



GENERAL INFORMATION

Applicant's Name: _____

Home Phone#: (____) _____ Cell Phone#: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Marital Status: Single Married Divorced Widowed Partnered

If the case of double occupancy:

Name of Co-Applicant: _____



SOUTHPOINTE INTENT LIST APPLICATION

A separate form should be completed by each applicant
List the full value of joint assets on each application and mark as "Joint" under description

NAME: _____ DOB: _____ Sex: M F

REGULAR MONTHLY INCOME

Description (if needed)

Social Security (Net) \$ _____ Per Month _____

Pension \$ _____ Per Month _____

Pension from Spouse \$ _____ Per Month _____
(If collecting survivor benefit)

Annuity Income \$ _____ Per Month # of years _____

Other Income \$ _____ Per Month _____

(Not from capital assets such as IRA, etc)

TOTAL INCOME: \$ _____ Per Month

CAPITAL ASSETS (Value)

Description (if needed)

Primary Residence \$ _____ _____

Real Estate \$ _____ _____

Cash/Savings/CDs \$ _____ _____

Stocks/Equity Funds \$ _____ _____

Bonds/Bond Funds \$ _____ _____

IRA/401K \$ _____ _____

Roth IRA \$ _____ _____

Other \$ _____ _____

TOTAL ASSETS: \$ _____

LIABILITIES:

Description (if needed)

Mortgage \$ _____ _____

Notes Payable/Endorsed \$ _____ _____

Personal Debts \$ _____ _____
(Including credit cards)

TOTAL LIABILITIES: \$ _____

Signature: _____ Date: _____

Failure to completely and accurately disclose financial information
may constitute grounds for termination of residency.