

PRE-ADMISSION PACKET, PROJECT TRANSITION TRADITIONAL IN PENNSYLVANIA

Please review and complete all attached documents to gather the required information needed to support a new Member's admission to Project Transition. We will attempt to gather all clinical information available for the last 2 years, enabling us to have a more detailed clinical picture of the Member and to be able to support the Member with initial goals. Please have this form and all other documents returned to the Admissions Department at (215) 220-2682 or scan and e-mail to admissions@projecttransition.com

Below is a list of documentation required prior to admission:

1. Signed Physical — dated no more than 6 months prior to admission **(FORM ATTACHED)**
2. Labs (required if presently taking Clozaril, Depakote, Lithium or Tegretol, dated within 30 days prior to admission)
3. Psychiatric Evaluation (current and any recent)
4. Valid Photo ID
5. Insurance Card
6. Birth Certificate
7. Social Security Card
8. Medication List **(FORM ATTACHED)**
9. "About the Member" form **(FORM ATTACHED)**
10. Consent/s **(FORM ATTACHED)**
11. Authorization and Understanding Statement/consent to run a background check **(FORM ATTACHED)**
12. Completed apartment rental application; this is required by the apartment complex's, complete only the areas marked in yellow **(FORM ATTACHED)**

Consents must be fully complete for:

- Any family members or other positive supports
- Payee (if the member received Social Security benefits)
- ICM or other external supports
- Current and any previous treatment provider in the last two years

Documents Required **if** the Member has an income:

- Social security award letter
- Bank account statements
- Pay stubs (if applicable)

If the Member needs help in gathering any of the required documents, please contact us for support.

Thank you,
The Project Transition Admissions Team



One Highland Drive | Chalfont, PA 18914
Phone (215) 997-9959 | Fax (215) 220-2682 | admissions@projecttransition.com

ABOUT THE MEMBER

First Name: _____

Last Name: _____

- Date of Birth: _____
- Social Security Number: _____
- Medicaid County Record Number: _____
- Health Insurance Provider Name _____
Member ID _____
RX Bin _____
PCN _____
Group # _____
- Permanent Address: _____

This address will be where mail is sent and retrieved. This address must continue be used after admission. The Project Transition program address cannot be used. Members need to maintain their permanent address to maintain benefits.

Circle those below that apply to the member:

- | | | |
|---|-----|----|
| • A history of fire setting | YES | NO |
| • A history of harm to animals | YES | NO |
| • A diagnosis of an Intellectual Developmental Disability | YES | NO |
| • Traumatic Brain Injury | YES | NO |
| • Substance Abuse History | YES | NO |
| • Current positive drug use | YES | NO |
| • Past legal charges (felony) | YES | NO |
| • Pending legal charges | YES | NO |



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MEMBER CONTACTS

- Emergency Contact Name #1: _____
Emergency Contact Address #1: _____
Emergency Contact Phone #1: _____
- Emergency Contact Name #2: _____
Emergency Contact Address #2: _____
Emergency Contact Phone #2: _____
- Primary Care Provider Name: _____
Primary Care Provider Address: _____
Primary Care Provider Phone: _____
- Dentist Name: _____
Dentist Address: _____
Dentist Phone Number: _____
- PO Name: _____
PO Phone Number: _____
PO E-mail Address: _____



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PROJECT TRANSITION PHYSICAL EVALUATION FORM

Name: _____
Height: _____
Weight: _____

D.O.B. _____
Age: _____
Blood Pressure/Pulse: _____

Review of Systems/History

Eyes

Loss of Vision	YES	NO	Blurred Vision	YES	NO
Distorted Vision (Halos)	YES	NO	Loss of Side Vision	YES	NO
Double Vision	YES	NO	Mucous Discharge	YES	NO
Redness	YES	NO	Sandy or gritty feeling	YES	NO
Itching	YES	NO	Burning	YES	NO
Foreign body sensation	YES	NO	Excess tearing/watering	YES	NO
Occasional tearing	YES	NO	Glare/light sensitivity	YES	NO
Eye pain or soreness	YES	NO	Sites, Chalazion	YES	NO
Chronic infection of eye or lid	YES	NO	Other	YES	NO

