

For Office Use Only  
Time Received: \_\_\_\_\_

# Colony Estates and Chugach Estates

## Residential Rental Application

**\*\*Please Note: a separate application is required for each unmarried adult applicant\*\***

**Applicant's Legal Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Social Security #:** \_\_\_\_\_ **Drivers License / State ID:** \_\_\_\_\_

**Spouse's Legal Name:** \_\_\_\_\_  
**Spouse's Social Security #:** \_\_\_\_\_ **Spouse's Date of Birth:** \_\_\_\_\_  
**Number of members of household:** \_\_\_\_\_ **Names and Relationship of other members of household:** \_\_\_\_\_  
**Maiden name and/or other names used:** \_\_\_\_\_  
**How did you hear about us?** \_\_\_\_\_

### APPLICANT: RESIDENCE HISTORY

**Current Telephone Number** \_\_\_\_\_  
**Current Mailing Address:** \_\_\_\_\_  
**Current Residence Address:** \_\_\_\_\_  
**Are you currently renting?** \_\_\_\_\_ **If yes, how long at this address** \_\_\_\_\_  
**Monthly payment: \$** \_\_\_\_\_ **Utilities Included (Electric, Heat, etc.): \$** \_\_\_\_\_  
**Owner or Property Management Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Are you currently receiving any rental assistance?** Yes  No   
**Why do you want to move from your current location?** \_\_\_\_\_

### If rented less than three years, please list last three years landlords

**Owner or Property Management Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Owner or Property Management Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_



**APPLICANT: CREDIT REFERENCES**

Examples of credit references include: credit cards, loans, utilities, etc.

1. Creditor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

2. Creditor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**APPLICANT: PERSONAL REFERENCES**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**APPLICANT: FINANCIAL INFORMATION (INCOME)**

Employer: \_\_\_\_\_ Monthly Gross Earnings: \_\_\_\_\_  
Address: \_\_\_\_\_  
How long? \_\_\_\_\_ Is this a Title V Subsidized position? \_\_\_\_\_

**Other Sources of Income:**

Self-employment: \_\_\_\_\_ Monthly Gross Earnings: \$ \_\_\_\_\_  
Unemployment benefits or workman's compensation? Yes  No   
If yes, Monthly Payment: \$ \_\_\_\_\_

Pension: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Social Security: Yes  No  If yes, Monthly Payment: \$ \_\_\_\_\_  
Permanent Fund: Yes  No  Senior Benefits: Yes  No  \$ \_\_\_\_\_  
Public Assistance: Yes  No  If yes, Monthly Payment: \$ \_\_\_\_\_  
Alimony or Child Support: Yes  No  If yes, Monthly Payment: \$ \_\_\_\_\_



**Regular payments from veterans benefits, annuities, severance packages, any type of settlements, lottery winnings, inheritances, native claims, rental properties or other types of real estate transactions: Yes  No**

**If yes, please describe and give details including payments, addresses, and phone numbers, etc.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Income, including regular gifts or payments from anyone outside of the household (Please list source and monthly amount):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT: FINANCIAL INFORMATION (ASSETS)**

**Please list all assets and approximate value (please include, savings accounts, investment accounts, real estate, etc.)**

**Savings  Checking  Money Market account  (Check all that apply)**

**Bank Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Balance:** \_\_\_\_\_

**Savings  Checking  Money Market account  (Check all that apply)**

**Bank Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Balance:** \_\_\_\_\_

**Certificates of Deposit or Treasury Bills: Yes  No  If yes,**

**Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Value: \$** \_\_\_\_\_

**Stocks, bonds or securities: Yes  No  If yes,**

**Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Value: \$** \_\_\_\_\_



**Trust Funds: Yes  No  If yes, is this a revocable Trust? Yes  No  or an irrevocable Trust? Yes  No**

**Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Value: \$** \_\_\_\_\_

**Pensions, IRAs, Keogh or other retirement accounts: Yes  No**

**If yes, Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Value: \$** \_\_\_\_\_

**Cash on hand: (NOT in an account) Yes  No**

**If yes, how much? \$** \_\_\_\_\_

**Real estate, rental property, land contract for deeds or other real estate holdings? Yes  No  If yes, Assessed Value: \$** \_\_\_\_\_

