

**FPI RENTAL APPLICATION - TAX CREDIT**

**Apartment Community Name** \_\_\_\_\_

*A separate application is required from each occupant 18 years of age or older.*

Applicant - Last	First	Initial	Marital Status	Drivers License #	Social Security #	Date of Birth
Other Residents				Relationship	Social Security #	Date of Birth
				Relationship	Social Security #	Date of Birth
				Relationship	Social Security #	Date of Birth
				Relationship	Social Security #	Date of Birth
				Relationship	Social Security #	Date of Birth

Do you anticipate the addition of any new household members in the next 12 months? (Circle) **YES / NO**

If YES please explain:

**Residence History - Please provide all residence history for past 2 years.**

Current Address	Address, City, State, Zip					Phone
	Move-In Date	Projected Move-Out Date		Monthly Payment	Own/Rent/Lease	
	Landlord or Mortgage Co.			Address, City, State, Zip		Landlord Phone
	Reason for Moving					

Previous Address	Address, City, State, Zip					Phone
	Move-In Date	Projected Move-Out Date		Monthly Payment	Own/Rent/Lease	
	Landlord or Mortgage Co.			Address, City, State, Zip		Landlord Phone
	Reason for Moving					

Previous Address	Address, City, State, Zip					Phone
	Move-In Date	Projected Move-Out Date		Monthly Payment	Own/Rent/Lease	
	Landlord or Mortgage Co.			Address, City, State, Zip		Landlord Phone
	Reason for Moving					

**Income**

Current Employer (If Employed)	Employer Name			Address, City, State, Zip		Phone
	Supervisor Name			Start Date	Salary per Year, Month, Hour	Position/Occupation

Income	Source of Income			Income - Yearly, Monthly, Hourly		Phone
	Address, City, State, Zip				Comment:	

**A person with a disability may ask for:**

- I. A change in rules (reasonable accommodation);
- II. A physical change to their apartment or shared areas in the building (reasonable accommodation);
- III. An accessible apartment;
- IV. Aids and services to help you communicate with us.

**If you or anyone in your household has a disability and needs any of these things to live in the property listed above and use our services then contact the property management staff to fill out a form called a "Request for Reasonable Accommodation or Modification" (Optional).**

Do you need an accessible unit? Yes [ ] No [ ] If yes, please check one: [ ] Mobility [ ] Sensory

Other Accessible Feature Needed:

Applicant - Last	First	Initial	Daytime Phone Number		
Income (For additional, please attach a separate sheet of paper)	Source of Income		Income - Yearly, Monthly, Hourly		Phone
	Address, City, State, Zip			Comment:	
<b>Vehicles</b>					
Auto #1 - Make	Model	Year	Color	License	State
Auto #2 - Make	Model	Year	Color	License	State
<b>Miscellaneous</b>					
Have you ever been evicted or asked to move?			Describe:		
Will you have any animals?			Describe Animal(s):		
Do you currently have bedbugs in your existing residence?			Describe:		
Will you have any liquid furniture?			Describe:		
Will you be installing a satellite dish?					
<b>Emergency Contact</b>					
Name of Nearest Relative/Contact		Relationship		Address, City, State, Zip	Phone
<b>NON-REFUNDABLE APPLICATION PROCESSING FEE \$ _____</b>					
<p>FAIR CREDIT REPORTING ACT &amp; INVESTIGATIVE CONSUMER REPORTING AGENCY ACT: In compliance with the Fair Credit Reporting Act and the Investigative Consumer Reporting Agency Act, Applicant hereby authorizes Landlord/Manager (and their agents) to verify the information above and to obtain reports necessary to verify the above information, which may include credit reports, investigative consumer reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, income verification (including employment verification, if applicable) and previous tenant history. Applicant releases and agrees to defend, hold harmless and indemnify Landlord/Manager, their agents, servants and employees from and against any and all liability, legal proceedings and costs including attorney's fees arising out of verification of the information contained in this application and supporting documentation.</p> <p>I understand that FPI's third-party providers will collect some of my anonymized credit, payment history, and behavior data, which may be used, now or in the future, to generate tenant risk models in accordance with the rules allowed by California Privacy Rights Act (CPRA) and the federal Fair Credit Reporting Act. By signing this document, you certify that you have read and acknowledged this notice.</p> <p>This property follows all fair housing laws and does not discriminate against applicants or residents based on race, color, religion, national origin, sex, familial status, handicap/disability or any other protected class covered by relevant state and/or local fair housing laws. In addition, the owners of this apartment community have a legal obligation to provide "reasonable accommodation" to applicants and residents if they or any member of their household have a qualified disability or handicap and request reasonable accommodation.</p> <p>I understand that any change to my household income, assets, student status and/ or other compositions after the date of my signature, but prior to initial occupancy must be disclosed immediately to management staff.</p> <p>I understand that I acquire no rights in an apartment until a fully executed rental agreement has been completed and all monies due have been paid. I certify that to the best of my knowledge, all statements are true and complete.</p>					
Applicant Signature					Date
Email Address:					 
Day Time Phone #:					

FPI Management, Inc.