If answered yes to any of the above please explain:

Respiratory

Asthma	YES	NO	Emphysema/COPD	YES	NO
Bronchitis	YES	NO	Chronic Cough	YES	NO
Seasonal Allergies	YES	NO	Tuberculosis	YES	NO
Pneumonia	YES	NO	Shortness of Breath	YES	NO
Smoking History	YES	NO	Other	YES	NO

If answered 'yes' to any of the above please explain:

Cardiovascular



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High Blood Pressure	YES	NO	Low Blood Pressure	YES	NO
Heart Attack	YES	NO	Chest Pain/Angina	YES	NO
Heart Murmur	YES	NO	Congestive Heart Failure	YES	NO
Irregular Heart Beat	YES	NO	Migraines	YES	NO
Slow or Fast Heart Rate	YES	NO	Bleeding Problems	YES	NO
Stroke/TIA's	YES	NO	Other Blood or lymphatic	YES	NO

If answered yes to any of the above please explain:

Systemic

Diabetes	YES	NO	Intestinal/Bowel Problems	YES	NO
Thyroid	YES	NO	Cancer	YES	NO
Kidney Disease	YES	NO	Arthritis	YES	NO
Hepatitis/Yellow Jaundice	YES	NO	Other Musculoskeletal	YES	NO
Convulsions/Seizures	YES	NO	Other Skin Problems	YES	NO
Blackouts	YES	NO	Other Neurological	YES	NO
Hiatal Hernia	YES	NO	Other Eyes, Nose, Throat	YES	NO
Stomach Ulcers	YES	NO	Other Gastrointestinal	YES	NO
HIV/AIDS	YES	NO	Other Genitourinary	YES	NO

If answered yes to any of the above please explain:

List all injuries the member has had:

List all surgeries the member has had in the past:

Review of Drug and Alcohol History

Does the member have a history of substance abuse? YES NO

If yes, please explain including substance/s used, frequency of use and relapse profile:



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Medications

Does the member have any allergies to any Medications (if so please list each medication and type of reaction)?

List all medications the member is currently on:

List medication history of member (physical and psychotropic):

Are you prescribing/recommending any new medication? YES NO

If yes, please list below:

Have you reviewed this member's list of medications? YES NO

Recommendations

Does member present with identified breathing and/or cardiovascular problems



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AUTHORIZATION AND UNDERSTANDING STATEMENT

Name: _____

Social Security Number: _____

Driver's License #: _____

Driver's License State: _____

Date of Birth: _____

Permanent Address: _____

I authorize Project Transition and its designated security agent to contact either orally or in writing any third parties to obtain any information they deem necessary and appropriate in verifying my application. I specifically authorize this company or its designated agent to obtain from any state or local law enforcement agency to include US Military authorities concerning my conduct, including any criminal history record information and motor vehicle reports.

Member Signature

Date

Member Name (Print)

Signature of witness who has validated applicants ID

Date

ITEMS NEEDED ON ADMISSION DAY

The below items are needed for the member on the day of admission. We understand that a member may not have all the necessary items.

Personal Care Items:

- ✓ Twin sheet set, twin mattress cover, pillow, blanket and/or comforter
- ✓ Towels and washcloth
- ✓ Soap, shampoo, personal care items (mouthwash must be alcohol free)
- ✓ Seasonally appropriate clothing (enough for doing laundry 1x per week)
- ✓ Laundry detergent
- ✓ Alarm Clock
- ✓ Plastic Hangers

Personal Identification:

- ✓ Insurance and prescription card
- ✓ Driver's License/State ID
- ✓ Social security card
- ✓ Birth certificate

Records/other Information:

- ✓ Hospital/doctor's records
- ✓ Contact information for physician's and therapists
- ✓ At least **3 days of psychiatric medications** and at least **14 days of physical medications***
- ✓ Emergency contact information: names, phone numbers, addresses

