



## Flagship & Charles Place Apartments

512-448-9004

### Our Programs

#### Flagship

Must be 62 or older

#### Charles Place

You must have a disability

#### Flagship and Charles Place

Your rent will be 30% of your income

We have one-bedroom apartments

We have a waiting list

Fill out the application,  
along with **a copy of your ID** and send to:

Charles Place  
1345 Lamar Square  
Austin, TX. 78704

Or email to:  
[dheitmann@maryleefoundation.org](mailto:dheitmann@maryleefoundation.org)



MARY LEE FOUNDATION  
MARY LEE PROPERTY MANAGEMENT  
1339 Lamar Square Dr. Austin, Texas 78704  
P.O. Box 3174 Austin, Texas 78764  
512-448-9628 512-444-9949 fax

RENTAL APPLICATION

**OFFICE USE ONLY:**

Date/Time Received \_\_\_\_\_ / \_\_\_\_\_ a.m. / p.m.

Applicant:

Please answer all questions as completely and accurately as possible. Do not leave any items blank. If a particular question does not apply to you write "N/A ". Missing information and/or incomplete applications will not be added to our waiting list until all necessary information is provided. Once your application has reached the in-compliance with our Application Process Procedures we will call you to schedule a final determination of eligibility appointment. At that time. We will familiarize you with our policies and to sign the necessary release forms.

**Applicant(s) Information**

Applicant Name(s): \_\_\_\_\_

Telephone No: \_\_\_\_\_ other Phone No: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt # \_\_\_\_\_

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

Present Landlord Name: \_\_\_\_\_

Present Landlord Address: \_\_\_\_\_

Present Landlord Phone: \_\_\_\_\_

How long at present address Years \_\_\_\_\_ Months \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Have you ever participated in a Section 8 or HUD program before? YES \_\_\_ NO \_\_\_

If you have ever received housing assistance from any source. Has this assistance been terminated for fraud, nonpayment or any other reason? Yes \_\_\_ NO \_\_\_

List and describe any pets: \_\_\_\_\_

Note: A pet is allowed only when a reasonable accommodation request has been approved by management.

List any vehicle: \_\_\_\_\_ License plate \_\_\_\_\_ State \_\_\_\_\_

**Household Composition**

List the Household and all other members who will be living in the apartment. Provide the relationship of each member to the head as well as the date of birth, age, sex and social security number of each member.

Full Name	Relationship	Birth date	Age	Sex	Social Security Number

Any member of the household moved out in the last 12 months? YES \_\_\_ NO \_\_\_ If yes who:  
\_\_\_\_\_

Are there any additions to the household expected? YES \_\_\_ NO \_\_\_ if yes who:  
\_\_\_\_\_

Are there any members of the household over 18 years old & a full time student? YES \_\_\_ NO \_\_\_  
If yes who:  
\_\_\_\_\_

## SOURCE OF INCOME

Do you or any member of your household receive or anticipate receiving income from any of the following sources during the next 12 months? **(Write YES/NO to every question)** If you answer yes, then please complete the blanks on the right.

**CHECK MARKS ARE NOT ACCEPTABLE AS AN ANSWER**

Source	YES	NO	Amount received (per time period)	Received by which Household member	Source of Income Name, Address and Phone Number
Employment (earned income)			\$ _____ per ____ hr ____ wk ____ month		
Employment (part-time)			\$ _____ per ____ hr ____ wk ____ mont h		
Employment (earned income) Self Employment This may include. Babysitting, house cleaning, Avon etc			\$ _____ per ____ hr ____ wk ____ mont h		
Child Support			\$ _____ per ____ hr ____ wk ____ mont h		
Alimony			\$ _____ per ____ hr ____ wk ____ mont h		
Recurring Monetary Gifts or Money from relatives			\$ _____ per ____ hr ____ wk ____ mont h		
Pension or Retirement Benefits			\$ _____ per ____ hr ____ wk ____ mont h		
School Grants or Scholarships			\$ _____ per ____ hr ____ wk ____ mont h		
Social Security/SSI			\$ _____ per ____ hr ____ wk ____ mont h		
Unemployment Compensation			\$ _____ per ____ hr ____ wk ____ mont h		
Veterans Administration			\$ _____ per ____ hr ____ wk ____ mont h		
Disability Benefits (Workers Compensation disability income)			\$ _____ per ____ hr ____ wk ____ mont h		
Other			\$ _____ per ____ hr ____ wk ____ mont h		

Assets: Assets include cash held in a savings and/or checking accounts, trust funds, equity in real estate or other capital investments, stocks, bonds and Treasury bills, certificates of deposit, money market funds, IRS accounts and retirement and pension funds, lump sum receipts ( i.e. lottery winnings, insurance settlements, etc. and personal property held as an investment (i.e. gem or coin collections, paintings, antique cars, etc.) **If you answer yes, complete the information below. Do not include necessary personal property such as furniture, automobiles or clothing.**

Account Type	Yes	No	Name on Acct	Account #	Balance/Value	Bank Name and Address
Checking Account (s)						
Saving Account(s)						
Direct Deposit (SS,SSI,Child Support etc)						
Money Market Account (s)						
Certificate of deposit						
Safety deposit box						
Trust Account(s)						
Stocks and Bonds						
IRA/Keogh/Life Insurance or other retirement accounts						
Rental Property						
Other Real Estate						
Annual Interest Earned						
Other income earned						

