

LUTHERAN SENIOR SERVICES
THE VILLAGE AT MACKENZIE PLACE
MARKET RATE APARTMENTS



**THE VILLAGE AT
MACKENZIE PLACE**
LUTHERAN SENIOR SERVICES

8520 Mackenzie Road
Affton, MO 63123
(314) 884-7900

(For office use only) Date and Time Received: _____

Each Applicant applying for housing must complete a separate application. Complete the application indicating your status as a member of the household.

FULL NAME: _____

RELATIONSHIP TO THE HEAD-OF-HOUSEHOLD (HOH)

_____ HOH _____ CO-HEAD _____ OTHER

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

DRIVER'S LIC. #: _____ STATE ISSUED _____

Do you require the features of a mobility, vision, or hearing impaired accessible apartment?

_____ NO _____ YES

WHAT TYPE OF UNIT ARE YOU INTERESTED IN?

_____ 1BEDROOM, 1 BATH:

_____ 2 BEDROOM, 1 BATH

_____ 2 BEDROOM, 2 BATH

PRESENT ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ CELL PHONE # _____

EMAIL ADDRESS: _____

PRESENT ADDRESS IS: _____ Own Home _____ Rented Home _____ Rented Apartment

MONTHLY PAYMENT: \$ _____ DATE MOVED IN: _____ DATE MOVING OUT: _____

CURRENT LANDLORD NAME AND ADDRESS; OR APARTMENT COMPLEX:

TELEPHONE # _____

PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREVIOUS LANDLORD'S NAME AND ADDRESS OR APARTMENT COMPLEX:

TELEPHONE # _____

PREVIOUS ADDRESS WAS: _____ Own Home _____ Rented Home _____ Rented Apartment

MONTHLY PAYMENT: \$ _____ DATE MOVED IN: _____ DATE MOVING OUT: _____

Why are you leaving your present residence?

Have you ever been evicted? _____ NO: _____ YES: If yes, give dates and details:

Have you ever received any lease violation? _____ NO _____ YES: If yes; give dates and details:

Have you previously been convicted of any criminal offense? _____ NO _____ YES

If yes, give dates and details: _____

Are you or **any member of the household** subject to lifetime registration requirements under a state sex offender program? _____ NO _____ YES

Are you aware this community is a Smoke-Free* campus? _____ NO _____ YES

*This means smoking is prohibited everywhere on the property, including the parking lot.

Do you agree that you, your guests and service providers hired by you will abide by the smoking policies? _____ NO _____ YES

Do you understand that failure to comply with the smoking policies as described in the House Rules will result in termination of tenancy (eviction)? _____ NO _____ YES

Have you ever used a different name from the name given on this application? _____NO _____YES

If yes, please list all names used: _____

Please list all states you have previously resided in: _____

Do you plan to house an animal in the apartment? _____ NO _____ YES: If yes, please complete the following; Animal type: _____ Height: _____ Weight: _____

Is this animal required to live in the unit to alleviate the symptom(s) of a disability? _____

****Please review the LSS Animal Policy. All animals must be approved prior to arrival on the property, or being housed in an apartment.***

DO YOU OWN A VEHICLE? _____YES _____NO INSURANCE COMPANY _____

VEHICLE MAKE & MODEL _____ YEAR _____

LICENSE PLATE # _____ STATE REGISTERED _____

PERSONAL REFERENCES: Please provide the names, addresses and phone numbers of at least 2 people, not related to you who have known you for at least 2 years.

1.) Name: _____ Telephone #: _____

Address: _____ City _____ State _____

Email Address: _____ Cell Phone #: _____

2.) Name: _____ Telephone #: _____

Address: _____ City _____ State _____

Email Address: _____ Cell Phone #: _____

GROSS MONTHLY INCOME AMOUNT: Include all income received on a regular basis. (i.e. Social Security Income, IRA distributions, pensions, annuities, wages, contributions from others outside of the household.)

\$ _____

CURRENT VALUE OF ALL ASSETS:

____ Checking Account: 6 month average balance \$ _____

____ Savings Account: Current Balance \$ _____

____ Certificate of Deposit(s): Value of CD \$ _____

____ IRA: Value of Account \$ _____

____ Stocks/Bonds: Value of Account \$ _____

____ Life Insurance _____ Whole Life Policy _____ Term Life Policy

Cash Surrender Value \$ _____

EMERGENCY CONTACTS: Please provide the names and contact information of at least 2 people, we can contact for emergency/ health/safety purposes.

1.) Name: _____ Telephone #: _____

Address: _____ City _____ State _____

Email Address: _____ Cell Phone #: _____

Relationship to Applicant: _____

2.) Name: _____ Telephone #: _____

Address: _____ City _____ State _____

Email Address: _____ Cell Phone #: _____

Relationship to Applicant: _____

PLEASE READ ALL TERMS BELOW AND SIGN:

It is understood that the premises is to be used as a residence to be occupied by not more than 2 persons per 1 bedroom, and that occupancy is subject to possession being delivered by present occupant. Each prospective occupant is subject to approval and acceptance by Landlord in its sole discretion. I hereby authorize Landlord to obtain information it deems necessary in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/salary/pension details, police and vehicle records, and any other relevant information; and release Landlord, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. Upon approval and acceptance, the applicant agrees to execute a lease before possession is given and to pay the security deposit and the first month's rent within five days after being notified of acceptance (time being of the essence); failing which the Landlord shall have no further obligation to applicant. The applicant hereby waives any claim for damages by reason of non-acceptance of this application which the Landlord or his agent may reject without stating reasons for doing so. It is further agreed that if any information herein is false, the lease made on the strength of this application may, at the opinion of the Landlord, be terminated at any time.

The Applicant understands it is their responsibility to keep Lutheran Senior Services Affordable Housing informed of any changes on this application.

Applicant's Signature: _____ Date: _____

The Village at Mackenzie Place is owned and operated by Lutheran Senior Services whose mission is "Older Adults Living Life to the Fullest®"

Lutheran Senior Services does not discriminate against any person because of race, color, religion, sex, handicap, familial status, national origin, regardless of sexual orientation or gender identity.

(For office use only)

Date: _____

Applicant's Name: _____ Manager's Approval: _____

Community: _____ Fax #: _____

_____ Criminal History Report, Sex Offender Check, Credit Check, Background Check

Credit Score _____

_____ Landlord Verification

_____ Home Visit Date

Scheduled Lease Sign Date _____