**Rental income: \$** \_\_\_\_\_ **Legal description:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Personal property held as an investment: Yes  No**

**If yes, Item:** \_\_\_\_\_ **Value \$** \_\_\_\_\_

**Do you have a life insurance policy? Yes  No**

**If yes, Whole life? Yes  No  Universal? Yes  No  Term? Yes  No**

**Policy#:** \_\_\_\_\_ **Cash Value \$** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**A safe deposit box: Yes  No  If yes, Value \$** \_\_\_\_\_

**Have you disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? Example: have you given your family any of your assets (home, money, etc) without a charge? Yes  No**

**If yes, please describe:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Other (Please include name, address, phone number, account number and value): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT: EMERGENCY NOTIFICATION**

Please list name, address, work and home telephone numbers of two relatives or friends we can contact in case of emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Do you have full custody of your dependent child(ren) or grandchild(ren)?

Yes  No

Are you or any other household members currently a full-time student or do you expect to be one? Yes  No

If yes:

- Are you a guardian of a minor full-time student living in your household? Yes  No
- If you are a full-time student, are you married? Yes  No
- If you are a full-time student, are you involved in JTPA or similar training programs? Yes  No
- Is there at least one member of your household who is not a full-time student? Yes  No

Will you require a live-in care attendant to live independently? Yes  No

If yes, a signed notice from a physician must be attached and updated annually.

Have you ever been convicted of a felony? Yes  No

If yes, what was the felony? \_\_\_\_\_

Do you own a pet? Yes  No

Do you smoke? Yes  No

Are you allergic to smoke? Yes  No



Do you own a vehicle? Yes  No  If yes, year make & model \_\_\_\_\_  
 Will you need a plug-in in the winter? Yes  No   
 Are you currently on other housing waiting lists? Yes  No   
 Will you require vision or hearing impaired equipment? Yes  No   
 Do you need a wheelchair accessible unit? Yes  No   
 Do you prefer a one or two bedroom unit? \_\_\_\_\_  
 Are you 55 years of age or older? Yes  No   
 Are you currently homeless? Yes  No   
 Are you displaced? Yes  No   
 Are you in an abusive situation? Yes  No   
 Have you ever been evicted? Yes  No   
 If yes, Why? \_\_\_\_\_ When? \_\_\_\_\_

**ACKNOWLEDGMENT**

As part of the qualification process, Colony Estates Limited Partnership (CELP); Chugach Colony Estates Limited Partnership (CCELP) or the managing partner, Palmer Senior Citizens Center, Inc. (PSCC) will verify the information provided in this application. By signing below, you are acknowledging that the information set forth in this document is true and correct to the best of your knowledge, and that any misrepresentation of the facts is grounds for rejection of this application. In addition, by signing below, the applicant authorizes whatever credit investigation CELP, CCELP or PSCC considers appropriate and necessary. This investigation may include the exchange of information and a report from a credit reporting agency. If a credit agency furnishes a report, its name and address will be furnished upon applicant's request. By signing below, the applicant is aware that this is a PRELIMINARY application and that more information may be requested in order to complete the qualification process. It is the policy of Colony Estates Limited Partnership; Chugach Colony Estates Limited Partnership and the Palmer Senior Citizens Center, Inc. not to discriminate in rental practices on the bases of race, religion, sex, age, sexual orientation, national origin, or handicapped status.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**RELEASE OF INFORMATION**

**I hereby authorize you to release information concerning my financial status to the Colony Estates Limited Partnership; Chugach Colony Estates Limited Partnership; its managing partner, the Palmer Senior Citizens Center, Inc.; or any of its partners or members of the management team for the purpose of determining my eligibility and/or to verify information required for certification of my application for occupancy in the Colony Estates/ Chugach Estates Senior Housing. This information may include, but is not limited to, credit history, rental history, financial and asset information including but not limited to, bank balances, credit references, pension, social security, senior care, permanent fund, etc.**

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Spouse Signature**

\_\_\_\_\_  
**Witness (if signed with X)**

\_\_\_\_\_  
**Witness (if signed with X)**

