

# APPLICATION FOR RENTAL HOUSING



**Apartment Size** (number of bedrooms) and Special Accommodations Requested:

Studio
  1 Bedroom
  2 Bedroom
  3 Bedroom

Does anyone in the household require special accommodations (e.g. unit designed for the mobility impaired, unit designed for the visually impaired, unit designed for the hearing impaired, grab bars, etc.)?

Yes, If yes, please describe:

No

**Head of Household Information:**

Last Name:	First Name:	M.I.:	SS#:
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**Spouse/Co-Resident (If Applicable):**

Last Name:	First Name:	M.I.:	SS#:
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**Address:**

Current Street Address:		
City:	State:	Zip Code:

Telephone (Head of Household)	Telephone (Spouse/Co-Head of Household)
Home:	Home:
Cell:	Cell:
Work:	Work:
Email:	Email:

**Current Landlord, Name, Address & Telephone Number:**

Name:	Telephone Number:
Street Address:	
City, State, Zip:	
Date Move-in:	Current Monthly Rent: \$

**Rental History** ~ Include all places where you and/or any ADULT members (18 years of age or older) lived in the past four years including place where your or their name did not appear on the lease and places where you or they used a different name. (Note: Use Household Member No. from top of page)

Household Member #	Street Address, City State, Zip	Own/ Rent	Dates of Residency	Landlord's Name Street Address, City State, Zip Telephone Number

**Rental History** *continued* ~ Use back of sheet if more room is needed for the explanation.

**Yes**    **No**

1. Have you or anyone else named on this application been evicted from a rental unit of any type, including an apartment, home, mobile home or trailer? If yes, explanation: \_\_\_\_\_
- \_\_\_\_\_
2. Have you are any member of your household ever committed any fraud in a Federal Housing Assistance Program or been requested to repay money knowingly misrepresenting information for such housing programs? If yes, explain: \_\_\_\_\_
- \_\_\_\_\_

**Personal History and Reference**

**Yes**    **No**

3. Have you or anyone else on this application filed for bankruptcy? \_\_\_\_\_
4. Have you or anyone else on this application been convicted of a felony? If yes, explanation: \_\_\_\_\_
- \_\_\_\_\_
5. Have you or any other member of your household ever used any name(s) or Social Security numbers other than one you are currently using? If yes, explanation: \_\_\_\_\_
- \_\_\_\_\_

**Emergency Contact Information:**

Please provide the appropriate information of someone we can contact in an emergency who is not expected to reside in the apartment.

Name:		Relationship:	
Mailing Address:			
City, State, Zip:			
Home Phone:	Work Phone:	Cell Phone:	

**Car Registration**

Household Member #	Driver's License #	State Issued	Color, Year, Make, Model

**Household Composition** ~ List ALL persons, including yourself, who will reside in the apartment. NOTE: The number to the left indicates the “Household Member Number” and is the number requested to identify the family member in the remaining sections of the application.

Full Name (Last, First, M.I.)	Relationship to Head of Household	Age	Sex	Birth Date	Occupation	Social Security Number
1.						
2.						
3.						
4.						
5.						
6.						
7.						

**Yes**

**No**

6. Do you expect any additions to the household within the next 12 months or is anyone in your household, including yourself, expecting a child? If expecting a child, include the scheduled due date? Explanation: \_\_\_\_\_
7. Is there anyone living with you now or are you living with anyone now who won't be living with you in the apartment? Name & Relationship: \_\_\_\_\_  
Explanation: \_\_\_\_\_
8. Will any of the above household members live anywhere except in the apartment or are there any other persons not listed above who will live in the apartment on a less than full time basis? Name: \_\_\_\_\_  
Explanation: \_\_\_\_\_
9. Do you have full custody of your child(ren)?  
Explanation: \_\_\_\_\_
10. Are there any absent household members who under normal circumstances would live with you? (For example, a spouse away in the military.)  
Explanation: \_\_\_\_\_
11. Does your household have or anticipate having any pets other than those used as service Animal?  
Explanation: \_\_\_\_\_
12. Will you or any other ADULT household member require a live in care attendant to live independently?

Name of Attendant:	Relationship:
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**Student Status**

Yes

No



13. Have you or any household member (including minors) been a student or expect to be a student in this calendar year or within the next twelve months? List student household members.  
(Select PT – Part Time or FT – Full Time)

Household Member #:	<input type="checkbox"/> PT	<input type="checkbox"/> FT	School/Institution:
Household Member #:	<input type="checkbox"/> PT	<input type="checkbox"/> FT	School/Institution:
Household Member #:	<input type="checkbox"/> PT	<input type="checkbox"/> FT	School/Institution:
Household Member #:	<input type="checkbox"/> PT	<input type="checkbox"/> FT	School/Institution:
Household Member #:	<input type="checkbox"/> PT	<input type="checkbox"/> FT	School/Institution:



14. Will your household be receiving section 8 rental assistance at the time of your move in?  
Name of agency: \_\_\_\_\_  
Contact Person & Number: \_\_\_\_\_

**INCOME**

**Employment Income** ~ List all full-time, part-time and/or seasonal employment and wages for all household members (18 years of age or older or, if legally emancipated, those under 18) including self-employment, overtime, tips, commissions and payments received in cash. If you have income from “other sources”, include it in the next section. Include all income anticipated for the next 12 months.