Suggested Items:

- ✓ Radio
- ✓ Television (cable is not provided by Project Transition)
- ✓ Laptop/computer (Internet is not provided by Project Transition)
- ✓ Cell Phone
- ✓ Bicycle
- ✓ Familiar items to make member feel at home such as photos of friends/family/pets

Items **NOT** permitted:

- Open flame candles
- Weapons
- Drugs or Alcohol
- Safes to which Project Transition will not have regular access to (key is required to be provided to staff upon admission)

If a member has a question regarding items he/she is permitted to bring, do not hesitate to contact Project Transition Admissions for assistance.



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CONSENT FOR RELEASE OF INFORMATION

I, _____, hereby give my permission to the staff of Project Transition to obtain from:

(Organization, Name & Title)	(Phone #)		
<hr/>			
(Address)	(City)	(State)	(Zip Code)

the following specific information (please check next to the lines you consent release of)::

- | | | |
|---|--|---|
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Medical History, including physical examination | |
| <input type="checkbox"/> Biopsychosocial Assessment | <input type="checkbox"/> Authorization of Services (Clinical Reviews) | |
| <input type="checkbox"/> Treatment Planning | <input type="checkbox"/> Program Status | <input type="checkbox"/> Discharge Planning |
| <input type="checkbox"/> Discharge Summary (from past treatment episodes) | <input type="checkbox"/> Other _____ | |

for the purpose(s) of (please check next to the items purpose):

- | | | |
|--|---|---|
| <input type="checkbox"/> Admission planning | <input type="checkbox"/> Permanent Address Verification | <input type="checkbox"/> Legal Background Check |
| <input type="checkbox"/> Authorization of Services | <input type="checkbox"/> Benefits Information | <input type="checkbox"/> Emergency Contact |
| <input type="checkbox"/> Other _____ | | |

- I understand the nature of this authorization. I understand that my authorization shall remain effective until _____ (date to be no longer than one year).
- I understand that all information released will be handled confidentially, in compliance with the Federal Privacy Act (PL92-282) and the Pennsylvania Mental Health Procedure Act.
- I also understand that I may revoke this authorization (except to the extent that action has been taken in reliance thereon) at any time by verbal or written communication to the releasing agency.
- I have been informed of my right (subject to Section 710.111.3 of the Pennsylvania Mental Health Procedures Act and subject to the Pennsylvania Drug and Alcohol Abuse Control Act) to inspect the material to be released.

Member Signature affirms they have been given a copy of this consent

Date

Witness Signature affirms members has been given a copy of this consent

Date

NOTICE RECIPIENT OF INFORMATION

This information had been disclosed you from records the confidentiality of which may be protected federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR 2), you are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR 2. A general authorization for the release medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol drug abuse patient. D and A-all Q1 8/2016



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(Organization, Name & Title) (Phone #)
(Address) (City) (State) (Zip Code)

the following specific information (please check next to the lines you consent release of)::

- ___ Psychiatric Evaluation ___ Medical History, including physical examination
___ Biopsychosocial Assessment ___ Authorization of Services (Clinical Reviews)
___ Treatment Planning ___ Program Status ___ Discharge Planning
___ Discharge Summary (from past treatment episodes) ___ Other _____

for the purpose(s) of (please check next to the items purpose):

- ___ Admission planning ___ Permanent Address Verification ___ Legal Background Check
___ Authorization of Services ___ Benefits Information ___ Emergency Contact
___ Other _____

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(Organization, Name & Title)		(Phone #)	
(Address)	(City)	(State)	(Zip Code)

the following specific information (please check next to the lines you consent release of)::

- Psychiatric Evaluation Medical History, including physical examination
- Biopsychosocial Assessment Authorization of Services (Clinical Reviews)
- Treatment Planning Program Status Discharge Planning
- Discharge Summary (from past treatment episodes) Other _____

for the purpose(s) of (please check next to the items purpose):

- Admission planning Permanent Address Verification Legal Background Check
- Authorization of Services Benefits Information Emergency Contact
- Other _____

