

# Jamac Ventures, LLC

202 E. 5<sup>th</sup>, Elk City, OK 73644 (580-225-4711)

# RENTAL APPLICATION

Occupancy is only available to qualified or certified households. To determine your household's eligibility, you must provide the following information on this application. Jamac Ventures, LLC will keep information confidential, except as necessary to prove qualification.

## OFFICE USE ONLY

Address: \_\_\_\_\_ Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ AM  PM   
Unit: \_\_\_\_\_ Unit Size: \_\_\_\_\_ Security Deposit: \_\_\_\_\_ Desired Move-In Date: \_\_\_\_\_  
How did they hear about us?  Drive-by  Newspaper  Yellow Pages  Resident  Other: \_\_\_\_\_

## CURRENT CONTACT INFORMATION

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## HOUSEHOLD INFORMATION

List all household members who would live in the unit, even those who would only live there on a part-time basis.

**Relationship:** Head of Household, Spouse, Adult Co-Head, Child, Other Family Member, Foster Child, Foster Adult, Live-In Caretaker, or Other  
(List the household member's relationship to the Head of Household)

**Marital Status:** Divorced, Married, Legally Separated, Separated, Single, Unmarried, Unmarried Couple, or Widowed

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Sex (M or F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
Relationship: Head of Household Marital Status: \_\_\_\_\_ Student (FT, PT, or No): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Sex (M or F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Student (FT, PT, or No): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Sex (M or F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Student (FT, PT, or No): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Sex (M or F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Student (FT, PT, or No): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Sex (M or F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Student (FT, PT, or No): \_\_\_\_\_

Initials: \_\_\_\_\_

- Yes No Do the above listed occupants reside in the household **50% or more** of the time?  
If no, explain: \_\_\_\_\_
- Yes No Do all household members, age 18 years and older, have the right to legally enter into a lease?  
If no, explain: \_\_\_\_\_
- Yes No Is your household in need of an accessible unit?
- Yes No Do you require a live-in caretaker?  
If yes, is the live-in caretaker certified?      Yes      No
- Yes No Do you anticipate **any** other household member(s) being added in the next 12 months?  
If yes, explain: \_\_\_\_\_
- Yes No Are any household members, who would normally live with you, temporarily or permanently absent?  
If yes, explain: \_\_\_\_\_
- Yes No Is there anyone currently living with you that is not listed on this application?  
If yes, explain: \_\_\_\_\_
- Yes No Has any household member been convicted of or plead guilty or "no contest" to a felony?  
If yes, explain (include dates): \_\_\_\_\_
- Yes No Has any household member been convicted of or plead guilty or "no contest" to a misdemeanor?  
If yes, explain (include dates): \_\_\_\_\_
- Yes No Has any household member been convicted of or plead guilty or "no contest" to offenses relating to possession, manufacturing, distribution, or intent-to-distribute a controlled substance?  
If yes, explain (include dates): \_\_\_\_\_

Initials: \_\_\_\_\_

## RESIDENTIAL OR RENTAL HISTORY

Residential and/or rental history must be listed for at least the past 2 years.

**Current** Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_  Rent  Mortgage  Owned (No Mortgage)  Living with Family  Living with Friends

Owner/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_ to **PRESENT**

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_  Rent  Mortgage  Owned (No Mortgage)  Living with Family  Living with Friends

Owner/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_  Rent  Mortgage  Owned (No Mortgage)  Living with Family  Living with Friends

Owner/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_

- Yes No Have you ever received rental assistance?  
If yes, was it ever terminated due to fraud, non-payment, or failure to recertify? Yes No
- Yes No Have you ever been evicted from an apartment, house, or trailer for any reason?  
If yes, explain: \_\_\_\_\_
- Yes No Have you ever received a written notice for non-payment of rent? If yes, how many? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
- Yes No Do you currently have an overdue balance with a past or present landlord?  
If yes, do you have a payoff agreement? Yes No
- Yes No Do you currently have an overdue balance on your utilities?  
If yes, do you have a payoff agreement? Yes No

## VEHICLE INFORMATION

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Attach additional sheet, if necessary:  Not Necessary  Attached

Initials: \_\_\_\_\_

# EMPLOYMENT

Are any household members currently not employed?  Yes  No (If yes, list below.)  
*Exclude for household members 16 years or younger, unless they are the Head of Household, Spouse, or Co-Head.*

List gross income anticipated prior to any anticipated payroll deductions.