Yes

No



15. Are any household members employed or self-employed? If yes, list below. If No, go to #16.

Household Member #	Place of Employment	Employer’s Address	Employer’s Phone Number	Annual Income

**Other Sources of Income** ~ List all income for sources other than employment for ALL household members, including minors. Include all income anticipated for the next 12 months.

Do you or anyone in your household receive or expect to receive income from:

Yes

No



16. Regular Pay as a member of the Armed Forces/Military?

Household Member #	Base Name & Branch	Amount
Household Member #	Base Name & Branch	Amount



17. Unemployment benefits or workman’s compensation?

Household Member #	Case Worker Phone Number	Amount
Household Member #	Case Worker Phone Number	Amount

Yes    No

18. Public Assistance, General Relief or Temporary Assistance for Needy Families (TANF)?

Household Member #		Case Worker Phone Number	Amount
Household Member #		Case Worker Phone Number	Amount

19. Social Security, SSI, or any other payments from the Social Security Administration?

Household Member #		Social Security Office	Amount
Household Member #		Social Security Office	Amount

20. Regular payments from a Veteran's Benefits, pension, retirement benefit or annuities?

Household Member #		Benefit	Amount
Household Member #		Benefit	Amount

21. Regular Payments from a Severance Package?

Household Member #		Company	Amount
Household Member #		Company	Amount

22. (a) Child support? Please list all court ordered amounts whether or not you are receiving payment. (We must include court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court ordered but is received directly from the payer).

Household Member #		Payer Contact Information	Amount
Household Member #		Payer Contact Information	Amount

(b) How is support received? (Check all that apply)

<input type="checkbox"/> <u>Yes</u>	<input type="checkbox"/> <u>No</u>	Child Support Enforcement Agency	Agency: _____
<input type="checkbox"/>	<input type="checkbox"/>	Directly from Individual	Individual: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other	Explain: _____

(c) If child support is court ordered but not actually received, are you taking legal action to remedy? (If yes, please provide documentation.)

Yes     No  
 Explain: \_\_\_\_\_

23. (a) Alimony? Please list all court ordered amounts whether or not you are receiving payment. (We must include court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court ordered but is received directly from the payer).

Household Member #		Payer Contact Information	Amount
Household Member #		Payer Contact Information	Amount

Yes    No

(b) How is alimony received? (Check all that apply)

Yes   No  
     
     
  

Enforcement Agency  
Directly from Individual  
Other

Agency: \_\_\_\_\_  
Individual: \_\_\_\_\_  
Explain: \_\_\_\_\_

(c) If alimony is court ordered but not actually received, are you taking legal action to remedy? (If yes, please provide documentation.)

Yes   No  
  

Explain: \_\_\_\_\_

   24. Regular payments from any type of settlement? (i.e. insurance settlements)

Household Member #	Source of Benefit Contact Information	Amount
Household Member #	Source of Benefit Contact Information	Amount

   25. Regular gifts or payments from anyone outside the household? (this includes anyone supplementing your income or paying any of your bills, car insurance, utilities, groceries, etc.)

Household Member #	Source of Benefit Contact Information	Amount
Household Member #	Source of Benefit Contact Information	Amount

   26. Regular payments from lottery winnings or inheritance:

Household Member #	Source of Benefit Contact Information	Amount
Household Member #	Source of Benefit Contact Information	Amount

   27. Regular payments from a rental property or other types of real estate transactions?

Household Member #	Address of Property City, State, Zip	Amount
Household Member #	Address of Property: City, State, Zip	Amount

   28. Any income from sources or types not listed? (including, but not limited to, Educational Grants or Scholarships, etc.)

Household Member #	Source of Benefit Contact Information	Amount
Household Member #	Source of Benefit Contact Information	Amount

   29. Does any household member expect any changes to their income in the next 12 months?

Household Member #	Explanation
Household Member #	Explanation

   30. Are you or any other ADULT household member claiming ZERO income?

Household Member #	Explanation
Household Member #	Explanation

**ASSET INFORMATION** ~ Include all assets held and the income received from the asset. **INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS, INCLUDING MINORS.** (if more space is needed, please list on the back or on a separate sheet of paper.)

**Yes**  **No**

31. Do any household members have a checking account? If yes, list below. If no, go to #31.

Household Member #	Account Number	Bank Name	Bank Address	Average Six Month Balance	Current Rate of Interest
				\$	\$
				\$	\$
				\$	\$

32. Do any household members have a savings account? If yes, list below. If no, go to #32.

Household Member #	Account Number	Bank Name	Bank Address	Current Balance	Current Rate of Interest
				\$	\$
				\$	\$
				\$	\$

33. Do any household members have any other assets?

Yes	No	Description of Asset	Family Member #	Financial Institution	Current Value	Annual Income from Asset
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Deposit (CD)			\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Money Market Account			\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Debit Account				
<input type="checkbox"/>	<input type="checkbox"/>	Treasury Bill			\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Stocks			\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Bonds			\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Securities			\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Trust Funds			\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Pension Funds			\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	IRAs			\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Keough Account			\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Other Retirement Accounts			\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Whole Life Insurance Policy			\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Safe Deposit Box			\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Credit Union Shares			\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Cash on Hand			\$	\$

**Yes**  **No**

34. Real Estate, Rental Property, land contract/contract for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial properties)

Household Member #		Address of Property City, State, Zip	For Sale or Rent
Household Member #		Address of Property: City, State, Zip	For Sale or Rent

35. Personal Property held as an investment? (This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include personal belongings such as your car, furniture, or clothing.)

