

APPLICATION FOR ADMISSION To Maple Gate Apartments

Name: _____		Date: _____	
Address: _____		Race: _____	
City/State: _____	Zip: _____	Hispanic: _____	Yes____ No____
email: _____			
Phone: Home/Cell: _____		Work: _____	

Name of friend or relative to contact if we are unable to reach you: _____
 Phone: _____

FAMILY COMPOSITION: (Please list all household members who live or will live in the unit.)

Notice: Each adult that will be living in the unit will need to fillout there own application.

Name Last, First, MI	Relation to Head	Sex	Date of Birth	SSN #	Occupation
1		M F			
2		M F			
3		M F			
4		M F			
5		M F			
6		M F	/ /		

INCOME (List all income for household members. Include full and part time employment, employed earnings, social security, SSI, pensions, disability compensation, interest, child care earnings alimony, child support, annuities, dividends, income from rental property, earned income tax credits, Armed Forces Reserves income, scholarship and/or grants, net income from operation of a business, etc.)

Maple Gate apartment would like to verify that you have income of at least 30% to pay rent.

Household		Gross Income	
Member #	Source of Income		
		\$	Per
		\$	Per
		\$	Per
		\$	Per

REFERENCES: Please provide the Name and address of one perosn that would vouch for your good cha

Name: _____
 Address: _____

 Signature of Head of Household: _____ Date _____

By signing this application and paying the \$30 application fee you consent to the Baudette HRA - Maple Gate Apartments running a background and credit check.

Each adult applying for the apartment will have to submit there own application and pay the \$30 fee.

Character.

