

PRELIMINARY APPLICATION
Pillar Property Services, LLC

This is a preliminary application. If you are accepted as a potential resident, we will verify all information given on this application with 3rd-party verifications.

The information you provide on this preliminary application will be treated as confidential. It includes information necessary for determining your preliminary housing eligibility.

Please answer each question by filling in the blank spaces provided. Answer each question as completely as possible. An incomplete application may prevent us from processing your paperwork for housing.

Property Name or Address: Chesney-Kleinjohn Apartments

I. APPLICANT INFORMATION

Name of Applicant: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Size of unit I am interested in: _____ (# of Bedrooms) I need a handicapped-accessible unit: _____ Yes _____ No

Name of Co-Applicant/Spouse: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

(If the same as Applicant, write in SAME)

LIST EVERYONE WHO WILL LIVE IN YOUR HOUSEHOLD (Include yourself as Head Of Household)

Name	Relationship (Spouse, Child, etc.)	Social Security #	Birth Date	Sex M or F
1.	Head of Household			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

II. EMPLOYMENT INFORMATION

Name of Employer for Applicant: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Employed from: _____ to _____ Fax #: _____

- Salary:** 1- Hourly wage: \$ _____
 2- Number of hours you work per week _____
 3- Number of weeks you work per year: _____
 4- Do you work overtime on an ongoing basis? Yes _____ No _____
 If yes, # of hours you work per week _____

- OR** 5- Monthly salary: \$ _____
 6- Biweekly salary: \$ _____
 7- Semi-monthly salary: \$ _____

Name of Employer for Applicant: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Employed from: _____ to _____ Fax #: _____

- Salary:** 1- Hourly wage: \$ _____
 2- Number of hours you work per week _____
 3- Number of weeks you work per year: _____
 4- Do you work overtime on an ongoing basis? Yes _____ No _____
 If yes, # of hours you work per week _____

- OR** 5- Monthly salary: \$ _____
 6- Biweekly salary: \$ _____
 7- Semi-monthly salary: \$ _____

III. BENEFITS INFORMATION

LIST SOURCES OF INCOME FROM BENEFITS PAYMENTS

Name of Household Member	Type of Income	Monthly Amount
	<i>Social Security</i>	\$
	<i>Social Security</i>	\$
	<i>SSI</i>	\$
	<i>SSI</i>	\$
	<i>AND</i>	\$
	<i>TANF</i>	\$
	<i>Child Support</i>	\$
	<i>Alimony</i>	\$
	<i>Pension</i>	\$
	<i>OAP</i>	\$
	<i>Unemployment</i>	\$
	<i>Other (Please specify)</i>	\$

IV. ASSETS AND INCOME FROM ASSETS

LIST ANY ASSETS YOU OR THE CO-APPLICANT HAVE (SUCH AS CHECKING ACCOUNTS, SAVINGS ACCOUNTS, STOCKS, MUTUAL FUNDS, ETC. - EXCLUDE PERSONAL PROPERTY SUCH AS AUTOMOBILES)

<i>Type of Asset</i>	<i>Name of Financial Institution</i>	<i>Location of Institution</i>	<i>Account #</i>	<i>Balance</i>	<i>Interest Rate (if any)</i>

V. CURRENT HOUSING

Do you currently? _____ Rent _____ Own

If you rent, please skip to the next section

If you own, do you have a mortgage? _____ Yes _____ No

If yes, what is the approximate balance? \$ _____

VI. LANDLORD INFORMATION

You may skip this section if you currently own your own home

Name of current landlord: _____

Landlord Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Monthly rent amount: \$ _____

How long at this address? _____ Date you moved in: _____ Date you moved out: _____

Do you own pets? _____ Yes _____ No

If you have lived at this address less than two years complete landlord information for previous residency.

Name of previous landlord: _____

Landlord Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Monthly rent amount: \$ _____

How long at this address? _____ Date you moved in: _____ Date you moved out: _____

Do you own pets? _____ Yes or _____ No

LANDLORD INFORMATION FOR CO-APPLICANT (If the same as APPLICANT, mark "SAME")

Name of current landlord: _____
 Landlord Address: _____
 City: _____ State: _____ Zip: _____
 Phone number: _____ Monthly rent amount: \$ _____
 How long at this address? _____ Date you moved in: _____ Date you moved out: _____
 Do you own pets? ____ Yes or ____ No

If you have lived at this address less than two years complete landlord information for previous residency.

Name of previous landlord: _____
 Landlord Address: _____
 City: _____ State: _____ Zip: _____
 Phone number: _____ Monthly rent amount: \$ _____
 How long at this address? _____ Date you moved in: _____ Date you moved out: _____
 Do you own pets? ____ Yes or ____ No

VII. ADDITIONAL INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR HEAD OF HOUSEHOLD & CO-APPLICANT/SPOUSE Answer yes or no – please explain all "Yes" answers below

	Applicant	Co-applicant
1. Are you a full-time student?	___ Yes ___ No	___ Yes ___ No
2. Do you own a business?	___ Yes ___ No	___ Yes ___ No
3. Do you own real estate other than your home?	___ Yes ___ No	___ Yes ___ No
4. Are you currently receiving Section 8 assistance?	___ Yes ___ No	___ Yes ___ No
5. Do you own a pet?	___ Yes ___ No	___ Yes ___ No
6. Have you ever used another social security number?	___ Yes ___ No	___ Yes ___ No
7. Have you ever filed bankruptcy?	___ Yes ___ No	___ Yes ___ No
8. Have you ever been evicted from an apartment?	___ Yes ___ No	___ Yes ___ No
9. Have you disposed of assets in the last 2 years?	___ Yes ___ No	___ Yes ___ No
10. Do you own a vehicle (s)?	___ Yes ___ No	___ Yes ___ No
Make of vehicle: _____ Year _____ Car License Plate #: _____		
Make of vehicle: _____ Year _____ Car License Plate #: _____		
Explanation to any above responses: _____		

VIII. EMERGENCY INFORMATION

IN CASE OF EMERGENCY, WHOM SHOULD WE CALL?

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