Applicant: \_\_\_\_\_  Not Looking for Employment  Looking for Employment

Are you currently or anticipating receiving unemployment, severance, or workers' compensation income?  Yes  No

If Looking: Type of position anticipated: \_\_\_\_\_ Weekly hours anticipated: \_\_\_\_\_

Including all pay (e.g. wages/tips/commissions/bonuses), how much do you anticipate averaging per hour? \_\_\_\_\_

When are you hoping to find employment?  As soon as possible  The earliest I will begin working is: \_\_\_\_\_

Applicant: \_\_\_\_\_  Not Looking for Employment  Looking for Employment

Are you currently or anticipating receiving unemployment, severance, or workers' compensation income?  Yes  No

If Looking: Type of position anticipated: \_\_\_\_\_ Weekly hours anticipated: \_\_\_\_\_

Including all pay (e.g. wages/tips/commissions/bonuses), how much do you anticipate averaging per hour? \_\_\_\_\_

When are you hoping to find employment?  As soon as possible  The earliest I will begin working is: \_\_\_\_\_

## SELF-EMPLOYMENT INCOME

Are any household members self-employed (even if seasonal or sporadic)?  Yes  No (If yes, list below.)

*Exclude for household members 16 years or younger, unless they are the Head of Household, Spouse, or Co-Head.*

Applicant: \_\_\_\_\_ Type of Occupation: \_\_\_\_\_

Business Began: \_\_\_\_\_ Is this self-employment seasonal or sporadic? Yes No

## EMPLOYMENT INCOME

Applicant: \_\_\_\_\_ Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Average # of regular hours per week: \_\_\_\_\_

Wages: per:  Hour  Week  Bi-Weekly  Semi-Monthly  Monthly  Yearly  Other:

Applicant: \_\_\_\_\_ Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Average # of regular hours per week: \_\_\_\_\_

Wages: per:  Hour  Week  Bi-Weekly  Semi-Monthly  Monthly  Yearly  Other:

Initials: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

In the past 12 months, has any household member had previous employment?  Yes  No (If yes, list below.)  
*Exclude for household members 16 years or younger, unless they are the Head of Household, Spouse, or Co-Head.*

*List gross income received prior to any payroll deductions.*

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Applicant: \_\_\_\_\_ Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Avg Hourly Pay: \_\_\_\_\_ Avg Weekly Hours: \_\_\_\_\_ Employed From: \_\_\_\_\_ to \_\_\_\_\_

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Applicant: \_\_\_\_\_ Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Avg Hourly Pay: \_\_\_\_\_ Avg Weekly Hours: \_\_\_\_\_ Employed From: \_\_\_\_\_ to \_\_\_\_\_

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***List your nearest living relative or friend, not residing in the household.***

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Initials: \_\_\_\_\_

Jamac Ventures, LLC makes every effort to ensure that persons with disabilities residing in our communities are afforded all of the rights and privileges provided by State and Federal Law. Applicants with disabilities covered by the Americans with Disabilities Act should notify Jamac Ventures, LLC to arrange whatever reasonable accommodations are necessary. Jamac Ventures, LLC does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, handicap, or familial status.

## **CONSENT AND RELEASE**

I/We consent to release the information listed on this application in as much as is needed to determine whether I/we qualify for residency. I/We agree to provide verification of all information on this application if requested by the Owner or Managing Agent. I/We further authorize disclosure of all information that will verify my/our personal identity, criminal history, credit history, rental history, student status, employment, unemployment, income, and assets. I/We have read this application and understand that applicants must be eligible for the program(s) under which the community operates in order to qualify for residency. This application is not a rental agreement, contract, or lease. All applications are subject to the approval of the Owner or Managing Agent.

Acceptance of this application and any monies deposited herewith is not considered binding upon Jamac Ventures, LLC. The application fee is \$20.00 per person or \$30.00 per married couple. It applies to each adult member of the household and must be paid by cash, cashier's check or money order. It is the policy of Jamac Ventures, LLC. not to accept a check for an application fee. Make cashier's checks or money orders payable to Jamac Ventures, LLC. If your application is denied, the fee is withheld and all other monies will be refunded within thirty (30) days of the date your application was denied. If you withdraw your application, Jamac Ventures, LLC. will retain all fees and monies deposited herewith.

By signing this application, I/we declare that all of my/our responses are true and complete and authorize the Owner or Managing Agent to verify this information. I/We certify that I/we have revealed all income and asset information. I/We understand that any false statement on this application can lead to rejection of my/our application or immediate termination of my/our lease.

ANY HEAD OF HOUSEHOLD, SPOUSE, CO-HEAD, OR PERSON 18 YEARS OF AGE OR OLDER MUST SIGN BELOW.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**Initials:** \_\_\_\_\_