**ASSETS:** YES \_\_\_\_ NO \_\_\_\_ I/We have NOT sold or given away assets (including cash, real estate, etc.) for less than market value during the past two (2) years. If YES, what was the fair market value and how much money did you receive, for each asset on which this occurred? \_\_\_\_\_

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**MEDICAL EXPENSES: Only for applicants 62 YEARS OLD OR OLDER.**

Is the head of household over 62 years old or older? YES \_\_\_ NO \_\_\_

Does any household member receive Medicare benefits? YES \_\_\_ NO \_\_\_

Does any household member receive medical assistance through any Welfare Agency? YES \_\_\_ NO \_\_\_

If yes, provide information \_\_\_\_\_

Does any household member pay medical insurance and/or medical premiums? YES \_\_\_ NO \_\_\_

Does any household member have any outstanding medical bills which current payments are being made?

YES \_\_\_ NO \_\_\_

Does any household member pay copays and/or out of pocket expenses for prescription?

YES \_\_\_ NO \_\_\_

Does any household member anticipate health care related expenses for the next 12 months that will not be covered by health insurance? YES \_\_\_ NO \_\_\_

Have you or any adult occupant ever been evicted? YES \_\_\_ NO \_\_\_ When \_\_\_\_\_

Do you engage in the distribution or sale of illegal drugs? YES \_\_\_ NO \_\_\_

Have you ever had an infestation in your household? YES \_\_\_ NO \_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of felony or any crime related to harm caused to a person or property, including, but not limited to arson, assault, intimidation, sex crimes, drugs related offenses, theft, dishonesty, obscenity and related violations? YES \_\_\_ NO \_\_\_

Are you a convicted sex offender? YES \_\_\_ NO \_\_\_

Is any member of the applicant's household subject to a lifetime sex offender registration requirement in any state? YES \_\_\_ NO \_\_\_

Does any member of your household, have special needs, or are they handicapped and require special accommodations? YES \_\_\_ NO \_\_\_ If yes, please explain and provide medical documentation for accommodation (s) needed. \_\_\_\_\_  
\_\_\_\_\_

Do you have any outstanding/open warrants for arrest? YES \_\_\_ NO \_\_\_

**EMERGENCY CONTACT PERSON(s)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**ACKNOWLEDGEMENTS:**

Applicant represents that all of the above statements are true and complete, and hereby authorize verification of above information, references, and background reports. Applicant acknowledges that false information or misrepresentation is a criminal offense punishable under federal law. Herein constitute grounds for rejection of the application if discovered before move-in or basis for eviction. This application is preliminary only and does not obligate owner or owner's representative to execute a lease or deliver possession of the proposed premises.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co – Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Manager: \_\_\_\_\_ Date: \_\_\_\_\_

REMINDER: Your application for residency will be processed in according to our procedures, which include verifying all information relative to: (1) Eligibility for Admissions, (2) Federal Preferences, (3) Allowances, and (4) Compliance with Applicant Selection Criteria. Should you be determined eligible and an appropriate apartment is not available your name will be added to a waiting list.

Should your address or telephone number change during the time your name is on the waiting list it is your responsibility to notify us of the changes. Once you have be placed on the waiting list, you must check your waiting list status every (60) days. Failure to do so will cause your application to be removed from the waiting list.

When your application reaches the top of the waiting list, we will contact you to for a final determination interview.

THE MARY LEE FOUNDATION COMPLIES WITH THE FEDERAL CIVIL RIGHTS ACT OF 1964. PEOPLE WHO ARE ELIGIBLE TO PARTICIPATE IN THE PROGRAM OR HOUSING AT MARY LEE FOUNDATION. ARE NOT DISCRIMNATED AGAINST BECAUSE OF RACE, COLOR, NATIONAL ORGIN, SEX, AGE, DISABILILTY, RELIGION, OR POLITICAL BELIEF?



MARY LEE FOUNDATION  
MARY LEE PROPERTY MANAGEMENT

1339 Lamar Square Dr.  
Austin, Texas 78704  
512-443-5777

TENANT RELEASE AND CONSENT

I/We \_\_\_\_\_ the undersigned hereby authorize all persons or companies in the categories listed below to release without liability information regarding employment, criminal, credit, income and/or assets to Mary Lee Property Management. I also herby authorize Mary Lee Property Management to request and obtain a consumer report for purposes of verifying information on my/our apartment rental application or for annual income recertification.

**INFORMATION COVERED:**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, criminal history, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:**

The groups or individuals that may be asked to release information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement Systems
Support and Alimony Providers	Social Security Administration	Banks and other
Texas Dept. of Public Safety	Medical / Child Care Providers	Financial Institutions
Credit Reporting Agencies		
Criminal History		

**CONDITIONS:**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

**SIGNATURES:**

\_\_\_\_\_  
Applicant (Print Name) Date

\_\_\_\_\_  
Applicant (Print Name) Date

NOTE: This general consent may not be used to request a copy of a tax return.