

WINGATE MANAGEMENT PRELIMINARY RENTAL APPLICATION

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY,
PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR
OTHER ALTERNATE FORMATS.

DATE OF APPLICATION: _____

PROPERTY NAME: Intrada Westside
Return Completed Application To:

COMMUNITY NAME: Intrada Westside
ADDRESS 2176 Donald Lee Hollowell Pkwy
CITY, STATE Atlanta, GA 20218
Phone #: 404-991-3699
FAX #: _____

APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

Applicant: _____ **Home Tel:** _____

Present Address: _____
Street _____ Apt. # _____
City _____ State _____ Zip _____

Present Landlord Name: _____
Address: _____
Street _____ City _____ State _____ Zip Code _____

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- American Indian/Alaskan Native Asian or Pacific Islander
 Black(not of Hispanic origin) Hispanic White(not of Hispanic origin)

SIZE OF APARTMENT NEEDED:

0BR 1BR 2BR 3BR 4BR

UNIT TYPE REQUESTED:

Market Rent Wheelchair
 Basic Rent Adapted Unit
 Low Rent Yes No

Hearing/Visual
Adapted Unit
 Yes No

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with

you? If yes, please explain.

Present Housing Cost Per Month \$_____ Including Utilities? Yes No

How Long Have You Lived at Present Address? _____ Years.

Do You Own Any Pets? _____

What are the reasons for Moving? _____

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF
(Any person not listed will not be allowed to move in.)

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
1 _____	Head of Household	_____	_____	_____	Yes or No
2 _____	_____	_____	_____	_____	Yes or No
3 _____	_____	_____	_____	_____	Yes or No
4 _____	_____	_____	_____	_____	Yes or No
5 _____	_____	_____	_____	_____	Yes or No
6 _____	_____	_____	_____	_____	Yes or No
7 _____	_____	_____	_____	_____	Yes or No
8 _____	_____	_____	_____	_____	Yes or No

REFERENCES - Full name and address of Landlords at other places you have lived over the last five years. Please include both long term and temporary residences.

1) **Previous** Address: _____

Name of **Previous** Landlord: _____ Telephone: _____

Address: _____

2) **Previous** Address: _____

Name of **Previous** Landlord: _____ Telephone: _____

Address: _____

3) Previous Address: _____

Name of **Previous** Landlord: _____ Telephone: _____

Address: _____

Have you or any member of your household ever been evicted from your home for any reason? If so, please give details:

Have you or any member of your household ever been arrested or convicted of any crime? If so, please give details:

Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? _____

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number from Page 2.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member # _____
 Name of Present Employer _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Wages \$ _____
 [] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

EMPLOYMENT INCOME (continued)

Member # _____
 Name of Present Employer _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Wages \$ _____
 [] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

Member # _____
 Name of Present Employer _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Wages \$ _____
 [] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

Member # _____
 Name of Present Employer _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Wages \$ _____
 [] weekly [] bi-weekly [] monthly [] hourly (# of hours per week _____ # weeks per year _____)

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

_____ per _____
_____ per _____
_____ per _____
(week, month, year)

INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds and Mutual Funds.

Member # _____
Name of Financial Institution _____
Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____
Name of Financial Institution _____
Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____
Name of Financial Institution _____
Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____
Name of Financial Institution _____
Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

Member # _____
Name of Financial Institution _____
Address _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____. If Stock, Number of Shares: _____ Dividends per Share: _____

OTHER ASSETS: (Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.)

Household Member	Type of Asset	Value of Asset
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you expect any changes in income in the next 12 months? Yes or No

In Case of Emergency, whom should we contact?

Name: _____ Relationship: _____ Phone#: _____

Address: _____, _____



PLEASE RESPOND TO THE FOLLOWING QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS / CONSIDERATIONS:

1. Have you been displaced from your home? If so, please explain:

2. Has your present home been condemned by the Board of Health due to Sanitary Code violations? If so, please describe:

3. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes ___ No ___ if so, please describe:

4. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details:

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) on AFDC or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I / We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature. I hereby authorize the Landlord to obtain a consumer credit report and a criminal background report. I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

I / We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

 Head of Household/Applicant Date Co-Applicant Date

Wingate Management does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.



To: Wingate Management

Re: Release to Obtain Information

In consideration for being permitted to apply for this apartment at Intrada Westside, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing, including, but not limited to, credit and criminal background reports.

I, Applicant authorize any person or credit/criminal background checking agency having any information on me, to release any and all such information to the owner/manager/employee/agent or credit checking agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

All applicants over 18 must sign

Applicant _____
Signature Social Security # Date

Print Name

Applicant _____
Signature Social Security # Date

Print Name

Applicant _____
Signature Social Security # Date

Print Name

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer time frame. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

Wingate Management
100 Wells Avenue
Newton, MA 02459
(781) 707-9100

