best of my knowledge, all statements are true and complete.

Applicant	Date
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Email Address:

Day Time Phone #:



FPI Management, Inc.

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August 2015 supersedes July 2015