



Lumien Apartments APPLICATION

**Only 2 Adults'
information per
Application.**

Thank you for applying to live at Lumien Apartments, this application will be treated as confidential, as it includes information necessary for determining your housing eligibility. Please answer each question by filling in the blank spaces provided. Answer each question as completely as possible. An incomplete application may prevent us from processing your paperwork for housing. **Please do not use white-out.** If you make an error, scratch it out, then initial next to the change.

Return to: Community Manager

3190 E. Animas Village Dr. Durango, Colorado 81301

Phone: 970-247-7912 Fax: 970-247-0313 or email lumineapartments@pillar.biz

APPLICANT INFORMATION

Name of Applicant: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email address: _____

Size of unit I am interested in: _____ 1-BR _____ 2-BR _____ 3-BR

I need a handicapped-accessible unit: _____ Yes _____ No

Name of Co-Applicant/Spouse: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

(If the same as Applicant, write in SAME)

LIST EVERYONE WHO WILL LIVE IN YOUR HOUSEHOLD (Include yourself as Head of Household)

Name	Relationship (Spouse, Child, etc.)	Social Security #	Birth Date	Sex M or F
1.	Head of Household			
2.				
3.				
4.				
5.				
6.				



I. EMPLOYMENT INFORMATION**Head of Household Name:** _____Are you currently employed? Yes No If "Yes," complete the following:

Name of Employer for Head of Household: _____

Phone #: _____ Contact Person: _____ Fax #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Wage or Salary: \$ _____ per (*choose frequency below*): Hourly Monthly Every 2 Weeks Twice a Month Annually

Employed from: _____ to _____

Co-Head of Household Name: _____Are you currently employed? Yes No If "Yes," complete the following:

Name of Employer for Head of Household: _____

Phone #: _____ Contact Person: _____ Fax #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Wage or Salary: \$ _____ per (*choose frequency below*): Hourly Monthly Every 2 Weeks Twice a Month Annually

Employed from: _____ to _____

II. BENEFITS INFORMATION**LIST SOURCES OF INCOME FROM BENEFITS PAYMENTS**

Name of Household Member	Type of Income	Monthly Amount
	<i>Social Security</i>	\$
	<i>Social Security</i>	\$
	<i>SSI</i>	\$
	<i>SSI</i>	\$
	<i>TANF</i>	\$
	<i>Child Support</i>	\$
	<i>Child Support</i>	\$
	<i>Alimony</i>	\$
	<i>Pension</i>	\$
	<i>AND/OAP</i>	\$
	<i>Unemployment Compensation</i>	\$
	<i>Other (Please specify)</i>	\$

IV. ASSETS AND INCOME FROM ASSETS

LIST ANY ASSETS YOU OR THE CO-APPLICANT HAVE (EXCLUDE PERSONAL PROPERTY NECESSARY FOR DAILY LIVING SUCH AS AUTOMOBILES)

BANK ACCOUNTS (list any other account on blank line)

<i>Househld. Member</i>	<i>Type of Asset</i>	<i>Name of Financial Institution</i>	<i>Account #</i>	<i>Approximate Balance</i>	<i>Interest Rate (if any)</i>
	Checking			\$	%
	Checking			\$	%
	Savings			\$	%
	Savings			\$	%
	CD			\$	%
	Money Market			\$	%
	Treasury Bill			\$	%
	Cash on Hand	XXXXXX	XXXXXX	\$	XXXX
	Cash Card	XXXXXX	XXXXXX	\$	XXXX

STOCKS & BONDS

<i>Househld. Member</i>	<i>Type of Asset</i>	<i>Name of Stock/Fund/Bond</i>	<i>Broker or Agent</i>	<i>Approximate Balance</i>	<i>Dividend or Interest Rat (if any)</i>
	Stocks			\$	
	Stocks			\$	
	Mutual Funds			\$	
	Mutual Funds			\$	
	Bonds			\$	
	Money Mkt			\$	
	Other IRA/401k			\$	
				\$	

IV. ASSETS AND INCOME FROM ASSETS (Continued)

TRUSTS, INSURANCE & INVESTMENT PERSONAL PROPERTY COLLECTIONS
(such as auto collection)

<i>Household Member</i>	<i>Type of Asset</i>	<i>Underwriter or Donor</i>	<i>Broker or Agent</i>	<i>Approximate Cash Value</i>	<i>Dividend or Interest Rate (if any)</i>
	Trust*			\$	
	Annuity			\$	
	Whole Life Insurance (Not Term)			\$	
	Lump Sum Rec.			\$	
				\$	

**This applies if you have either established a trust for someone else or you are beneficiary*

V. OTHER INCOME

LIST ALL OTHER SOURCES OF INCOME HERE

Name of Household Member	Type of Income	Amount	Frequency
	<i>Recurring gift or subsidy</i>	\$	
		\$	
		\$	
		\$	
		\$	

VI. CURRENT HOUSING

Do you currently? Rent Own

If you RENT, please skip to the next section.

If you own, do you have a mortgage? Yes No

If yes, what is the approximate balance? \$ _____

II. LANDLORD INFORMATION

HEAD OF HOUSEHOLD INFORMATION

You may skip this section if you currently own your own home.