Household Member #		Item:	Value
Household Member #		Item:	Value

36. Have you or any other household members sold, disposed of, or given away any real property or other asset(s) for an amount equal to or less than fair market value within the past two (2) years?

Member #		Item:	Amount Received:	Value
Member #		Item:	Amount Received:	Value

37. Does any household member have any additional assets not listed above?  
If yes, List additional assets on a separate piece of paper.

**STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS**

1. We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, this application may be declined or rejected, or, if we have moved in our Lease Agreement may be terminated.
2. We authorize management to make any and all inquiries to verify this information, either directly or through information exchanged now or later with rental, credit, criminal screening services and to contact previous and current landlords or other sources for credit and criminal confirmation which may be released to appropriate Federal, State or local agencies.
3. If our application is approved and move-in occurs, we certify that only those persons listed on this application will occupy the apartment, that they will maintain no other place of residence and that there are no other persons for whom we have or expect to have responsibility to provide housing.
4. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income and household composition.
5. We have read and understand the information in this application.
6. We have been notified that the Resident Selection Criteria, which summarizes the procedures for processing applications, is posted in the management and/or leasing office.
7. We authorize management to obtain one or more “consumer reports” as defined in the Fair Credit Reporting Act, 15 U.S.C Section 1681 a(d), seeing information on our creditworthiness, credit standing, credit capacity, mode of living and criminal background.

**Signature Clause** ~ All adult household members must sign below:

I understand that management is relying on the information contained in this application to prove my household’s eligibility for occupancy. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of this application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I agreed to provide all necessary information, including source names, address, phone numbers and account numbers where applicable and any other information required for expediting this process. I understand my being offered an apartment is contingent on meeting the selection criteria established for the property for which I am applying and a copy of which can be obtained from the Rental Office.

Date: \_\_\_\_\_ Applicant (Head of Household) Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Co-Applicant Signature: \_\_\_\_\_



**Authorization for Release of Information**

I, \_\_\_\_\_, the undersigned, hereby authorize the release to management of \_\_\_\_\_, without liability, information regarding my employment, income, and/or assets for the purposes of documenting information required under Federal and/or State housing program guidelines.

**Information Covered:**

I understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to: Personal Identity, Family Composition, Student Status, Federal Benefits, State Benefits, Local Benefits, Social Security numbers, Personal Credit, Criminal Record, Employment, Income and Assets. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and/or continued participation as a Qualified Resident under Federal and/or State housing program guidelines.

**Groups or Individuals that may be contacted:**

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

- |  |   |
|--|---|
| 1. Current and Previous Employers                                | 8. Utility Companies  |
| 2. Current and Previous Landlords                                | 9. Social Security Administration                             |
| 3. Local, State and federal courts and law enforcements agencies | 10. Credit Reporting Agencies                                 |
| 4. Welfare Agencies  | 11. Internal Revenue Service                                  |
| 5. State Unemployment  | 12. Department of Veteran’s Affairs                           |
| 6. Banks and other financial Institutions                        | 13. Schools and Colleges                                      |
| 7. Veteran’s Administration                                      | 14. Providers of alimony, child support, pensions, annuities. |

**Conditions:**

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization form expires 15 months after the date the form is signed.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

DO NOT WRITE BELOW THIS LINE – MANAGEMENT USE ONLY

Date Application Received: \_\_\_\_\_ Time: \_\_\_\_\_

Application Received By: \_\_\_\_\_

Note: If application is not processed immediately for occupancy, applicant must review application, make and initial any changes to their information that have occurred since the application was completed.

***Application Disposition:***

Date of Interview: \_\_\_\_\_ Interviewed By: \_\_\_\_\_ Anticipated Move in Date: \_\_\_\_\_

Date third party verifications mailed/faxed:

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

***Application Approved:***

Date Application Approved: \_\_\_\_\_ Application Approved By: \_\_\_\_\_

Scheduled Move In Date: \_\_\_\_\_ Scheduled Apt. Address: \_\_\_\_\_

***Rejection of Apartment by Application***

Date of Rejection: \_\_\_\_\_ Application Disapproved by: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

\_\_\_\_\_

Applicant Notified in writing on: \_\_\_\_\_

***Appeal***

Applicant Appealed Decision on: \_\_\_\_\_

Applicant Appeal Reviewed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Appeal Decision:       Appeal Denied                       Appeal Approved

Applicant Notified in writing on: \_\_\_\_\_