BEN	NETT M/	ANAGEM	FOR OFFICE USE ONLY							
RENTAL APPLICATION							Date & Time Received			
Property Name	oad Apartı	Bedroom Size								
Unit #	Rent Amt.		Dep \$	M/I Date						
Full Name						Maiden/Form	er Name(s)			
Current Address					Phone					
Mailing Address					Msg. Phone					
Do you claim handicapped	or disabled st	tatus?	YES / NO	Are you pres	u presently homeless? YES / NO					
Are you currently a Student	t?	YES / NO Do you inter			nd to become a student YES / NO					
Have you ever been evicted		property? YES / NO If yes, expla								
Do you have any pets?		YES / NO	Email:							
PLEA	SE PRINT CL	EARLY INFO	ORMATION OF	N ALL HOUS	EHOLD OCCU	PANTS INCLU	JDING APPL	ICANT		
NAME		RELATIONSHIP TO APPLICANT			DOB	AGE	SEX	SOCIAL SECURITY NO.		
1		SELF			<u> </u>					
2		<u> </u>			<u> </u>					
3		<u> </u>								
4		<u> </u>			<u> </u>	<u> </u>				
5						<u> </u>				
INCOME SOURCES		Tenant #	Tenant #	Tenant #		EMPLOYN	MENT INFO.	TENANT#		
Employment Income (Mont	hly Gross)	\$	\$	\$	Employer Na					
Social Security Income		\$	\$	\$	Employer Add	dress				
Supplemental SS Income		\$	\$	\$	<u> </u>					
Social Security Disability In	come	\$	\$	\$	Supervisor Na	ame				
VA Pension		\$	\$	\$	Employer Pho	one				
Alimony		\$	\$	\$	EMPLOYMENT INFO. TENANT #					
Unemployment		\$	\$	\$	Employer Name					
AFDC/TANF		\$	\$	\$	Employer Ad	Employer Address				
Other Income Sources		\$	\$	\$						
ASSET INFORMA	TION	Tenant #	Tenant #	Tenant #	Supervisor Na	Supervisor Name				
Checking Account Balance	:	\$	\$	\$	Employer Ph	Employer Phone				
Savings Account Balance		\$	\$	\$	EMPLOYMENT INFO. TENAN			TENANT#		
Money Market Balance		\$	\$	\$	Employer Na	Employer Name				
Monthly Pension Income		\$	\$	\$	Employer Address					
Monthly Annuity Income		\$	\$	\$						
Monthly Retirement Accour	nt Income	\$	\$	\$	Supervisor Name					
Other Income Sources	er Income Sources \$ \$ E			Employer Ph	Employer Phone					
			REN	ITAL REFERE	NCES					
Name / Address of Current	Landlord							Phone		
Move-In Date Current Rent			t Amt	Amt 30-day		e given		Move-Out Date		
Reason For Leaving										
Name / Address of Previou	s Landlord							Phone		
Move-In/Out Date		Rent Amt			Reason for Le	Reason for Leaving				
Name / Address of Previou	s Landlord	_						Phone		
Move-in/Out Date Rent Amt					Reason for Le	eaving				
Please provide a complet	e list of all st	tates in whic	h you or any	member of yo	our household	l has resided	:			
Have you or anyone in you If yes, Explain	r household b	een convicted	l of any crime	other than traf	ffic violations?		YES	NO		
Are you or anyone in you	r household	subject to a l	lifetime sex o	ffender regis	tration in any	state?	Yes NO	o		
In case of an emergency pl	ease contact:									
			Name		_	Relationship		Phone #		

## Disclosure:

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).\*\*

I/We authorize BMC to contact present and previous landlords, obtain credit information and conduct a background check based on the information provided on this application.

I/We certify that the information provided within this application form is true, accurate and complete to the best of my/our knowledge.

Resident Signature	Date	Resident Signature	Date	Resident Signature	Date
		Manager Signature	Date		



Bennett Management Company, LLC

Attn.: Property Manager, PO Box 10342, Eugene, OR 97440

Telephone Contact: (541) 485-6991 or TTY 711

Name and Address of screening company: Experian, PO Box 4500, Allen TX 75013 1-888-397-3724

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