- I understand the nature of this authorization. I understand that my authorization shall remain effective until _____ (date to be no longer than one year).
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 Witness Signature affirms members has been given a copy of this consent

 Date

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FAX COVER

To: Project Transition Admissions	From:
Fax: 215-220-2682	Re:
Date:	# of Pages:

Check the items below that are included in this transmission:

- Social Security Card
- Birth Certificate
- Signed Physical
- Labs
- Psychiatric Evaluation
- Insurance Card
- SSI Award letter
- Authorization and Understanding Statement
- Valid Photo ID
- Consent/s
- Rental Application
- Medication List
- "About the Member" form
- Other (please list below what other items are enclosed)

Rental Application for Residents and Occupants

Each co-applicant and each occupant 18 years old and over must submit a separate application.
Spouses may submit a single application.



Date when filled out: _____

ABOUT YOU Full name (exactly as on driver's license or govt. ID card) _____

Your street address (as shown on your driver's license or government ID card): _____

Driver's license # and state: _____
OR govt. photo ID card #: _____

Former last names (maiden and married): _____

Your Social Security #: _____

Birthdate: _____ Height: _____ Weight: _____

Sex: _____ Eye color: _____

Marital Status: single married divorced widowed separated

Are you a U.S. citizen? Yes No Do you or any occupant smoke? yes no

Will you or any occupant have an animal? yes no

Kind, weight, breed, age: _____

Current home address (where you now live): _____

City/State/Zip: _____

Home/cell phone: (_____) _____ **Current rent:** \$ _____

Email address: _____

Name of apartment where you now live: _____ N/A

Current owner or manager's name: _____ N/A

Their phone: _____ N/A Date moved in: _____ N/A

Why are you leaving your current residence? _____ N/A

Your previous home address: _____ N/A

_____ N/A

City/State/Zip: _____ N/A

Apartment name: _____ N/A

Name of above owner or manager: _____ N/A

Their phone: _____ N/A Previous monthly rent: \$ _____ N/A

Date you moved in: _____ N/A Date you moved out: _____ N/A

YOUR WORK Present employer: _____ N/A

Address: _____ N/A

City/State/Zip: _____ N/A

Work phone: (_____) _____ N/A

Position: _____ N/A

Your gross annual income is over: \$ _____ N/A

Date you began this job: _____ N/A

Supervisor's name and phone: _____ N/A

Previous employer: _____ N/A

Address: _____ N/A

City/State/Zip: _____ N/A

Work phone: (_____) _____ N/A

Position: _____ N/A

Gross annual income was over: \$ _____ N/A

Dates you began and ended this job: _____ N/A

Previous supervisor's name and phone: _____ N/A

YOUR CREDIT HISTORY Your bank's name, city, state: _____ N/A

_____ N/A

List major credit cards: _____ N/A

Other non-work income you want considered. Please explain: _____ N/A

Past credit problems you want to explain. (Use separate page.)

WHY YOU APPLIED HERE Were you referred? Yes No.

If yes, by whom: _____ N/A

Name of locator or rental agency: _____ N/A

Name of individual locator or agent: _____ N/A

Name of friend or other person: _____ N/A

Did you find us on your own? Yes No If yes, fill in information below:

On the Internet Stopped by Newspaper (name): _____

Rental publication: _____ N/A

Other: _____ N/A

YOUR RENTAL/CRIMINAL HISTORY Check only if applicable. Have you, your spouse, or any occupant listed in this Application ever: been evicted or asked to move out? moved out of a dwelling before the end of the lease term without the owner's consent? declared bankruptcy? been sued for rent? been sued for property damage? been charged, detained, or arrested for a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime that was resolved by conviction, probation, deferred adjudication, court ordered community supervision, or pretrial diversion? been charged, detained, or arrested for a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime that has not been resolved by any method? Please indicate below the year, location and type of each felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. You represent the answer is "no" to any item not checked above. _____

