

**BACO REALTY CORPORATION  
RENTAL APPLICATION**

Property Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Unit Number \_\_\_\_\_ Unit Size Applying for: \_\_\_\_\_ Requested Move-in Date \_\_\_\_\_

NOTE: All Sections 1 through 16 along with signature(s) and date(s) must be completed before this application can be processed.

**1. APPLICANTS NAME(S) AND CURRENT ADDRESS**

Head of Household:	Date of Birth:	
Social Security No.	Drivers License No. or I.D. No.	
Spouse/Co-Applicant:	Date of Birth:	
Social Security No.	Drivers License No. or I.D. No.	
Current Address:	City:	State: Zip Code
Current Phone No.	Work Phone	Other Phone

2. PRESENT LANDLORD: Name \_\_\_\_\_ Phone No. \_\_\_\_\_

LIST YOUR ADDRESS(ES) FOR THE LAST (5) YEARS:

ADDRESS	LANDLORD	TELEPHONE NO.	DATE(S)	
			FROM	TO

HOUSEHOLD: How many people will be occupying the unit: \_\_\_\_\_. Beginning with the head of household, list the legal names of all persons who will be residing in the unit. Indicate by checking "yes" or "no" if the person is a full time student.

First & Last Name(s)	Relationship	Social Security No.	Birth Date	Student Status			
				Full Time		Part Time	
				Yes	No	Yes	No
1.	Head of Household						
2.							
3.							
4.							
5.							
6.							

4. CHANGE IN HOUSEHOLD SIZE: Do you anticipate a change in your household size within the next 12 months?  YES  NO  
If Yes, explain: \_\_\_\_\_

5. STUDENT STATUS DISCLOSURE: Will all the occupants of the household be full time students?  YES  NO

A full time student is a adult individual that is currently or will be enrolled in 12 hours of classes per week and will be enrolled at an educational institution with regular facilities, other than correspondence school, during 5 months of the year.

6. ANTICIPATED INCOME: Below is a complete statement of anticipated income to be considered for each occupant for the 12 month period commencing on the date of occupancy.  
Anticipated Income is as follows:

Name of Employer/Agency	Employer	SSI	SSA	Child Support	Unemplo.	Disabil.	Other	

Anticipated income is defined as:

- The full amount before any payroll deductions of wages, salaries, overtime, commissions, fees, tips and bonuses from employment;
- Net income from the operation of a business or profession;
- Regular payments from social security, annuities, insurance policies, retirement funds, pensions, disability, death benefits and or other similar types of recurrent payments;
- Payments in lieu of earnings, such as unemployment, disability compensation, worker's compensation and or severance pay;
- Public assistance income, where payments include amounts specifically designated for shelter and utilities;
- Allowances such as alimony, child support and regular contributions or gifts from persons not residing in the unit
- All regular and special pay and allowances from members of the Armed Forces (whether or not they are living in the unit of the household or spouse;
- Any earned income tax credit to the extent it exceeds income tax liability;

- Annual income from interest, dividends and other income from net family assets, including income distributed from trust funds;

**Excluding**

- Infrequent, occasional or irregular gifts;
- Amounts which are specifically for reimbursement of medical expenses;
- Lump sum payments such as inheritances, insurance settlements resulting from accidents, health hazards or other injuries, capital gains and settlements for personal or property losses;
- Amounts of educational scholarships paid directly to the student or the educational institution for tuition, fees, books and equipment amounts paid by the government to a veteran for the costs of tuition, fees, books and equipment;
- Special pay to a head of a family service person who is away from home and exposed to hostile fire;
- Relocation payments under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
- Foster child care payments;
- The value of coupon allocation for the purchase of food pursuant to the Food Stamp Act of 1964;
- Payments received pursuant to participation in ACTION volunteer programs;
- Income from the employment of children (including foster children) under the age of 18 years.

7. ASSETS: Assets are defined as cash (wherever held), trust funds, equity in real estate or capital investments, notes receivable, stocks, bonds, money market accounts, IRAs, retirement and pension funds, and luxury personal items (gems, jewelry, art, coin collections, etc...) **Do not include** necessary personal property assets (clothing, furniture, daily use autos, tools, dishes, etc.), special equipment for the handicapped, cash value of life insurance policies and assets of a business. List all Assets and their anticipated income below. If no income is earned from a single or combined asset valued over \$5,000, use the HUD Passbook Rate of 2.0%. Indicate the actual or imputed asset income by checking the appropriate box. **If NONE, indicate NONE in the spaces provided. This includes checking and savings accounts.**

Type of Asset	Account No.	Value of Asset	Earnings (interest)	Actual <input type="checkbox"/> or Imputed (2%) <input type="checkbox"/>	Actual <input type="checkbox"/> or Imputed (2%) <input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

8. COMBINED ASSETS: Do the assets listed above exceed \$5,000 for the entire household?  YES  NO

9. DISPOSAL OF ASSETS: Have you disposed of any assets valued at \$1,000.00 or more in the past two years?  YES  NO  
If yes, provide documentation showing the value of the disposed asset along with the amount you received.

10. CREDIT REFERENCES:

Name and Address	Account No. / Loan No.	Monthly Payment

11. PERSONAL REFERENCES: Name and Address Telephone Number

A. \_\_\_\_\_

B. \_\_\_\_\_

12. AUTOMOBILE (S)

Make/Model	Year	Color	License Plate No.	State

13. Pets: Do you have any pets?  YES  NO  
How many? \_\_\_\_\_ Type and Size? \_\_\_\_\_

14. BANKRUPTCY: Have you or your spouse/co-applicant ever declared bankruptcy?  YES  NO  
If yes, what year \_\_\_\_\_

15. CRIME: Have you or your spouse/co-applicant ever been convicted of a crime, placed on probation/parole, or is there a current warrant for your arrest, or are you currently involved in any criminal activity?  YES  NO  
If yes, Explain: \_\_\_\_\_

16. DISABLED STATUS: We are required as a housing credit agency administering its low-income housing credit program, to the best of our ability to provide disability status information, pursuant to 42 U.S.C. 1437z-8 on each occupant at our community. However, it is the tenant's voluntary choice whether to provide such information. There is no penalty for persons who do not complete this question. Please list each household member's name below who will be residing at our community and answer yes or no if any household member is disabled according to Fair Housing Act definition for disability.

First and last Names	Relationship	Disability- Yes or No

17. APPLICATION AGREEMENT: Applicant agrees to pay a non-refundable Application Fee in the amount set forth on the attached form, which defrays Owner's administrative costs in processing the application. The undersigned person represents that all the above statements are true and complete and hereby authorize verification of such information via credit reports, rental history reports, release of information by employer (present and former) and other means. I also authorize all persons/firms named and unnamed in this application to freely provide any and all requested information concerning myself and hereby waive all right of action for any consequence resulting from such information. Failure to answer any of the above inquiries shall entitle owner to reject this application. False information given above shall entitle the owner to (1) reject this application (2) retain the application fee(s) and deposit(s) as liquidated damages for the owner's time and expenses of processing this application, and (3) terminate resident's right of occupancy. False information may also constitute a serious criminal offense under the law of this state in any lawsuit relating to this application agreement or rights under statute or government

regulations, the prevailing party is entitled to recover attorney's fees and all other costs of litigation from the non-prevailing party. The Owner reserves the right to report information about payment performance to consumer credit reporting agencies. I swear under the penalty of perjury that the above information provided is true to the best of my knowledge.

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Signature of Head of Household

Date

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Signature of Spouse/Co-Applicant

Date



