

Rental Application

PROPERTY NAME: _____

ALL QUESTIONS MUST BE ANSWERED IN FULL IN ORDER FOR AN APPLICATION TO BE PROCESSED.

DESIRED SIZE APARTMENT, PLEASE CIRCLE ONE: ONE BEDROOM TWO BEDROOM THREE BEDROOM EFFICIENCY UNIT

APPLICANT

1. Full Name: _____

2. Driver's License #: _____ 3. Social Security #: _____

4. Home Phone #: _____ 5. Work Phone #: _____

6. Present Home Address: _____

How Long? _____

7. Landlord's Name, Address and Phone Number: _____

Monthly Rent: _____ Reason for Moving: _____

8. Previous Address: _____

How Long? _____

Previous Landlord's Name, Address and Phone Number: _____

Monthly Rent: _____ Reason for Moving: _____

Household Composition: Complete the following information for each household member that will occupy the unit at time of move-in: (List yourself first)

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number

Are any household members listed above foster children? Yes No. If yes, who? _____

Are any household members listed above live-in attendants? Yes No. If yes, who? _____

Are any household members planning to attend school full time? Yes No. If yes, who? _____



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9.

Employment

Employer's Name: _____
Employer's Phone: _____
Employer's Address: _____
Salary: _____ Per: Hour _____ #of hours per week: _____ Date Hired: _____
Name and Address of Previous Employer: (If employed at present position less than 2 years) _____
Number of Years with previous Employer: _____
Employer's Phone number: _____

Spouse Employment

Employer's Name: _____
Employer's Phone: _____
Employer's Address: _____
Salary: _____ Per: Hour _____ #of hours per week: _____ Date Hired: _____
Name and Address of Previous Employer: (If employed at present position less than 2 years) _____
Number of Years with previous Employer: _____
Employer's Phone number: _____

10. Bank Name: _____ Bank Phone #: _____
 Checking Account #: _____ Savings Account #: _____

11. Credit References City/State Account # Phone#

a. _____

b. _____

c. _____

12. In case of emergency, please notify:

Name: _____ Relationship: _____ Phone #: _____

Address: _____

Name: _____ Relationship: _____ Phone #: _____

Address: _____



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CO-APPLICANT

- 1. Full Name: _____
- 2. Driver's License #: _____ 3. Social Security #: _____
- 4. Home Phone #: _____ 5. Work Phone #: _____
- 6. Employer's Name: _____
- 7. Employer's Address: _____
- 8. Salary: _____ Employed Since? _____
- 9. Name/Address of Nearest Relative Not Living In Household: _____

QUESTIONNAIRE

- 1. Have you or any members of your household ever lived at a HUD Property?
 YES NO. If yes, When?/Where? _____
- 2. What size/type of apartment are you interested in? _____
- 3. When do you wish to move in? _____
- 4. What vehicles will you maintain here?
 - a. Make, Model, Year & Color: _____
 - b. Make, Model Year & Color: _____

ONLY THOSE VEHICLES ACTUALLY BELONGING TO A HOUSEHOLD MEMBER MAY BE REGISTERED.

COPIES OF DMV REGISTRATION MAY BE REQUIRED PRIOR TO MOVE IN.

- 5. Do you incur any child care expenses for minors in the household under the age of thirteen (13) due to job hunting, employment, or education? YES NO. If yes, explain: _____

DOCUMENTATION WILL BE REQUIRED. PLEASE ASK MANAGER FOR A DAY CARE STATEMENT FORM.

- 6. Are there any household members you did not list who may be considered "temporarily absent members" such as college/boarding school students who live elsewhere part of the year; persons temporarily confined to hospital, nursing home, or institution; members who may be temporarily incarcerated; or adult members who reside elsewhere for part of the year for employment or educational reasons? YES NO.
 If yes, explain: _____

- 7. Applicants who meet the definition of Elderly, Disabled or Handicapped qualify for a \$400 deduction from annual income. Certain deductions may also be allowed. If you feel that you qualify and would like such an adjustment, please: YES NO. If you are requesting status as an Elderly, Disabled or Handicapped household, we will require sufficient documentation. We will be happy to provide you with a verification statement form upon request. Failure to provide necessary information may result in the denial of allowable deductions.



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8. If you are eligible for the Disabled/Handicapped status which you are requesting, you may be eligible for a unit with special design features for physical impaired persons. You may also be entitled to a priority status for placement in such unit. Will you require any such special features or other reasonable accommodations?

____ YES ____ NO. If yes, explain: _____

9. Have you or any household member ever been evicted or breached/violated your contract while leasing any type of rental housing? ____ YES ____ NO. If yes, explain: _____

10. Have you or any household members been convicted of a crime? ____ YES ____ NO.

If yes, explain: _____

11. Have you or any household members been convicted of a sex offender crime? ____ YES ____ NO

If yes, what states: _____

12. Are you or any household member currently involved in the illegal use of any controlled substance?

____ YES ____ NO. If yes, explain: _____

13. Do you or any household member have a previous arrest or conviction for distribution or manufacture of any illegal substance? ____ YES ____ NO. If yes, explain: _____

14. If the answer to 11 or 12 is yes, had the person(s) successfully completed a controlled substance abuse recovery program or is he/she currently enrolled in such a program? ____ YES ____ NO. If yes, please identify any such program(s):

15. Please place a check next to each state where you have lived. Please include Washington, D.C. if you have lived in Washington, D.C.

AL AK AZ AR CA CO CT DE FL GA HI ID IL IN
 IA

KS KY LA ME MD MA MI MN MS MO MT NE NV NH

NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT

VT VA WA WV WI WY Washington D.C.