YOUR SPOUSE Full name: _____ N/A

Former last names (maiden and married): _____ N/A

Spouse's Social Security #: _____ N/A

Driver's license # and state: _____ N/A

OR govt. photo ID card #: _____ N/A

Birthdate: _____ N/A Height: _____ N/A Weight: _____ N/A

Sex: _____ N/A Eye color: _____ N/A

Are you a U.S. citizen? Yes No

Present employer: _____ N/A

Address: _____ N/A

City/State/Zip: _____ N/A

Work phone: (_____) _____ N/A

Position: _____ N/A

Date began job: _____ N/A Gross annual income is over: \$ _____ N/A

Supervisor's name and phone: _____ N/A

OTHER OCCUPANTS Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on separate page if more than three.

Name: _____ N/A Relationship: _____ N/A

Sex: _____ DL or govt. ID card # and state: _____ N/A

Birthdate: _____ N/A Social Security #: _____ N/A

Name: _____ N/A Relationship: _____ N/A

Sex: _____ N/A DL or govt. ID card # and state: _____ N/A

Birthdate: _____ N/A Social Security #: _____ N/A

Name: _____ N/A Relationship: _____ N/A

Sex: _____ DL or govt. ID card # and state: _____ N/A

Birthdate: _____ N/A Social Security #: _____ N/A

YOUR VEHICLES List all vehicles owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.

Make and color of vehicle: _____

Year: _____ License #: _____ State: _____

Make and color of vehicle: _____

Year: _____ License #: _____ State: _____

Make and color of vehicle: _____

Year: _____ License #: _____ State: _____

EMERGENCY Emergency contact person over 18, who will not be living with you:

Name: _____

Address: _____

City/State/Zip: _____

Work phone: (_____) _____ Home phone: (_____) _____

Relationship: _____

AUTHORIZATION I or we authorize (owner's name) _____

to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

Applicant's signature _____

Spouse's signature _____

Applicant must also sign on the next page of this Application.

Contemplated Lease Contract Information

To be filled in only if the Lease Contract is not signed by resident(s) at time of application for rental.

The NAA Lease Contract to be used must be the latest version published by the association unless an earlier version is initialed by resident(s) and attached to this Application. The blanks in the Lease Contract will contain the following information:

- Names of all residents who will sign Lease Contract _____
N/A
- **Name of Owner/Lessor** _____
- **Property name and type of dwelling (bedrooms and baths)** _____
- **Complete street address** _____
City/State/Zip _____
- Names of all other occupants not signing Lease Contract (persons under age 18, relatives, friends, etc.) _____
N/A
- Total number of residents and occupants _____
N/A
- Beginning date and ending date of Lease Contract _____
- Total security deposit \$ _____
N/A ; Animal deposit \$ _____
N/A
- Other fees \$ _____
N/A
- Total monthly rent for dwelling unit \$ _____
N/A

- Rent to be paid at (check one) on-site manager's office or at _____ ;
- Prorated rent for: first month or second month \$ _____
N/A
- Returned-check charge \$ 25.00 _____ ;
- Check if the dwelling is to be furnished;
- Utilities paid by owner (check all that apply): electricity, gas, water, wastewater, trash, cable TV, master antenna;
- You are (check one): required to purchase personal liability insurance or not required to purchase personal liability insurance;
- Special provisions regarding parking, storage, etc. (see attached page, if necessary): _____

