

# QUANTUM MANAGEMENT SERVICES, INC.

## TENANT APPLICATION

### TENANT PERSONAL & CREDIT INFORMATION

Property Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**Caution:** If any parts of this Application are left incomplete, the Application will be rejected for insufficient information. If something does not apply to you, write "N/A" for Not Applicable.

1. To qualify to live in this apartment complex you must meet the government requirements for income, occupancy, and tenant population type. How do you qualify?

Some units are designed for wheelchair access. Do you or anyone in your household require the special features of a wheelchair accessible unit? YES  NO

Do you require any reasonable accommodations for a handicap? YES  NO

If you do require reasonable accommodations, what are they? \_\_\_\_\_

The income limits are posted on the bulletin board. The site manager can explain them to you. The recommended occupancy requirements are listed below:

One bedroom	One to three persons
Two bedroom	Two to five persons
Three bedroom	Three to seven persons
Four bedroom	Four to nine persons

Exceptions to the occupancy requirements may be made in special circumstances with permission of the subsidizing agency. Do you think you qualify for an exception? YES  NO

If yes, how do you think you qualify? \_\_\_\_\_

2. All applicants who qualify to apply for housing in this property will be screened on the same standards. We reserve the right to reject any application that does not meet our requirements. We will accept only applicants who qualify or have good records in all of the following areas:
- Must meet the government requirements for income, occupancy and tenant population type.
  - Must have good landlord and housekeeping references.
  - Must have good credit and be able to demonstrate the ability to pay the rent, if applicable.
  - Must have a good report from a tenant rental screening service.
  - Must have good personal references from people who are not relatives and pass a home visit if necessary.
  - Must submit a complete application with no omissions and attend at least one in person interview
  - Must be legally responsible to enter into a legal contract.
  - Must be capable of meeting the lease requirements.
3. When your name gets near the top of the Waiting List, you will be screened by a tenant screening company for your credit, landlord, civil and criminal history. You will have to complete the tenant screening application at that time.
4. You will be notified in writing if you do not qualify for the waiting list or for tenancy.
5. If you are offered an apartment you must take it when it is available or your name will be removed from the waiting list unless extenuating circumstances apply.
6. Every six (6) months we will send you a waiting list response form to see if you are still interested in living in the apartment complex. If we do not hear from you by phone or mail, your name will be removed from the waiting list.
7. If your phone number or address changes it is **your** obligation to notify us. We cannot be responsible for removing your name from the waiting list if you fail to advise us of changes in how to contact you.
8. Unless you are applying for a HUD subsidized project, you will be charged for screening your application when your name reaches the top of the waiting list. For subsidized properties, if we deny tenancy based on information provided by our tenant screening agency, you will have the right to appeal that decision. We are not required to release or disclose information provided by the tenant screening agency except as required under 15 USC SEC. 1681 et seq. If you seek to review your credit reports or other such information you should contact the agency directly.
9. If you feel you have been treated unfairly or want additional information contact: **QUANTUM MANAGEMENT SERVICES, INC.** at PO Box 2170, Lynnwood, WA 98036, or call (206) 776-1294.



**REFERENCES**

Personal References	Address	Phone	How Long?	Occupation
Nearest Relative	Address	Phone	City	Relationship

In Case of Emergency Notify: \_\_\_\_\_

1. Have you ever filed a petition for bankruptcy? \_\_\_\_\_
2. Have you ever been evicted from any tenancy? \_\_\_\_\_
3. Have you ever willfully refused to pay rent? \_\_\_\_\_
4. Have you ever been convicted of a misdemeanor or felony? \_\_\_\_\_
5. Have you ever had assistance or tenancy in a subsidized housing program terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures? YES  NO

If you answered yes to any of the last five questions, Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Quantum Management Services, Inc. has a strictly enforced policy prohibiting discrimination based on age, sex, race, color, religion, national origin, handicap or familial status. Our projects provide Equal Opportunity Housing.

Acceptance of your application for the waiting list does not constitute approval of your application for tenancy. All applicants will be screened by a tenant screening service for criminal/civil history, landlord reference and credit worthiness prior to being approved for occupancy and being offered an apartment.

By signing, the applicant recognizes that the landlord or his agent may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the landlord. I declare the foregoing to be true under penalty of perjury. I agree that the landlord may terminate any agreement entered into in reliance on any misstatement made above. I certify that the unit applied for will be the my permanent residence and I will not maintain a separate subsidized rental unit in a different location.

**Apartment Complex:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

**Manager Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**To be Completed by the Resident Manager**

Application Received Date: \_\_\_\_\_ Time: \_\_\_\_\_

Application for Waiting List      Approved: \_\_\_\_\_      Date: \_\_\_\_\_

   Rejected: \_\_\_\_\_      Date: \_\_\_\_\_

Placed in Dead File (Date): \_\_\_\_\_

**APPLICANT INFORMATION**

Head of Household Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Co-Head of Household Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ How Long? \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ How Long? \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ How Long? \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Have you Lived Here Before? \_\_\_\_\_ If so, When? \_\_\_\_\_ Referred By \_\_\_\_\_

No pets are permitted unless the apartment complex you are applying for is a designated senior complex. Do you have a pet? \_\_\_\_\_

**Occupant Names & Ages**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Car #1 Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Car #2 Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

The following information is required by the owner (of subsidized properties only) in order to assure the federal government that federal laws prohibiting discrimination against tenant applications on the basis of race, national origin and sex are in compliance. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is **required by federal law** to note the race or national origin and sex of individual applicants on the basis of visual observation or surname.

	Male or Female	White, Non-Hispanic	Asian or Pacific Islander	Hispanic	Black, Non-Hispanic	American Indian Alaskan Native
Applicant						
Co-Applicant						

**INCOME INFORMATION—IF NOT EMPLOYED PLEASE LIST SOURCE OF INCOME AND MONTHLY AMOUNT**

	Current Occupation	Prior Occupation	Co-Head Occupation	Prior Occupation
Occupation				
Employer				
Bus. Address				
Bus. Phone				
Position				
Supervisor				
How Long?				
Monthly Income				

**BANK ACCOUNTS**

Bank: \_\_\_\_\_ Branch \_\_\_\_\_ Address \_\_\_\_\_

Type of Account: Checking Account #: \_\_\_\_\_

Savings Account #: \_\_\_\_\_

Credit Card Account #: \_\_\_\_\_