## **NELSON LUQUER LP**



Date: Application Number:											
NAME (Head of household)	eT.			FIRST			MI	DDI E			
			APT. #			CITY	MIDDLE CITY:				
STATE	ZIP_		TELE	EPHONE: (	Home)		(Work)				
List all persons to occupy the apartment:				ı	Rels	tionship		Age		dent	
Name				Head	nei	itionship		Age	165	INO	
								1	$\vdash$	$\vdash$	
									├	$\vdash$	
									$\vdash$	╀	
								+	$\vdash$	$\vdash$	
Race of the Household Head: This information administering the Fair Housing Market Program ☐ White		Do	ou require	special ac	commoda	ehold (check w tion? Yes tion	_ No _		_		
<ul><li>☐ Hispanic</li><li>☐ American Indian or Alaskan Native</li></ul>			l	you a full ti			Yes				
□ Black			Do	Do you have a Section 8 Voucher?							
□ Asian or Pacific Islander □ Other:											
List all persons who will be residing in the apartme income net of related expenses):	ent who	o are employed. (	if all o	r part of inco	me is from	self-emplo				hat	
Names of Persons Employed		Employer Name and Ac		dress Position		ion	Income Amount Current Antici		cipate	ed	
	+							$\vdash$			
List all other income received by those who will respublic assistance, military allotments, alimony and							or income from	any othe	er sou		
Names of Persons Employed		Source of Othe	r Incor	ne (use one lir	ne for each s	ource)	Current	Amount	cipate	ed	
								+-			
						TOTAL \$					
List all assets such as stocks and bonds, savings a personal property such as automobiles, furniture, e		ts, equity in real e	state,	including hor	me and othe	r capital in	vestments (but r	not includ	ling		
Description of Asset								Current Value			
How did you hear about this developm	ent?		_								
Signature	,					_ Date	:				
		<u> </u>									
NO PETS ALLOWED!*											
* Except for Reasonable Accommodation.											

We do not discriminate on the basis of race, color, creed, religion, sex, national origin, age, family status, handicap or socio-economic class.