

# MCCORMACK BARON RAGAN PRE-APPLICATION

Date \_\_\_\_\_

How did you hear about us? (Newspaper, friend, etc.) \_\_\_\_\_

What attracted you to this property? \_\_\_\_\_

Apt. Size Desired: # of Bedrooms \_\_\_\_\_

**1. FAMILY DATA:** PLEASE PRINT.

Name of Head of Household (Head)				Spouse Name (if living with the household)		
Current Address: Street		City	State	Zip	Day Phone	Night Phone
E-mail address (Head)				Cell Phone (Head)		
E-mail address (Spouse)				Cell Phone (Spouse)		
<b>Circle One:</b>		Single	Married	Divorced	Separated	
Have you ever used another name? (Y/N)				If so, please indicate name:		

**PLEASE ANSWER ALL QUESTIONS! Do not leave any spaces blank, write "No or Not applicable" where appropriate.**  
PLEASE PRINT.

If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number, your name and your social security #.

**2. FAMILY COMPOSITION:**

MEMBER #	Name(s)	Relation to Head	Date of Birth MO-DY-YR	Social Security No.	Sex (M/F)	Student (Y/N)
1.		HEAD				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
Anticipated changes in family size? (Y/N)				Anticipated change in # of students? (Y/N)		

**3. ANTICIPATED INCOME: PRESENT EMPLOYMENT AND OTHER INCOME RECEIVED BY HOUSEHOLD MEMBERS:**

MEMBER #	Source of Income: Indicate name of source	Position	From/To	ss Income/month
	Name:			\$
	Address:	Phone #:		Contact:
	Name:			\$
	Address:	Phone #:		Contact:
	Name:			\$
	Address:	Phone #:		Contact:
Are you eligible for child support? Yes [ ] No [ ] Amount per month: \$ _____				
Other Sources of Income (alimony, stipend, retirement benefits, etc.)? Y/N [ ] Amount per month: \$ _____				

**4. ASSETS:** Are your assets and bank account balances equal to or greater than \$5,000? Yes [ ] No [ ]

MEMBER #	Describe Type (Stocks, Real Estate, 401(k), IRA, Keogh, etc.)	Value
		\$
		\$

Have you disposed of any assets in the last two years? Yes [ ] No [ ]. If yes please describe:

---

---

**5. SPECIAL NEEDS:** Y/N Y/N  
Does anyone in your family have special needs? \_\_\_\_\_ Special living accommodations required? \_\_\_\_\_

Please Explain:

---

---

---

---

---

**SIGNATURE OF ALL PARTIES , 18 YEARS OR OLDER:**

\_\_\_\_\_  
Applicant Signature (HEAD) Date Property Representative Date

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Applicant Signature Date



**For Office Use Only:** Date Apartment Desired: \_\_\_\_\_

BY: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_