

CHECKLIST FOR ADMISSIONS

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NUMBER OF ADULTS: _____ NUMBER OF MINORS: _____

INCOME INFORMATION:

	YES	NO	Full Time	Part Time
Are you employed?				
Is your spouse/other adult employed?				
Are any other household members employed?				

SOURCE OF INCOME:

	YES	NO
Work		
Unemployment		
Disability		
Social Services (DSS)		
SSI/SSD		
Pensions		
Support		
Alimony		
Interest		
Stocks/Bonds/Dividends		
Property		
Other		

Have you ever been a resident under this name or any other? If so, please PRINT name:

Under penalties of perjury I declare that I reviewed the above information and to the best of my knowledge and belief, it is true, correct and complete. I also understand that any misrepresentation will be grounds for cancellation and assignment of this lease.

Applicant/Resident: _____

Date: _____ Phone No.: _____

Rensselaer Housing Rep: _____

Date: _____ Phone No.: _____