

# MARKET RENT APPLICATION

**\*must be filled in**

Studio \_\_\_\_\_

One Bedroom \_\_\_\_\_

Altered for Mobility Impairment \_\_\_\_\_

NAME\* \_\_\_\_\_ DOB\* \_\_\_\_\_ SSN\* \_\_\_\_\_

NAME\* \_\_\_\_\_ DOB\* \_\_\_\_\_ SSN\* \_\_\_\_\_

ADDRESS\* \_\_\_\_\_

How many years at this address? \_\_\_\_\_ Previous Address \_\_\_\_\_

Telephone Number\* \_\_\_\_\_

Second Number \_\_\_\_\_

California Driver's License or ID Card Number\* \_\_\_\_\_

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

BANK REFERENCE: Names and addresses of banks

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 the fulfillment of the statement of requirements as set forth 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:\* \_\_\_\_\_

Turn application over, read and sign before returning to Corinthian House

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

*Please read and sign*

CORINTHIAN HOUSE RESIDENCE, INC.  
RESIDENCY REQUIREMENTS

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\*

Please notify us if there is any change of address or telephone number.