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ASSETS

TYPE	AMOUNT	INTEREST EARNED
Checking Account		Interest Rate:
Savings Account		Interest Rate:
Money Market Funds		Interest Rate:
Trust Fund		
Saving Certificates		
Cash Held (Safety Deposit Box)		

1. Do you own any real estate? YES NO. If yes, what is the cash value \$ _____
 And describe: _____
2. Have you disposed of any asset or real estate in the last two years? YES NO
 Market Value: _____ Monetary Value Received: _____ Date of Disposal: _____



OTHER SOURCES OF INCOME

Do you receive income from any of the following? Please mark "yes" or "No" for each source of income.

3. Do you receive periodic income from:

- a. Retirement Funds-----
- b. Pensions-----
- c. Annuities-----
- d. Insurance Policies-----
- e. Disability/Death Benefits-----
- f. Royalties-----
- g. Second Job-----
- h. Bonuses-----
- i. Tips-----
- j. Commissions/fees-----
- K. Overtime-----
- l. Workers Compensation-----
- m. Unemployment-----
- n. Alimony-----
- o. Child Support-----
- p. Social Security-----
- q. Grants/Scholarships-----
- r. Recurring Gifts-----
- s. AFCD/TANF-----
- t. Veterans Administration Benefit
- u. Other-----

YES	NO	AMOUNT



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HOUSEHOLD MEMBERS & GROSS INCOME

Please account for all Full Time or Part Time Wages (including overtime, production compensation, commissions, bonuses, tips, etc.), Unemployment, Workers Compensation, Business Income, Scholarships/Grants, Mineral Rights, Royalties, Interest, Regular Contributions from People Not Residing with You.

MEMBER	S* E X	DATE OF BIRTH	FULL TIME STUDENT?		WAGES SALARIES ETC.	SOCIAL SECURITY/ PENSIONS	AFDC	OTHER
Name: _____ _____					MONTHLY \$ _____	MONTHLY \$ _____	MONTHLY \$ _____	MONTHLY \$ _____
Relationship: Self _____					ANNUAL	ANNUAL	ANNUAL	ANNUAL
Social Security #: _____					\$ _____	\$ _____	\$ _____	\$ _____
Name: _____ _____					MONTHLY \$ _____	MONTHLY \$ _____	MONTHLY \$ _____	MONTHLY \$ _____
Relationship: _____					ANNUAL	ANNUAL	ANNUAL	ANNUAL
Social Security #: _____					\$ _____	\$ _____	\$ _____	\$ _____
Name: _____ _____					MONTHLY \$ _____	MONTHLY \$ _____	MONTHLY \$ _____	MONTHLY \$ _____
Relationship: _____					ANNUAL	ANNUAL	ANNUAL	ANNUAL
Social Security #: _____					\$ _____	\$ _____	\$ _____	\$ _____
Name: _____ _____					MONTHLY \$ _____	MONTHLY \$ _____	MONTHLY \$ _____	MONTHLY \$ _____
Relationship: _____					ANNUAL	ANNUAL	ANNUAL	ANNUAL
Social Security #: _____					\$ _____	\$ _____	\$ _____	\$ _____
Name: _____ _____					MONTHLY \$ _____	MONTHLY \$ _____	MONTHLY \$ _____	MONTHLY \$ _____
Relationship: _____					ANNUAL	ANNUAL	ANNUAL	ANNUAL
Social Security #: _____					\$ _____	\$ _____	\$ _____	\$ _____

*Applicant is not required to disclose. (Please see above under sex)

Have you, or any member of your household, ever been awarded child support or alimony?

____ YES ____ NO. If so, Monthly amount: _____



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The information provided above is true and complete to the best of my knowledge and belief. I/we consent to the disclosure of income and financial information from my employer and financial references for purposes of income and asset verification related to my application for tenancy. By signing below, I/We authorize _____ to make inquiries through the Credit Bureau and/or from my employer and other references that I have supplied on this rental application.

This application is made with the understanding that it is subject to acceptance by the owner and subject to execution by an officer of said company and delivery of a lease covering said premises. Please allow a minimum of 5 days to process your application for both credit and character references. I/We have no objection to inquiries for the purposes of verification of above statements. This includes a police check. It is understood that the above information will be held in strict confidence.

Falsification of application information will result in termination of application and/or Lease Agreement. I/We have been advised and understand that residency at _____ entails certain income restrictions and that residency is subject to qualification. I/We agree that in addition to a Lease Agreement that I/We will execute a HUD 50059 and a Tenant Income Certification attesting to the information contained herein which certification will be made under the penalty of perjury.

This application along with the Tenant Selection Plan will be used for all applicants without regard to actual or perceived sexual orientation, gender identity, marital status, familial status, race, color, sex, age, religion, national origin or handicap.

I/We the applicant(s) certify that the information I/We have provided is true and correct to the best of my/our knowledge. I/We authorize inquires to be made to certify the statements above or any other inquires deemed necessary including but not limited to criminal/drug related background, lifetime sex offender registration, its agents or authorized representatives. I/We hereby release the Landlord, its agents or authorized representatives from all liability for any damage that may result from such inquires. I/We certify that the housing I/We will occupy will be my/our permanent residence and that I/We will not maintain a separate subsidized rental unit in a different location.

Applicant

Date

Co-Applicant

Date

Management

Date

FOR OFFICE USE ONLY		
Date of Application:	Time:	Desired Move-In Date:
Approved by:	Date:	
Applicant Notified by:	Date:	

