



Harrison Heights Senior Village
 7544 Gertrude Street, LaVista, NE 68128
 (402) 933-8080

RESIDENT APPLICATION

Name: _____

Address: _____

City/State/ZIP: _____

Phone Number: _____ Alternate: _____

Email Address: _____

Name of all occupants	Social Security #	Date of Birth	Relationship

Please list your current landlord or mortgage company: _____

Phone Number: _____ Address: _____

Please list your previous landlord: _____

Phone Number: _____ Address: _____

If the previous tenancy is less than three years total, please list previous landlord:

Please list an emergency contact (friend/relative):

Check your preferences for an apartment (check all that apply):

___ 1 Bedroom ___ 2 Bedroom ___ Pet ___ Garage ___ 1st Floor ___ 2nd Floor ___ 3rd Floor

Please list your income sources (income must be verified by presentation of pay stubs, statements and/or financial reports):

Source of income _____ \$ _____ /month

Source of income _____ \$ _____ /month

Source of income _____ \$ _____ /month

If you wish to present assets to support income sources, please list here:

 Bank or Financial Institution Cash Value As of Date

 Bank or Financial Institution Cash Value As of Date

 Bank or Financial Institution Cash Value As of Date

**Harrison Heights Senior Village
RESIDENT APPLICATION, CONTINUED**

List any person(s) or agencies that may guarantee or subsidize your rental payment:

Have you declared bankruptcy in the past seven years? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been evicted from a residence? Yes _____ No _____

List any negative credit or criminal record that may appear during a background check:

Are you or any family member listed as a sex offender? Yes _____ No _____

How did you initially hear about our community? _____

Do you require the features of a fully accessible unit as can be verified by a physician? _____

Do you require modifications or accommodations to the unit or policies, please list:

	<u>Accept</u>	<u>Decline</u>	<u>Initials</u>
____ Leasing now, no hold fee required	_____	_____	_____
____ Pre-qualifying, no hold fee required	_____	_____	_____
____ Holding Unit #_____, hold fee required	_____	_____	_____
____ Hold for later date:_____, hold fee required	_____	_____	_____

Applicant Certification:

This application will be used for the purpose of determining your eligibility to reside in Harrison Heights Senior Village, 7544 Gertrude Street, LaVista, NE. Please complete all requested information in order that we may process the application as quickly as possible. Blank, false or misleading information could result in declination of housing or refusal by the landlord to consider this application. Harrison Heights Senior Village and Calamar Industries is an Equal Opportunity Housing Provider, without discrimination against race, color, religion, creed, national origin, familial status, sex or disability. Information provided and discovered will remain confidential and will not be sold or given to others, but is subject to review by auditors. If this application is placed on a waiting list, it is considered on the basis of first come, first served and that an offer for an apartment may be given by the owner with less than thirty days notice. Harrison Heights Senior Village is occupancy restricted for applicants in which the Head of Household or Co-Head is 55 years of age or older at the time of application. The qualifying member must be 55 years of age at the time of application in order to be placed on a waiting list.

By signing and/or submitting this application, I/we authorize the landlord to verify all information provided, to contact present and previous landlords and other sources and to conduct credit and criminal history investigation through reporting agencies available to Calamar and management of Harrison Heights Senior Village.

**Harrison Heights Senior Village
RESIDENT APPLICATION, CONTINUED**

Head of Household	Date
Co-Head of Household/Spouse	Date
Management Agent Signature	Date

For Office Use Only:

Application fee: _____ Ck. #: _____

Marketing Source: _____

Application Approved: _____ Declined: _____ Date: _____

Unit Assigned: _____ Move-In Date: _____

Hold Fee Accepted: _____ Ck. #: _____

Management Initials: _____

Mail or Email Applications to:
Harrison Heights Senior Village
7544 Gertrude Street
LaVista, NE 68128
Email: leasingharrison@calamar.com

