

SOUTHGATE APARTMENTS APPLICATION
Sgapp15.718.Rev09

1 of 4

Date of application: _____ Time: _____

Name _____ Phone # _____

2nd occupant _____

Waiting List Information

We have 135 apartments and our waiting list is separated according to the type of apartment desired. Please check each type of apartment you will seriously consider.

If you are admitted to a second floor apartment and then become medically unable to remain on the second floor, you may move to downstairs apartments when available.

Exactly one half of our 1 bedroom apartments are on the second floor therefore these apartments are more readily available 85% of our community is one bedroom apartments.

The size(s) of apartments that you would like to be considered for are:

() efficiency () 1 bedroom up () 1 bedroom down () 2 bedroom

Occupancy date desired _____ () as soon as possible

But not until _____

Southgate Apartments is a HUD affiliated Apartment Community. Since the passing of the Congressional Law and HUD rules summarized as "Preservation" this property has been "Preserved" for elderly aged 62 and over, low income qualified persons.

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Name

Date of Birth

Birthplace

Applicant: _____

2nd applicant:

Address: _____

City, St, zip:

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Present Residence: (please check one)

Renting own Relatives Friends

Date moved in: _____

Why do you want to move: _____?

Present Landlord:

Address _____

Monthly rent amount: \$ _____ Phone #: _____

Previous Landlord:

Address: _____

Monthly Rent: \$ _____ date moved in _____ date moved out _____

We must verify the last five (5) years of residency

On the following pages we ask for detailed information concerning your assets and income.

Federal Regulations require us to research this information in determining the eligibility of each applicant.

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Assets

Account type	Bank Name	Account #	Approx balance
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Checking:

Savings / CD:

Savings / CD:

Savings / CD:

Stocks:

Real Estate:

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Mortgages Received:

If you have other assets or owe other people or companies please make note of them here:

Medical information:

Please give a summary of your Monthly Medical Expenses: ie Rx, doctor visits, dental etc

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Income

Federal Regulations require us to list each person's income as a separate amount. For this application, approximate amounts are acceptable. We must obtain the correct balance from the source

Social Security number and amount:

2nd occupant:

Pension source and amount:

Interest, for now add all together and give total:

Veteran's pension:

Total monthly income from all: _____

Total Monthly Medical Expenses: _____

Adjusted Monthly Income: _____

THIS INCOME MUST BE NO LESS THAN \$2000.00 PER MONTH. IF NOT, OTHER INCOME SOURCES WILL BE NEEDED

This is an application for residency; it does not give any lease or rental rights. By signing below, you are granting us the right to research information relating to this application. A credit report may be obtained from a credit bureau and inquires may be made in other areas.

Applicant

Date

2nd Applicant

Date

Manager

Date

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