

MARKET RENT APPLICATION

Studio _____
One Bedroom _____
Altered for Mobility Impaired _____

NAME: _____ DOB: _____ SSN: _____

NAME: _____ DOB: _____ SSN: _____

ADDRESS: _____ CITY _____ STATE _____

How many years at this address? _____ Addresses for the past 5 years:

Telephone Number _____ Alternate Number _____

California Driver's License or ID Card _____

If personal income and assets are not adequate to cover monthly living expenses, what or who will you contact for assistance?

BANK REFERENCE: Name of Institution: _____
Checking _____ Savings _____

An investigative report regarding applicant's credit and prior rental history will be made by an investigative consumer/credit-reporting agency. A criminal background investigation will also be conducted.

I hereby make application for admission for residence in Corinthian House Residence, Inc., and agree that, if accepted, I will cooperate with the Management in fulfillment of the statement of requirements as set in the Lease Agreement, rules and regulations. I/we authorize the owner or owner's agent to verify all information provided on this application. I/we give permission to contact previous or current landlords or other sources for credit, criminal background check and verification of information. I/we certify that the statements made in this application are true.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Please fill out and sign the reverse side

**CORINTHIAN HOUSE RESIDENCE, INC.
RESIDENCY CRITERIA**

To be eligible for residency at Corinthian House Residence, individuals must:

- Provide for or make arrangements for own cooking, cleaning, and laundry;
- Be able to leave apartment to participate in activities, including the meal program;
- Be able to respond to instructions and to exit the building in case of emergency;
- Pay rent and handle finances;
- Be able to arrange and use transportation as needed;
- Manage own medical needs, such as making and getting to doctor's appointments, following medical advice, obtaining and taking medications as prescribed by a physician.

I/we am/are able to meet the above activities of daily living by myself/ourselves or with assistance obtained privately.

Prospective Resident Signature

Printed Name

Prospective Resident Signature

Printed Name

Residency is open to all qualified persons without regard to race, creed, color, religion, sex, handicap, familial status or national origin.