If you have lived at this address less than two years complete landlord information for PREVIOUS residency.

Name of **CURRENT** landlord: _____

Landlord Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Monthly rent amount: \$ _____

How long at this address? _____ Date you moved in: _____

Date you moved out: _____

Name of **PREVIOUS** landlord: _____

Landlord Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Monthly rent amount: \$ _____

How long at this address? _____ Date you moved in: _____

Date you moved out: _____

CO-APPLICANT INFORMATION (If the same as APPLICANT, mark "SAME")

If you have lived at this address less than two years complete landlord information for PREVIOUS residency.

Name of **CURRENT** landlord: _____

Landlord Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Monthly rent amount: \$ _____

How long at this address? _____ Date you moved in: _____

Date you moved out: _____

Name of **PREVIOUS** landlord: _____

Landlord Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Monthly rent amount: \$ _____

How long at this address? _____ Date you moved in: _____

Date you moved out: _____

VIII. ADDITIONAL INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR HEAD OF HOUSEHOLD & CO-APPLICANT/SPOUSE Answer yes or no – please explain all “Yes” answers below

	Applicant	Co-applicant
1) Are you a full-time student?	___ Yes ___ No	___ Yes ___ No
2) Do you own a business?	___ Yes ___ No	___ Yes ___ No
3) Do you own real estate other than your home?	___ Yes ___ No	___ Yes ___ No
4) Are you currently receiving Section 8 assistance?	___ Yes ___ No	___ Yes ___ No
5) Do you own a pet?	___ Yes ___ No	___ Yes ___ No
6) Have you ever used another social security number?	___ Yes ___ No	___ Yes ___ No
7) Have you ever filed bankruptcy? If yes, list the date it was discharged: _____	___ Yes ___ No	___ Yes ___ No
8) Have you ever been evicted from an apartment?	___ Yes ___ No	___ Yes ___ No
9) Have you disposed of more than \$1,000 in assets in the last 2 years for less than Fair Market Value?	___ Yes ___ No	___ Yes ___ No
10) Do you own a vehicle(s)?	___ Yes ___ No	___ Yes ___ No
11) Is there anyone, other than yourself, who is more knowledgeable about your INCOME and ASSETS? If YES, please list their contact information here: _____	___ Yes ___ No	___ Yes ___ No
	(Contact Name)	(Phone Number)

Make of vehicle: _____ Year _____ Car License Plate #: _____

Make of vehicle: _____ Year _____ Car License Plate #: _____

Explanation to any above responses: _____

VIII. EMERGENCY INFORMATION

IN CASE OF EMERGENCY, WHOM SHOULD WE CALL?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

APPLICATION FEE: \$15.50 per adult applicant

Your application fee is used to pay for a credit check, a criminal background check, and prior residential check.

Please make check or money order out to: Lumien Apartments

**Please mail your application and application fee to: 3190 E Animans Village Dr.
Durnago, CO 81301**

AUTHORIZATION OF RELEASE OF INFORMATION AND CERTIFICATION

I give my permission to Pillar Property Services, LLC and their authorized agents to obtain a consumer credit report on myself. General information may be shared between professional staff on a need-to-know basis, at the discretion of the Management Agent.

A consumer report or an investigative consumer report including information concerning your prior residential history, police record, criminal records, and/or credit and indebtedness may be obtained in connection with your application for leasing of a dwelling unit. Upon timely written request to the apartment community where you applied and within 5 days of the request, the name, address, and phone number of the reporting agency and the nature and scope of the consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report or investigative consumer report, you will be provided a copy of the report, the name, address, and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

I am/We are applying for housing and state that all information provided herein is true, accurate and complete. The information obtained will be used for management purposes only and will be held in confidence.

Applicant's Signature

Date

Co-Applicant's Signature

Date

For Office Use Only:

Application Fee Required \$ _____ Application Fee Originally Received \$ _____

Amount of Application Subsequently Received \$ _____ Date: _____

Accepted _____ Date _____ PPS Representative

Denied _____ Date _____ PPS Representative

Reason: _____

Cancelled _____ Date _____ PPS Representative

Reason: _____

Pillar Property Services, LLC
2420 W. 26th Ave #480D
Denver, CO 80211
Phone: (303) 477-4377
Fax: (303) 477-4167



AUTHORIZATION FOR THE RELEASE OF INFORMATION

Purpose: In signing this consent form, you are authorizing Pillar Property Services, LLC to request income and asset information for the purpose of verifying continued eligibility for a tax credit property. Income and asset information may be requested from, but not limited to, employers, financial institutions, Social Service Agencies, Public Housing Agencies and State Wage Information Collection Agencies.

Who Signs the Consent Form? Each member of your household who is 18 years of age or older.

Signatures:

_____	_____
Head of Household	Date

Social Security Number	
_____	_____
Spouse or Co-Head	Date

Social Security Number	
_____	_____
Spouse or Co-Head	Date

Social Security Number	
_____	_____
Spouse or Co-Head	Date

Social Security Number	