Application Agreement

1. **Lease Contract Information.** The Lease Contract contemplated by the parties is attached--or, if no Lease Contract is attached, the Lease Contract will be the current NAA Lease Contract noted above. Special information and conditions must be explicitly noted on an attached Lease Contract or in the Contemplated Lease Information above.
2. **Application Fee (nonrefundable).** You have delivered to our representative an application fee in the amount indicated below, and this payment partially defrays the cost of administrative paperwork. *It's nonrefundable.*
3. **Application Deposit (may or may not be refundable).** In addition to any application fee, you have delivered to our representative an application deposit in the amount indicated in paragraph 14. *The application deposit is not a security deposit.* However, it will be credited toward the required security deposit when the Lease Contract has been signed by all parties; OR it will be refunded under paragraph 10 if you are not approved; OR it will be retained by us as liquidated damages if you fail to sign or attempt to withdraw under paragraph 6 or 7.
4. **Approval When Lease Contract Is Signed in Advance.** If you and all co-applicants have already signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease Contract, and then credit the application deposit of all applicants toward the required security deposit.
5. **Approval When Lease Contract Isn't Yet Signed.** If you and all co-applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, and then credit the application deposit of all applicants toward the required security deposit.
6. **If You Fail to Sign Lease After Approval.** Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within 3 days after we give you our approval in person or by telephone, or within 5 days after we mail you our approval. *If you or any co-applicant fails to sign as required, we may keep the application deposit as liquidated damages, and terminate all further obligations under this Agreement.*
7. **If You Withdraw Before Approval.** You and any co-applicants may not withdraw your Application or the application deposit. *If, before signing the Lease Contract, you or any co-applicant withdraws an Application or notifies us that you've changed your mind about renting the dwelling unit, we'll be entitled to retain all application deposits as liquidated damages, and the parties will then have no further obligation to each other.*
8. **Completed Application.** An Application will not be considered "completed" and will not be processed until all of the following have been provided to us (unless checked): a separate Application has been fully filled out and signed by you and each co-applicant; an application fee has been paid to us; an application deposit has been paid to us. *If no item is checked, all are necessary for the Application to be considered completed.*
9. **Nonapproval in Seven Days.** We will notify you whether you've been approved within seven days after the date we receive a completed Application. Your Application will be considered "disapproved" if we fail to notify you of your approval within seven days after we have received a completed Application. Notification may be in person or by mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval.
10. **Refund after Nonapproval.** If you or any co-applicant is disapproved or deemed disapproved under paragraph 9, we'll refund all application deposits within _____ days (not to exceed 30 days; 30 days if left blank) of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.
11. **Extension of Deadlines.** If the deadline for signing, approving, or refunding under paragraphs 6, 9, or 10 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next day.
12. **Notice to or from Co-applicants.** Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.
13. **Keys or Access Devices.** We'll furnish keys and/or access devices only after: (1) all parties have signed the contemplated Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.
14. **Receipt.** Application fee (nonrefundable): \$ _____
Application deposit (may or may not be refundable): \$ _____
Other move-in fees (may or may not be refundable): \$ _____
Total of above application fee and application deposit: \$ _____
Total amount of money we've received to this date: \$ _____
15. **Signature.** *Our representative's signature is consent only to the above application agreement. It does not bind us to accept applicant or to sign the proposed Lease Contract.*

Acknowledgment. You declare that all your statements on the first page of this Application are true and complete. You authorize us to verify same through any means, including consumer reporting agencies and other rental housing owners. If you fail to answer any question or give false information, we may reject the application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the losing party. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations.

If you are seriously ill or injured, what doctor may we notify? (We are not responsible for providing medical information to doctors or emergency personnel.)

Name: _____ Phone: (_____) _____

Important medical information in emergency: _____

This Rental Application and the Lease Contract are binding legal documents when signed. Please read them carefully. Before submitting a Rental Application or signing a Lease Contract, you may take a copy of these documents to review and/or consult an attorney. Additional provisions or changes may be made in the Lease Contract if agreed to in writing by all parties.

Applicant's Signature: _____ Date: _____

Signature of Spouse: _____ Date: _____

Signature of Owner's Representative: _____ Date: _____

FOR OFFICE USE ONLY

1. Apt. name or dwelling address (street, city): _____ Unit # or type: _____

2. Person accepting application: _____ Phone: (_____) _____

3. Person processing application: _____ Phone: (_____) _____

4. Date that applicant or co-applicant was notified by telephone, letter, or in person of acceptance or nonacceptance: _____
(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)

5. Name of person(s) who were notified (at least one applicant must be notified if multiple applicants): _____

6. Name of owner's representative who notified above person(s): _____

